

# University Hospitals Bristol NHS Foundation Trust

## Inspection report

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

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

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

## Ratings

### Overall rating for this trust

Outstanding 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Outstanding 

Are services responsive?

Good 

Are services well-led?

Outstanding 

Are resources used productively?

Good 

Combined quality and resource rating

Outstanding 

# Summary of findings

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.

## Background to the trust

University Hospitals Bristol NHS Foundation Trust was established in June 2008. The trust is based in the centre of Bristol and provides a wide range of acute hospital services as well as some health services in South Bristol.

The trust provides a full range of acute clinical services to three populations. Acute and emergency services are provided to the local population in South and central Bristol. Specialist regional services from Cornwall to Gloucestershire such as children's services, cardiac and cancer services, as well as specialist services across the whole of the South West, South Wales and beyond.

The trust is divided into five clinical divisions: Women's & Children's, Medicine (including adults urgent and emergency care), Surgery, Specialised Services and Diagnostic & Therapies.

## Overall summary

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

## What this trust does

University Hospitals Bristol NHS Foundation Trust provides a full range of acute clinical services to three populations and is one of the country's largest acute NHS trusts, with over 11,000 staff delivering over 100 different clinical services.

Services provided include acute and emergency services, specialist regional services such as children's services, cardiac and cancer services and specialist services.

It has four locations registered with Care Quality Commission. There are the University Hospitals Bristol Main Site, Central Health Clinic, South Bristol Community Hospital and Trust Headquarters. The main site comprises:

- Bristol Royal Infirmary
- Bristol Royal Hospital for Children
- Bristol Eye Hospital
- Bristol Dental Hospital
- Bristol Heart Institute
- Bristol Haematology & Oncology Centre
- St Michael's Hospital

The trust also operates two external sites that are classed within CQC as separate registered locations. These are the Central Health Clinic and South Bristol Community Hospital.

The trust provides services to both local and regional clinical commissioning groups and specialised services through NHS England. There are also patients treated on behalf of Welsh Health Boards and Welsh Specialist Commissioners.

# Summary of findings

The trust has academic and teaching links to the University of Bristol and University of West of England (UWE), and is the major medical research centre in the region and the largest centre for medical training in the South West. It works in partnership with UWE to provide pre and post-registration training for nurses and allied health professionals.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

## 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.

We inspected four core services in April/May 2019, and the 'well led' aspect of the trust in May 2019. The four core services we inspected at University Hospitals Bristol NHS Foundation Trust were, urgent and emergency services, surgery, children and young people and maternity. We also inspected surgical services at South Bristol Community Hospital.

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

Prior to our inspection on site, we gathered information and data from the trust, NHS Improvement, and stakeholders (community organisations with an interest in healthcare provided by the trust and the clinical commissioning group). We held focus groups for different staff prior to the core service inspections as part of regular engagement meetings, and during the well-led inspection.

At our last comprehensive inspection of the trust in November 2016 (the report published in March 2017) we rated the trust overall as outstanding, with outstanding ratings for effective and well led. We rated the trust good for caring and safe and requires improvement for responsive.

We considered all the information we held about the trust when deciding which core services to inspect and based our inspection plan on the areas considered to be the highest risk.

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

## What we found

### Overall trust

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

# Summary of findings

Effective and responsive at core service level were rated good overall. Safe was rated requires improvement, and caring and well led as outstanding at core service level. The rating for trust management was outstanding. The combined to create an overall trust rating of outstanding.

We rated **well-led** at the trust as outstanding because:

- The executive team, the trust's non-executive directors and other senior leaders, demonstrated evidence of solid and positive working relationships within the team. All staff we met who were accountable to the executive team supported our view of a leadership team with commitment and integrity who upheld and demonstrated the values of the organisation. There was compassionate, inclusive and effective leadership at all levels of the organisation. Leaders at all levels were visible, approachable and supportive of their patients and staff. Nearly all groups of staff were positive about the strengths of the management team. Safe and high-quality patient care was reflected within all the priorities for the leadership and could be seen throughout trust documents and in the values of the staff.
- There was a clear interconnected vision and strategy for the trust which recognised quality alongside sustainability. There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy. The strategy was aligned with local plans for delivery of care in the wider health and social care economy. The trust was active in developing relationships in the community with partners and stakeholders to drive the goal of providing better and more integrated care in Bristol and the surrounding areas.
- The culture of the organisation was centred on people who used services. The values and vision for the trust placed people who used services at University Hospitals Bristol at the centre. The vision and values aimed to improve the quality and availability of services for the population served by the trust.
- There were structures, processes and systems of accountability to operate a governance system designed to monitor the service and provide assurance. There was an effective and productive governance team at the trust with comprehensive roles and responsibilities. There were good arrangements to ensure the trust executive team discharged their specific powers and duties.
- The trust recognised, acted upon and met its legal obligations to safeguard those people at risk from abuse, neglect or exploitation. The trust had appointed named nurses and doctors for both safeguarding adults and children, but the team worked in a combined way providing a joined-up service to the trust. We were assured that through the competent management of the safeguarding team, the trust worked well to protect those at risk from abuse, despite the particularly challenging demographic of the population it served.
- The trust encouraged openness and honesty at all levels of the organisation in response to serious incidents. Staff at the trust were trained from induction onwards to understand and recognise the duty of candour. Staff we met said they recognised the need to be open and honest with patients and their families and told us this led to learning and better care.
- The risks of the environment and estate were well understood and managed. There was a strong and cohesive team working within the estates and facilities team at the trust. The director of facilities and estates demonstrated a comprehensive understanding of the strengths and challenges of the organisation in relation to the estate and its infrastructure.
- The trust engaged in a variety of ways with the public and local organisations to plan, manage and deliver services. The service was transparent, collaborative and open with all relevant stakeholders about performance, to build a shared understanding of challenges to the system and the needs of the population and to design improvements to meet them. During our core services inspection we found numerous examples of how feedback from patients and those close to them had shaped the way in which services were delivered. In the work surrounding learning from deaths the scope had been extended to include issues such as dignity for patients who were dying at the trust, in response to feedback from relatives.

# Summary of findings

- There was a strong culture of reporting incidents to learn and improve. There was a fully embedded and systematic approach to learning from incidents to drive improvements. The trust and its staff understood the importance of learning from incidents and near misses. In all areas we visited during the core service inspection staff demonstrated a clear understanding of the requirement to, and reason for reporting incidents. We heard that feedback was given to those reporting incidents, so they could be assured the issues had been acted upon.
- There were systems to improve the service and performance which aimed to provide continuous learning and quality improvement. The trust ran several strands of quality improvement (QI) projects including the junior doctors' QI projects. The QI lead at the trust was an emergency medicine consultant who was supported by the executive director of strategy and transformation as the executive lead. QI was seen as everyone's business at the trust, and ideas encouraged.
- There was a clear commitment from the trust to research and development and a recognition that to maintain pace in a changing environment it must be a key stakeholder in the development of research-based clinical improvements in the region, and nationally. Research was embedded within the divisional structure of the organisation, and we saw how it was available to all, and not reserved for specialist services.

However:

- Poor representation from the black and minority ethnic (BME) group in the higher levels of management was seen to represent limitations to development opportunities for this group of staff. Whilst the group spoke highly of the behaviours and attitudes of senior leaders with regards to staff of a BME background, it was also felt that a lack of movement to better represent the diversity of the workforce at a more senior level was a cultural issue borne out of a lack of action in this regard for many years.
- The trust had yet to audit its service against compliance with the requirements of the Accessible Information Standards (AIS) and had not published its policy on the website.
- **Urgent and Emergency services** also known as accident and emergency services or A&E; were rated overall as requires improvement. Caring improved with a rating of outstanding. Responsive remained the same with a rating of requires improvement. Safe dropped from good to requires improvement and effective and well led dropped from outstanding to good. We were not assured the service was always meeting the requirements to provide safe care in all areas. There were limited facilities and systems to care for patients with suspected communicable diseases in the adult emergency department, and the mental health assessment rooms for both adults and children did not meet the required standards for safety. People could not consistently access the service in a timely way and this was a continuing problem since our last inspection. However, the service provided care and treatment based on national guidance and reviewed how effective this was. There was good care provided to patients and the service was well led with a skilled leadership team, effective governance process and a culture of high-quality care.
- **Surgery** maintained an overall rating of outstanding. Caring and well led were rated as outstanding which was the same as our last inspection. Safe and effective were rated as good which was the same as our previous inspection. Responsive improved with a rating of outstanding. The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. There was also a strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. A person-centred culture was at the forefront and staff were highly motivated and inspired to offer care that was kind and promotes people's dignity. The service provided care and treatment based on national guidance and evidence of its effectiveness.
- **Maternity** was rated as good overall with good ratings in effective, caring, responsive and well led. Safe was rated as requires improvement. We had not previously inspected maternity as a stand-alone core service therefore we do not have previous ratings to compare to. Doctors, midwives and other healthcare professionals worked together as a team to benefit patients. The service provided care and treatment based on national guidance and evidence-based

# Summary of findings

practice, and actively participated in NHS England initiatives. Staff cared for patients with compassion and the service planned and provided care in a way that met the needs of local people and the communities served. However, there were issues with the safety of the management of medicines including safe storage, handling and disposal. Also, the environment and equipment within the maternity department were not always maintained.

- **Children and Young People** was rated as outstanding with safe, caring and responsive rated as good which was the same as our last inspection. Effective maintained the rating of outstanding, with well led improved to a rating of outstanding. Patient risk was well considered and there were clear processes for escalation and support should a patient deteriorate. Patient safety incidents and patient safety performance was monitored, managed and learning identified to make improvements to the service. There was effective care within the children and young person's service and these were monitored. Staff were committed to giving the best care to patients and provided emotional support to those with physical or mental health needs. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice. The children and young person's leadership team were clear about their roles and understood the challenges for the service. The leadership and culture of the service drove improvement and the delivery of high-quality individual care.
- On this inspection we did not inspect medicine, critical care, outpatients, diagnostic imaging or end of life care. The ratings we gave to these services on previous inspections in 2014 and 2016 are part of the overall rating awarded to the trust this time.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.
- Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – [www.cqc.org.uk/provider/RA7/reports](http://www.cqc.org.uk/provider/RA7/reports).

## Are services safe?

Our rating of safe went down. We rated it as requires improvement because:

In surgery, maternity and urgent and emergency care, the service did not always follow best practice in all areas of prescribing, recording and storing medicines for adults and children. Mandatory training and safeguarding levels did not meet trust targets. Some facilities and equipment in the maternity and urgent and emergency care service were not sufficiently well managed and posed a risk to patients.

However:

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Apart from in the neonatal unit, services had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service managed patient safety incidents well with incidents reported, investigation and learning shared.

## Are services effective?

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

All services provided care and treatment based on national guidance and reviewed how effective this was. Staff worked together to provide cohesive and multidisciplinary care across the different divisions. The service understood the continuing development of the staff, skills, competence and knowledge was integral to ensuring high quality care. Staff were inducted, trained and given the opportunity to develop.

However:

Not all staff had received an appraisal of their work and this was significantly below the trust target. This had not improved since our previous inspection.

# Summary of findings

## Are services caring?

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

Staff cared for patients with compassion. Feedback from patients was positive. Throughout our inspection we observed patients being treated compassionately and with dignity and respect. In surgery we found care to be outstanding with people reporting that staff went the extra mile and their care and support exceeded their expectations.

## Are services responsive?

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

The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs. In most core services, people could access the service when they needed it. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

In urgent and emergency services, people did not always receive care and treatment in a timely way. This was a continuing problem since our last inspection and patients experience delays to accessing treatment and onward care and waiting times to admit, treat and discharge patients were getting longer and did not all meet national standards.

## Are services well-led?

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

Managers and leaders in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Leadership teams were well-motivated and understood the challenges of the department and implemented a drive to improvement. The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. There was a systematic approach to continually improve the quality of the services it provided. In surgery we found well led to be outstanding.

However:

In maternity, we found there had been a lack of action to address medicine storage and remedy issues with fixtures and fittings.

## Ratings tables

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

See the Ratings tables section below for the detail.

## Outstanding practice

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

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

# Summary of findings

## Areas for improvement

We found areas for improvement including two breaches of one legal requirement that the trust must put right. We found 30 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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 it would take to meet these requirements.

Our action related to breaches of legal requirements in maternity and urgent and emergency services. We did not issue any requirements in services for children and young people and surgery.

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

## What happens next

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

## Outstanding practice

### Trust-wide well led

- There was a clear interconnected vision and strategy for the trust which recognised quality alongside sustainability. During our inspection, the trust launched its new strategy “Embracing Change, proud to care” which underpinned this mission and took the strategy to 2025. This strategy was stretching, challenging and innovative whilst remaining achievable.
- The approach to learning from deaths was exemplary with a clear focus on areas other than clinical needs such as dignity, end of life care and the experiences of those close to patients. The team had discovered the extra benefits the bereavement team could offer given their proximity to those close to patients who had died. The importance of the soft intelligence they could gain was clearly understood and used to make improvements to the care of patients who were dying and those close to them.

### Urgent and emergency care

- An apple juice fountain had been placed within the children’s ED department. Staff within the children’s ED recognised children often did not like the taste of the rehydrating solution needed and so refused a drink used to improve hydration. To improve children’s hydration, staff had investigated alternatives. They found diluted apple juice was not only more popular with children but also provided the required physiological effects needed to improve hydration.

### Services for Children and Young People

- Simulation was actively used to ensure processes were safe and effective. A full run through of the abduction process was carried out annually. This included relevant members of staff and the hospital security team. This simulation event was made as real as possible for staff including the hospital being put into a controlled lockdown.



# Summary of findings

- The transition of children and young people from children's services to adults' services was a high priority for the service and was seamless. In order to better understand what support children and young people required from a transition service two young people, one who had gone through the transition process and one who was undergoing this process at the time of our inspection, sat on the transition delivery board to support the transition team and drive developments in this area.
- Staff in the neonatal intensive care unit sent videos of babies to their parents using a secure online service. We were told this was especially supportive over Christmas and Easter. On the neonatal unit one parent told us she was provided with an Easter egg, Valentine's and Mother's Day gifts, recognising and celebrating her role as a parent and individual.
- The endocrine department was recognised as the centre of excellence within the European Reference Network for rare endocrine conditions. Research into boys with Duchenne Muscular Dystrophy, achieved by long term observations and natural history studies, had improved patient outcomes for those who have very few treatment options and have had to travel nationally or internationally to access clinical trials.
- At board level two young governors, who are on the Youth Involvement Group, form part of the Trust's Council of Governors. The Youth Involvement Group ensure young people's views about what happens in the hospital are heard.

## Surgery

- There was a strong, visible person-centred culture. A significant amount of positive feedback was displayed on wards. Friends and family test results often included mostly 'extremely likely' to recommend responses, from the recent survey results we saw displayed. We saw staff went out of their way to improve the experience of patients during their stay. For example, we saw staff had arranged for two friends in different specialties to be accommodated so they could share a side room.
- Staff understood the totality of patients' needs, including the need for social interaction and support. On the cardiac surgery ward, nurses had made sure two friends were accommodated in beds close to each other. Staff took the time to interact with patients and those close to them, in a respectful and considerate manner, for example by taking the time to have a cup of tea with a patient who doesn't get many visitors. Staff spoke very positively about the hospital befriending volunteers and of the valuable service they provided to patients.
- Staff were sensitive to the needs of patients, confused or phobic. Nurses in the pre-operative assessment unit were clear about how they would discuss and try to reduce patients' anxieties before an operation. Nurses would prioritise highly anxious patients on the theatre list, so they had a reduced waiting time. Nurses in the surgery assessment unit explained they would use treatment rooms for patients if they became distressed in an open ward area.
- We saw the service planned and provided treatment to meet the needs of local people. Patients with complex needs were well accommodated, and referral to treatment times were steadily improving. Patient flow was well managed.
- We met with the leadership team during the inspection. We found that they were an effective, cohesive team that were aware of their strengths and weaknesses. We saw that each had their own area of expertise and were respectful to each other recognising each person's strengths. All leaders we spoke with, at both ward and divisional level understood and carried out their responsibilities well and had a clear understanding of their own work and the work of others around them.
- Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. It also included the national and local strategic context. The surgical operating plan was developed within the context of the clinical commissioning group's (CCG) five-year sustainability and transformation partnership (STP). This included integrated primary and community care, and acute care collaboration. The surgical divisional priorities were developed and highlighted where they were contributing to the STP or commissioning priorities.

# Summary of findings

- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. A surgery wellbeing day was held for staff in November 2018, which included art therapy, occupational health, yoga and massages. The directorate also held listening events for nursing assistants, administrative staff and anaesthetists. As well as this there had also been engagement opportunities at the dental hospital. Staff we spoke with enthusiastically told us about charity fundraising, cake sales, bowling nights, as well as the staff recognition yearly awards ceremony.

## Areas for improvement

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

### Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with one legal requirement. This action related to maternity and urgent and emergency care services.

#### Urgent and emergency care

- Ensure the service correctly uses systems for the use of patient group directions to ensure medicines are given with the correct legal authority.

#### Maternity

- Ensure that it complies with the requirements of the regulations relating to the "proper and safe management of medicines". In particular that:
  1. staff follow the trust medication policy and procedures in the safe administration, storage and disposal of medicines.
  2. the storage room temperature for medicines in the midwife-led unit is within range at all times.
  3. staff are competent in the denaturing process for controlled drugs

### Action the trust **SHOULD** take to improve

#### Trust wide

- Consider strategies to improve the representation of staff from black and minority ethnic groups in senior leadership roles.
- Consider ways in which it engages with business plans and other initiatives put forward by the consultant body.
- Consider a plan to audit its service against compliance with the requirements of the Accessible Information Standard and publish the policy on its website.
- Consider plans to improve compliance with mandatory training within core services where levels fall below trust targets.
- Continue to improve the completion rates of appraisals across the trust.

#### Urgent and emergency care

- Audit children's safeguarding assessments to ensure they provide assurance of safe and effective care.

# Summary of findings

- Review the response times with the provider of children's mental health services to look for ways to improve the delays.
- Assess ways it can better manage facilities and systems to care for patients with suspected communicable diseases.
- Store all chemicals and equipment safely.
- Improve the signage and access by stairs and lifts, so they clearly identify the right route.
- Improve systems and training to help support all receptionists in identifying patients who need to be seen urgently.
- Consider plans to implement a formal process for receptionists to summon help in the event of a patient deteriorating in the waiting room.
- Consider ways to monitor the completion of audit action plans within a reasonable timescale.
- Consider implementing a mental health strategy for both the adult and child emergency department.

## **Surgery**

- Record where pharmacy staff have been consulted on the most appropriate way to administer covert medicines.
- Consider ways it could improve seven-day services to meet the seven-day service standards.
- Consider making patient leaflets available in languages other than English.

## **Maternity**

- Manage and respond to complaints within 30 days, in accordance with their policy and procedure.
- Consider how the service could benefit from the skills of a specialist bereavement midwife.
- Maintain all fixtures and fittings including all hand basins, bathroom showers and toilet facilities.

## **Services for Children and Young People**

- Review how mandatory and safeguarding training compliance is recorded for children and young people service to confirm the accuracy of training compliance reported.
- Review processes and risk assessments for accommodating parents.
- Continue to monitor staffing levels for the neonatal intensive care unit (one to one) and supernumerary team lead role, in line with the British Association of Perinatal Medicine standards.
- Consider a system for recording interventions, care and treatment which is clear to all staff in different specialities, within the children and young people's service.
- Review the process of recording of written venous thromboembolism assessments in records, including whether it is applicable to the child or young person, within the children and young person's service.
- Review the process for recording actions taken in line with the sepsis screening tool, including whether it is applicable to the child or young person, within the children and young person's service.
- Consider ways in which improvements to the environment for the children and young people's recovery area in the eye hospital could be made.
- Follow best practice when recording and storing medicines.

# Summary of findings

## 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 outstanding because:

- The executive team, the trust's non-executive directors and other senior leaders, demonstrated evidence of solid and positive working relationships within the team. All staff we met who were accountable to the executive team supported our view of a leadership team with commitment and integrity who upheld and demonstrated the values of the organisation. There was compassionate, inclusive and effective leadership at all levels of the organisation. Leaders at all levels were visible, approachable and supportive of their patients and staff. Nearly all groups of staff were positive about the strengths of the management team. Safe and high-quality patient care was reflected within all the priorities for the leadership and could be seen throughout trust documents and in the values of the staff.
- There was a clear interconnected vision and strategy for the trust which recognised quality alongside sustainability. There was a systematic and integrated approach to monitoring, reviewing and providing evidence of progress against the strategy. The strategy was aligned with local plans for delivery of care in the wider health and social care economy. The trust was active in developing relationships in the community with partners and stakeholders to drive the goal of providing better and more integrated care in Bristol and the surrounding areas.
- The culture of the organisation was centred on people who used services. The values and vision for the trust placed people who used services at University Hospitals Bristol at the centre. The vision and values aimed to improve the quality and availability of services for the population served by the trust.
- There were structures, processes and systems of accountability to operate a governance system designed to monitor the service and provide assurance. There was an effective and productive corporate governance team at the trust with comprehensive roles and responsibilities. There were good arrangements to ensure the trust executive team discharged their specific powers and duties.
- The trust recognised, acted upon and met its legal obligations to safeguard those people at risk from abuse, neglect or exploitation. The trust had appointed named nurses and doctors for both safeguarding adults and children, but the team worked in a combined way providing a joined-up service to the trust. We were assured that through the competent management of the safeguarding team, the trust worked well to protect those at risk from abuse, despite the particularly challenging demographic of the population it served.
- The trust encouraged openness and honesty at all levels of the organisation in response to serious incidents. Staff at the trust were trained from induction onwards to understand and recognise the duty of candour. Staff we met said they recognised the need to be open and honest with patients and their families and told us this led to learning and better care.
- The risks of the environment and estate were well understood and managed. There was a strong and cohesive team working within the estates and facilities team at the trust. The director of facilities and estates demonstrated a comprehensive understanding of the strengths and challenges of the organisation in relation to the estate and its infrastructure.
- The trust engaged in a variety of ways with the public and local organisations to plan, manage and deliver services. The service was transparent, collaborative and open with all relevant stakeholders about performance, to build a

# Summary of findings

shared understanding of challenges to the system and the needs of the population and to design improvements to meet them. During our core services inspection we found numerous examples of how feedback from patients and those close to them had shaped the way in which services were delivered. In the work surrounding learning from deaths the scope had been extended to include issues such as dignity for patients who were dying at the trust, in response to feedback from relatives.

- There was a strong culture of reporting incidents to learn and improve. There was a fully embedded and systematic approach to learning from incidents to drive improvements. The trust and its staff understood the importance of learning from incidents and near misses. In all areas we visited during the core service inspection staff demonstrated a clear understanding of the requirement to, and reason for reporting incidents. We heard that feedback was given to those reporting incidents, so they could be assured the issues had been acted upon.
- There were systems to improve the service and performance which aimed to provide continuous learning and quality improvement. The trust ran several strands of quality improvement (QI) projects including the junior doctors' QI projects. The QI lead at the trust was an emergency medicine consultant who was supported by the executive director of strategy and transformation as the executive lead. QI was seen as everyone's business at the trust, and ideas encouraged.
- There was a clear commitment from the trust to research and development and a recognition that to maintain pace in a changing environment it must be a key stakeholder in the development of research-based clinical improvements in the region, and nationally. Research was embedded within the divisional structure of the organisation, and we saw how it was available to all, and not reserved for specialist services.

However:

- Poor representation from the black and minority ethnic (BME) group in the higher levels of management was seen to represent limitations to development opportunities for this group of staff. Whilst the group spoke highly of the behaviours and attitudes of senior leaders with regards to staff of a BME background, it was also felt that a lack of movement to better represent the diversity of the workforce at a more senior level was a cultural issue borne out of a lack of action in this regard for many years.
- The trust had yet to audit its service against compliance with the requirements of the Accessible Information Standards (AIS) and had not published its policy on the website.

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating ([www.cqc.org.uk/provider/RA7/Reports](http://www.cqc.org.uk/provider/RA7/Reports)).

## Ratings tables

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

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

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

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↓ May 2019	Good ↓ May 2019	Outstanding ↑ May 2019	Good ↑ May 2019	Outstanding ↔ May 2019	Outstanding ↔ May 2019

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
Urgent and Emergency Care	Requires improvement ↓ May 2019	Good ↓ May 2019	Outstanding ↑ May 2019	Requires improvement ↔↔ May 2019	Good ↓ May 2019	Requires improvement ↓ May 2019
Medical Care (including older people's care)	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
Surgery	Good ↔↔ May 2019	Good ↔↔ May 2019	Outstanding ↔↔ May 2019	Outstanding ↑ May 2019	Outstanding ↔↔ May 2019	Outstanding ↔↔ May 2019
Critical care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Requires improvement Dec 2014	Good Dec 2014	Good Dec 2014
Services for children and young people	Good ↔↔ May 2019	Outstanding ↔↔ May 2019	Good ↔↔ May 2019	Good ↔↔ May 2017	Outstanding ↑ May 2019	Outstanding ↑ May 2019
End of life care	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014	Good Dec 2014
Maternity	Requires improvement May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019	Good May 2019
Outpatients and diagnostics	Good Mar 2017	Not rated	Good Mar 2017	Good Mar 2017	Good Mar 2017	Good Mar 2017
<b>Overall trust</b>	Requires improvement ↓ May 2019	Good ↓ May 2019	Outstanding ↑ May 2019	Good ↑ May 2019	Outstanding ↔↔ May 2019	Outstanding ↔↔ May 2019

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.

# University Hospitals Bristol Main Site

Bristol Royal Infirmary  
Upper Maudlin Street  
Bristol  
BS2 8HW  
Tel: 0117 923 0000  
[www.uhbristol.nhs.uk](http://www.uhbristol.nhs.uk)

## Key facts and figures

University Hospitals Bristol NHS Foundation Trust provides a full range of acute clinical services to three populations and is one of the country's largest acute NHS trusts, with over 11,000 staff delivering over 100 different clinical services.

Services provided include acute and emergency services, specialist regional services such as children's services, cardiac and cancer services and specialist services.

It has four locations registered with Care Quality Commission. There are the University Hospitals Bristol Main Site, Central Health Clinic, South Bristol Community Hospital and Trust Headquarters. The main site comprises:

- Bristol Royal Infirmary
- Bristol Royal Hospital for Children
- Bristol Eye Hospital
- Bristol Dental Hospital
- Bristol Heart Institute
- Bristol Haematology & Oncology Centre
- St Michael's Hospital

The trust also operates two external sites that are classed within CQC as separate registered locations. These are the Central Health Clinic and South Bristol Community Hospital.

The trust provides services to both local and regional clinical commissioning groups and specialised services through NHS England. There are also patients treated on behalf of Welsh Health Boards and Welsh Specialist Commissioners.

The trust has academic and teaching links to the University of Bristol and University of West of England (UWE), and is the major medical research centre in the region and the largest centre for medical training in the South West. It works in partnership with UWE to provide pre and post-registration training for nurses and allied health professionals.



# Summary of findings

## Summary of services at University Hospitals Bristol Main Site

**Outstanding** ☆ → ←

Our rating of the trust stayed the same. We rated them as outstanding because:

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Apart from in the neonatal unit, services had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The service managed patient safety incidents well with incidents reported, investigation and learning shared.

All services provided care and treatment based on national guidance and reviewed how effective this was. Staff worked together to provide cohesive and multidisciplinary care across the different divisions. The service understood the continuing development of the staff, skills, competence and knowledge was integral to ensuring high quality care. Staff were inducted, trained and given the opportunity to develop.

Staff cared for patients with compassion. Feedback from patients was positive. Throughout our inspection we observed patients being treated compassionately and with dignity and respect. In surgery we found care to be outstanding with people reporting that staff went the extra mile and their care and support exceeded their expectations.

The trust planned and provided services in a way that met the needs of local people and took account of patients' individual needs. In most core services, people could access the service when they needed it. The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

Managers and leaders in the trust had the right skills and abilities to run a service providing high-quality sustainable care. Leadership teams were well-motivated and understood the challenges of the department and implemented a drive to improvement. The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. There was a systematic approach to continually improve the quality of the services it provided. In surgery we found well led to be outstanding.

However:

In surgery, maternity and urgent and emergency care, the service did not always follow best practice in all areas of prescribing, recording and storing medicines for adults and children. Mandatory training and safeguarding levels did not meet trust targets. Some facilities and equipment in the maternity and urgent and emergency care service were not sufficiently well managed and posed a risk to patients.

Not all staff had received an appraisal of their work and this was below the trust target.

In urgent and emergency services, people did not always receive care and treatment in a timely way. This was a continuing problem since our last inspection and patients experience delays to accessing treatment and onward care and waiting times to admit, treat and discharge patients were getting longer and did not all meet national standards.

In maternity, we found there had been a lack of action to address medicine storage and remedy issues with fixtures and fittings.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

The trust has three emergency departments that fall into the urgent and emergency core service category:

The adult emergency department (ED) is a 24 hour, seven day service located on level three of the Bristol Royal Infirmary and is managed by the division of medicine. The emergency department is a designated trauma unit. The department consists of six resus bays, 11 majors' bays, an eight-bedded observation unit and nine treatment rooms in the fast flow/minors' area. All admissions or referrals of young people aged 16 and above are managed through the adult emergency department in line with trust policy.

The children's emergency department (CED) is a 24 hour, seven day service located on level three of the Bristol Royal Hospital for Children and is managed by the women's and children's division. The department consists of three triage rooms, a five-bay resuscitation room (three trolleys and two baby resuscitaires), and 12 fully equipped cubicles. The eight bedded observation ward adjacent to the CED is managed clinically and administratively by the department.

The children's emergency department in the Bristol Royal Hospital for Children is the biggest emergency department specifically for children in the South West of England. It is the designated regional paediatric major trauma centre seeing severely injured children from across the South West. All patients under the age of 16 years attend this department.

The Bristol Eye Hospital (BEH) emergency department offers a seven day 8.30am to 4.30pm regional service for ophthalmic emergencies. It is located on the ground floor of the BEH and is managed by the division of surgery. The department consists of doctors, optometrists, nurses and administrative staff and has five cubicles and one couch and three consultation rooms. The department sees both adults and children.

The trust had 138,039 ED attendances from August 2017 to July 2018. This was an increase of 4% compared to the previous year. Of these, 45,635 were for children and 35,919 arrived by ambulance. Over the winter period of October 2018 to March 2019, there had been a 4% increase in adult emergency attendances and a 9% increase for children's emergency attendances.

We inspected all key questions; is the service safe, effective, caring, responsive and well-led? Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Our last inspection was in November 2016 when we undertook a comprehensive inspection (reviewing all key questions) and the service was rated good overall. Effective and well led were rated outstanding, safe and caring good and responsive requires improvement. The ratings at this inspection reflect an increase in demand and challenges faced by the emergency departments.

## Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- We rated safe and responsive as requires improvement and effective, and well-led as good. We rated caring as outstanding.
- We were not assured the service was always meeting the requirements to provide safe care in all areas. The service did not follow best practice in all areas of managing medicines including storing and record keeping. There were limited facilities and systems to care for patients with suspected communicable diseases in the adult emergency

# Urgent and emergency services

department, and the mental health assessment rooms for both adults and children did follow national guidance in all areas. There were delays in accessing the children's mental health services. Some aspects of the environment were not suitably safe, for example, the access for children and the entrance stairs. The assessment and needs of mental health patients were not all met in a timely way. There was training for receptionists and no formal processes for receptionist to urgently access medical care for patients.

- Effective care was rated as good. Audits did not all meet the required standards and the action plans made as a result showed not all had been completed. A further area of improvement needed was the completion of staff yearly appraisal.
- The responsiveness of the service required improvement. People could not consistently access the service in a timely way. This was a continuing problem since our last inspection and while actions had been taken to improve the flow through the department, more was needed to ensure performance was able to meet patient need. There were delays to accessing treatment and onward care, and waiting times to admit, treat and discharge patients were getting longer.
- Well led was rated as good.

However:

- The departments were clean, and equipment well maintained. Patients in the emergency department were managed safely by using observation tools and risk assessments and were cared for by skilled staff. Records of patient care were well maintained, and any incidents reported, and action taken to address them.
- The service provided care and treatment based on national guidance and reviewed how effective this was. Staff worked together to provide cohesive and multidisciplinary care. Staff provided pain relief, food and drink when needed, and understood their responsibilities to ensure consent and mental capacity were used to support patients' choices.
- There was excellent care provided to patients. Staff were committed to giving the best care to patients. The emotional needs of patients and relatives were recognised, and patients felt understood, involved and included.
- The location and demographic of the service showed visibly high levels of patients with complex social and physical conditions including homelessness and drug and alcohol misuse. Staff approached the challenges in a proactive way, looking for ways to support these patients which were individual and considered the patients' circumstances. Staff showed both determination and creativity to overcome obstacles to delivering care and their approach did not show any fatigue.
- Staff took account of patients' needs and planned a service to meet them. Pathways had improved to support patients and staff to manage challenging situations in a positive way. Complaints were handled well.
- The service was well led with a skilled leadership team, effective governance process and a culture of high-quality care. The trust used a systematic approach to continually improve the quality of its services and manage risks.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and was committed to improving services by learning from when things went well and promoting training, research and innovation.

## Is the service safe?

**Requires improvement** ● ↓

Our rating of safe went down. We rated it as requires improvement because:

# Urgent and emergency services

- The adult and children's emergency departments did not follow best practice in all areas of prescribing, recording and storing medicines for adults and children. The systems in place did not ensure patient safety.
- The service provided mandatory training in key skills to staff although not everyone had completed their required updates. For nursing and medical staff, the 90% target was not met.
- In all three departments, mental health training for adults and children was not included in the mandatory training agenda.
- Not all staff had received updated safeguarding training. The trust set a target of 90% for completion of safeguarding training, this had not been met. There were insufficient levels of staff with safeguarding level three training.
- There were limited facilities and systems to care for patients with suspected communicable diseases in the adult emergency department. The systems available were not sufficiently well managed.
- The adult emergency department had a dedicated mental health assessment room although the design of the environment did not follow national guidance in all areas. Patients at risk and in need of mental health support, were supported although not always in a timely way. There were delays in accessing the children's' mental health service.
- The initial access for those patients, both adults and children arriving independently, was not clear. Access was by either stairs and lifts and signage did not clearly identify the right route. This meant patients may take the stairs and be delayed or at risk. Monitoring of the stairs was not consistently maintained to ensure patients were not delayed there. The environment used for children to access the emergency department out of hours was a risk to safety.
- There were limited systems in the adult emergency department to help support receptionists in identifying patients who needed to be seen urgently.
- Equipment was not always stored safely in the children's emergency department.

However:

- In all three emergency departments, staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The trust had systems and processes to ensure standards of cleanliness and hygiene were maintained. All three departments were visibly clean.
- In all three emergency departments, staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Patients in the emergency department were managed safely by using observation tools and risk assessments.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- In all three departments, staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- 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. When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

Good  

# Urgent and emergency services

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff supported patients with nutrition and hydration while in all three emergency departments.
- Staff assessed and monitored patients in all three departments regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff of different disciplines worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- In the adult and children's departments there were the right services available 24 hours a day with enough access to support patient care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They followed the trust policy and procedures when a patient could not give consent. They knew how to support patients experiencing mental ill health and those who lacked the mental capacity to make decisions about their care.

However:

- Adult and children's audits had not recorded action plans as completed within a reasonable timescale.
- In all three departments not all staff had received an appraisal of their work and this was significantly below the trust target. This had not improved since our previous inspection.

## Is the service caring?

**Outstanding**  

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

- All staff in all departments, staff cared for patients with compassion. Feedback from patients confirmed staff treated them well and with kindness. Patients told us they had been treated with dignity and respect by all staff, always. Patients felt staff often went above and beyond to give the care they needed.
- Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff provided emotional support to patients to minimise their distress. Emotional support was provided by all staff to patients and relatives. We saw staff sitting with patients and families providing explanations, listening and supporting patients and relatives. When patients were visibly distressed we saw staff take time to reassure and support them.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients and relatives were given opportunities to ask questions and staff gave them time to do this. Relatives and carers were given timely support and a space to have discussions.
- We saw all staff engaged in such a way that patients felt at ease and felt able to ask questions and be part of their plan of care. We particularly saw the medical staff were exceptional in sitting with patients to explain treatment plans and taking time to answer questions and making sure patients understood the next stages of their care.

# Urgent and emergency services

- The location and demographic of the service showed visibly high levels of patients with complex social and physical conditions including homelessness and drug and alcohol misuse. Staff approached the challenges in a proactive way, looking for ways to support these patients which were individual and considered the patients circumstances. Staff showed both determination and creativity to overcome obstacles to delivering care and their approach did not show any fatigue.

However:

- Premises and facilities did not fully meet people's needs. In the adult emergency department, corridor areas A, B and C had no means to ensure patients' privacy and dignity.

## Is the service responsive?

**Requires improvement** ● → ←

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

- People did not always receive care and treatment in a timely way. This was a continuing problem since our last inspection and while actions had been taken to improve the flow through the adult department, more was needed to ensure performance met patient need. There were delays to accessing treatment and onward care and waiting times to admit, treat and discharge patients were getting longer and did not all meet national standards. We looked at what caused the delays for patients and saw multiple causes influenced the delays, some were beyond the departments' control.

However:

- The trust planned and provided services in a way that met the needs of local people. Escalation procedures were responsive when the department experienced capacity issues.
- The service took account of patients' individual needs. Since our last inspection changes had been made to the environment in the adult and children's emergency departments to support patients' different needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

**Good** ● ↓

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

- The emergency departments had a proactive, well-motivated leadership team. The leadership team understood the challenges of the department and implemented a drive to improvement. Staff of all levels told us their strongest attribute was the supportive team working and good leadership.
- There was a clear leadership direction to meet the needs of the patients in a creative, cohesive and pragmatic way.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff. A vision and strategy had been produced for the emergency departments.

# Urgent and emergency services

- Managers across the trust promoted a positive culture which supported and valued staff, creating a sense of common purpose based on shared values. Many staff told us these were the best emergency departments they had worked in and put this down to the positive culture and teamwork, all staff we spoke with told us the team supported each other.
- The trust used a systematic approach to continually improve the quality of its services. There was a governance framework focused on supporting the delivery of safe, quality care. There were clear reporting structures between the department and the board.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Risk registers were used in each department, at divisional and trust level to review and monitor risk.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Information needed to deliver effective care and treatment was well organised and accessible.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. Staff considered there had been real change in the last 12 months which had a positive impact on the department.

## Outstanding practice

We found areas of outstanding practice in this service. See outstanding practice section above.

## Areas for improvement

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

# Surgery

Outstanding   

## Key facts and figures

Surgery is delivered from five main locations: the Bristol Royal Infirmary (BRI), Bristol Dental Hospital (BDH), Bristol Eye Hospital (BEH), St. Michael's Hospital (StMH) and South Bristol Community Hospital (SBCH).

Adult theatres and recovery are based in the BRI and managed by the division of Surgery. There are 10 theatres in total and nine recovery beds in Heygroves theatres.

The Queen's Day Unit (QDU) in the BRI contains two day theatres and a four-bedded recovery area. The following specialities operate in Heygroves theatres and QDU, all of which are managed by the Division of Surgery:

- General surgery (upper GI, lower GI and hepatobiliary surgery)
- Trauma
- Cardiac surgery
- Thoracic surgery
- Oral and maxilla facial surgery (OMFS)
- Ear, nose and throat surgery
- Confidential enquiry into patient outcome and death (CEPOD)
- Limb reconstruction

The BEH has 11 inpatient surgical beds on H304 and between H303 and H402. There are four BEH theatres and a three-bedded recovery area.

The BDH has three recovery bays in the dental day unit and one theatre.

StMH has five theatres in total. Two theatres are dedicated to obstetrics. The other three theatres are attributed to Gynae, ENT, upper GI, OMFS (special care dentistry). These theatres are supported with an eight-bedded recovery. The St. Michael's Hospital surgery day case unit has 12 trolleys and two side rooms. The theatres provide a mixture of day and inpatient activity through ward 78..

SBCH has two day case theatres and a recovery area attributed to orthopaedics, upper GI, dental surgery, gynaecology, pain, cardioversions, lower GI, ocularplastics and dermatology. There are two endoscopy rooms on this site providing diagnostic endoscopy and supporting the bowel scope programme.

The trust had 27,824 surgical admissions from August 2017 to July 2018. Emergency admissions accounted for 8,618 (31%), 14,846 (53%) were day case, and the remaining 4,360 (16%) were elective.

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

## Summary of this service

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



# Surgery

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so, and safeguarding incidents were reported and investigated. The service did have enough medical staff with the right qualifications, with vacancies in some specialties. There was safe provision of physiotherapy and occupational therapy for patients following surgery.
- Staff from different professions or departments worked together as a team to benefit patients. All necessary staff, including those in different teams and services, were involved in assessing patients' care and treatment. The patient records showed input from dieticians, physiotherapists and occupational therapists and therapy technicians. Records also showed input from pharmacists, medical teams, and diagnostic and screening services.
- Feedback from people who used the service, those who were close to them and stakeholders was consistently positive about the way staff treated people. People thought that staff go the extra mile and their care and support exceeded their expectations. Staff delivered strong person-centred care, and were genuinely proud of the services they delivered.
- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promotes people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders.
- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. Leaders were visible and available to staff, and we saw and heard about good support for all members of the team. The matrons and ward sisters were an experienced and strong team with a commitment to the patients who used the service, and to their staff and each other.
- Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. It also included the national and local strategic context.
- There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they function and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.

## Is the service safe?

Good   

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff we spoke with were knowledgeable about the trust's safeguarding policy and processes and were clear about their responsibilities. Staff had access to a safeguarding lead nurse who gave good support. Staff could clearly describe what action they should take if they had concerns regarding the welfare of a patient.
- Safeguarding incidents were reported and investigated. Staff sought advice from safeguarding leads and information was provided on the intranet site for staff to refer to. Staff we spoke with told us they were encouraged to and did report any potential safeguarding concerns. These were investigated by either a senior nurse or a safeguarding lead. Staff told us they always received feedback on concerns they had raised.
- The service controlled infection risk well. Patients we spoke to on the wards said their environment was regularly cleaned and they felt physically safe on the ward. There were arrangements for cleaning surgical wards and theatres. There were daily schedules and weekly tasks, alongside deep cleaning as and when required. We saw that all clinical areas were audited monthly, and a report provided to the division. Incidents and action plans were acted on.

# Surgery

- Good infection control practice was observed being followed by staff. All staff were seen to be following the trust dress code, for example in appropriate theatre clothing and bare below the elbow.
- The service had suitable premises and equipment and looked after them well. During the inspection we visited six different surgical wards, looked at the environment on each of them and randomly sampled the equipment in use on those wards. We saw that store rooms were tidy, well-ordered and well stocked. Dirty utility rooms were clean and substances hazardous to health were well managed.
- Staff completed and updated risk assessments for each patient. They kept clear records and asked for support when necessary. Risk assessments relating to patients' needs were completed and evaluated. Patients for elective surgery attended a pre-operative assessment consultation prior to their operation in line with national guidance.
- There was clear escalation of a deteriorating patient. There were processes and policies used to monitor, assess, identify and respond to patient risks. Staff were trained in the diagnosis of sepsis and recognition of a deteriorating patient.
- The service did have enough nursing staff and were managing staffing gaps to ensure people were safe from avoidable harm, and to provide the right care and treatment. At the time of our inspection staffing levels and skill mix were at an appropriate level to ensure patients received safe care and treatment at all times.
- The service did have enough medical staff with the right qualifications, with vacancies in some specialties. However, there was adequate medical staffing levels on the wards to safely meet the needs of patients.
- There was safe provision of physiotherapy and occupational therapy for patients following surgery. There was joint working between physiotherapy and occupational therapy giving comprehensive assessments of mobility and independence and medical fitness for discharge.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and generally available to all staff providing care. Staff told us there was a mixed system of record keeping which included paper records, and an electronic system to observe patients.
- Wards had good clinical pharmacy support and we saw that medicines reconciliation was completed and prescription charts were verified by pharmacist. There were appropriate arrangements for the recording of medicines administration and prescription charts showed medicines were being given as directed.
- The service managed patient safety incidents well. We found a strong learning from incidents culture. Staff recognised incidents and reported them appropriately. Managers were responsible for investigating incidents and sharing the learning. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The service provided mandatory training in key skills, however not all staff were fully compliant with their training, particularly medical staff.

## Is the service effective?

Good   

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

# Surgery

- The service provided care and treatment based on national guidance and evidence of its effectiveness. They continually reviewed guidance to help improve services. We found information about the outcomes of patients' care and treatment was routinely collected and monitored. The surgical division participated in a number of clinical audits based on national and local guidance. Some of these were joint audits across the hospital site.
- Staff gave patients enough food and drink to meet their needs and improve their health. Special feeding and hydration techniques were used when necessary. Food and hydration charts were used and completed.
- Staff assessed and monitored patients regularly to see if they were in pain. Patients' pain was managed effectively for patients who had the capacity to communicate effectively. Staff supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Staff had the right qualifications, skills, knowledge and experience to do their job when they started employment, took on new responsibilities, and these were reviewed on a continual basis.
- The service used volunteers well and trained them appropriately. Volunteers supported on surgical wards with feeding patients and befriending. Volunteers were encouraged to make a better environment for patients, help to ensure a relaxed atmosphere and assist people who required help with eating and drinking.
- Staff from different professions or departments worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. All necessary staff, including those in different teams and services, were involved in assessing patients' care and treatment. The patient records showed input from dietitians, physiotherapists and occupational therapists and therapy technicians. Records also showed input from pharmacists, medical teams, and diagnostic and screening services.
- There were established links with mental health specialists, such as the learning disability team and the falls and dementia team within the Trust accompanied staff on their morning ward round if they had identified that a patient required specialist mental health support during their stay.
- Health promotion was a routine part of all care provided to patients. All staff worked collaboratively to assess all aspects of general health and to give support and advice to promote healthy lifestyles.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent. We spoke to nursing and medical staff who showed a good knowledge of consent, mental capacity act (MCA) and deprivation of liberty safeguards (DoLS) and knew how to access advice if required.

However:

- The surgical division did not meet the seven-day service standards. Physiotherapists were available Monday to Saturday 8am to 4.30pm and covered the fractured neck of femur service for patients over 60 and one day postoperatively on a Sunday. Speech and language therapists, dietetics, podiatry and occupational therapists were available Monday to Friday 8am to 5pm.

## Is the service caring?

**Outstanding**   

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

- Feedback from people who used the service, those who were close to them and stakeholders was consistently positive about the way staff treated people. People thought that staff go the extra mile and their care and support

# Surgery

exceeded their expectations. Staff delivered strong person-centred care, and were genuinely proud of the services they delivered. We observed discussions between patients, relatives and clinical staff. We saw that these were planned well and handled sensitively. Any decisions made were then communicated to the wider team providing care to the patient to ensure all were aware of them.

- There was a strong, visible person-centred culture. Staff were highly motivated and inspired to offer care that was kind and promotes people's dignity. Relationships between people who used the service, those close to them and staff were strong, caring, respectful and supportive. These relationships were highly valued by staff and promoted by leaders. A significant amount of positive feedback was displayed on wards. Friends and family test results often included mostly 'extremely likely' to recommend responses. We saw staff went out of their way to improve the experience of patients during their stay.
- There was a strong person-centred culture. All staff we spoke with were highly motivated to deliver care that is kind and promotes people's dignity. Staff understood and respected the personal, cultural, social and religious needs of people using the services.
- Staff understood the totality of patients' needs, including the need for social interaction and support. Staff took the time to interact with patients and those close to them, in a respectful and considerate manner, for example by taking the time to have a cup of tea with a patient who doesn't get many visitors. Staff spoke very positively about the hospital befriending volunteers and of the valuable service they provided to patients.
- Staff provided emotional support to patients to minimise their distress. Staff understood the impact the care, treatment or condition might have on the patient's wellbeing and on those close to them both emotionally and socially.
- Staff involved patients and those close to them in decisions about their care and treatment. We saw staff explaining things to patients in a way they could understand. The patients spoken with felt well informed as to their diagnosis and care plans, they felt their management was being discussed with them as much as possible.

## Is the service responsive?

**Outstanding**  

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

- The trust planned and provided services in a way that met the needs of local people. As recognised by staff, the main difficulties facing the trust were the impending reorganisation of services and the uncertainties which implicated on local planning.
- The service took account of patients' individual needs. Patients were treated as individuals with treatment and care being offered in a flexible way and tailored to meet their individual needs. Staff understood how to access extra support for patients living with dementia. Staff spoke confidently about the additional support they would give to patients living with dementia including supporting them to orientate themselves, offering company and distraction and involving those close to the patient.
- People could access the service when they needed it. Performance for referral to treatment times was generally 89.3% at the end of December 2018. Although the trust did not meet the national standard of 92%, the trust's own improvement trajectory of 87% was achieved. Cancellation of procedures tended to be due to times of escalation across the hospital which restricted the available bed space post surgery, including cancellation of cancer operations because of a lack of critical care and high dependency beds.

# Surgery

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Staff we spoke with explained they got more positive feedback than complaints. Senior nurses shared feedback from patients and learning from complaints and safety briefing meetings that were held every morning. We saw examples of safety briefs that included information and actions from learning from complaints.

## Is the service well-led?

**Outstanding** ☆ → ←

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

- The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care. There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrate the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond.
- The local leadership team were very experienced and demonstrated a good understanding of the performance challenges and risks within the surgical services. Leaders were clear about the challenges of critical care capacity and the impact on patients and outcomes.
- Leaders were visible and available to staff, and we heard about good support for all members of the team. The matrons and ward sisters were an experienced and strong team with a commitment to the patients who used the service, and to their staff and each other. We saw matrons and ward sisters were integral in the areas they worked in and highly visible to staff and patients. Nurses in all areas we visited spoke highly of their managers and told us they were available to listen and act upon concerns.
- The surgical division's strategy and supporting objectives and plans were stretching, challenging and innovative, while remaining achievable. Surgery had an operating plan for 2018/19 to 2019/20 which outlines the key divisional challenges, risks and priorities. Strategies and plans were fully aligned with plans in the wider health economy, and there was a demonstrated commitment to system-wide collaboration and leadership. It also included the national and local strategic context. The surgical operating plan was developed within the context of the clinical commissioning group's (CCG) five-year sustainability and transformation partnership (STP). These included integrated primary and community care, and acute care collaboration. The surgical divisional priorities were developed and highlighted where they were contributing to the STP or commissioning priorities.
- Leaders had an inspiring shared purpose and strive to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff. There was a positive culture which supported and valued staff. Staff were positive about working for the trust and told us they were enabled to make improvements.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns, and all policies and procedures positively supported this process.
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences. Staff we spoke with enthusiastically told us about charity fundraising, cake sales, and bowling nights, as well as the staff recognition yearly awards ceremony.
- Governance arrangements were proactively reviewed and reflected best practice. A systematic approach was taken to working with other organisations to improve care outcomes. A monthly Division of Surgery board meeting took place. We saw these meetings were well attended, including representatives for all clinical sites and all clinical specialities.

# Surgery

- There were governance processes and oversight in the surgical division. Staff at all levels were clear about their responsibilities, roles and accountability within the governance framework. There were comprehensive assurance systems and service performance measures which were reported and monitored on a regular basis.
- There was a demonstrated commitment to best practice performance and risk management systems and processes. The organisation reviewed how they function and ensured that staff at all levels had the skills and knowledge to use those systems and processes effectively. Problems were identified and addressed quickly and openly.
- The trust had effective systems for identifying risks and had the action summary and actions completed. Risk was identified and managed at a local level, for example in wards, units and theatres and included in the departmental risk register. We saw risk registers where risks were well defined, with mitigating controls in place. Actions were detailed with due dates noted. We noted that actions were reviewed and updated regularly.
- The risks in the service were understood by staff and leaders. Ward staff understood, recognised and reported their risks. The concerns staff raised with us were reflected on the risk registers. Equally, senior managers and leaders in the service understood the concerns and risks raised by their teams and could describe what mitigating actions were in place.
- There was a demonstrated commitment at all levels to sharing data and information proactively to drive and support internal decision making as well as system-wide working and improvement. The surgical division held monthly governance meetings. Detailed quality data and performance information was provided at these meetings. We saw
- Data regarding the division's money and resources was also shared with the inspection team. This was a comprehensive suite of information that showed income against expenditure for matters such as medical and nursing staffing, including agency spending, and outsourcing, broken down by service line (department).

## Outstanding practice

We found areas of outstanding practice in this service. See outstanding practice section above.

## Areas for improvement

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

# Maternity

Good 

## Key facts and figures

Maternity services are based at St Michael's Hospital and provide a wide range of facilities.

A midwifery led unit and central delivery suite deliver approximately 5,400 babies per year. The hospital provides tertiary fetal medicine expertise. Women from the south west requiring delivery at St Michael's as part of a complex care plan with onward care of their baby will also deliver there. They are supported by level three neonatal services and a portfolio of paediatric services at the children's hospital. A large antenatal and postnatal ward cares for women before and after birth, and a transitional care ward supports women and/or their babies who need a period of additional care or monitoring prior to discharge.

The maternity bed base comprises 38 maternity (antenatal and postnatal) beds in ward 73, 16 maternity (transitional care) beds in ward 76, four beds in the midwifery led unit and 14 beds in the central delivery suite. The central delivery suite has 13 rooms. One is an assessment room with two beds and there is a recovery bay with two bed spaces.

The maternity services were accessible by lifts and stairs. The central delivery suite and the obstetric theatres were on level C, which was the level of the main entrance to the hospital. The neonatal intensive care unit was on level D. The day assessment unit, fetal medicine and antenatal clinic were on level E. The antenatal and postnatal ward 73 (with 38 beds) and the postnatal transitional care ward 76 (16 beds) were also on level E, with access only through ward 73 for all visitors, who had to report to the main reception at ward 73. The midwife-led unit was on level E and had its own entrance.

During our inspection, we visited all the maternity wards and units. We checked 10 sets of women's clinical records and observation charts. We spoke with 33 women, eight relatives, and 57 staff, including consultant obstetricians and divisional director, clinical leads, matrons, ward managers, specialist midwives and educators, midwives and healthcare assistants, trainees, receptionists and administrative staff.

## Summary of this service

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. The midwifery staffing levels in the central delivery suite, wards and clinics were maintained through daily assessment of acuity and safe staffing on a shift by shift basis.
- The service had enough consultant obstetricians with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment. There were two locum consultants as part of the team.
- There was a consultant on call out of hours, every night of the week.
- There had been a reduced number of senior registrars, from seven to five due to maternity leave, but steps had been taken to remedy the problem.
- Women in labour received one-to-one care.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

# Maternity

- Patients received good care and support from the perinatal mental health team of psychiatrists and psychologists and from the mental health liaison team.
- Doctors, midwives and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- The service worked well with multidisciplinary teams within the trust and with other trusts in the south west region.
- The midwives worked closely with the neonatal team from the neonatal intensive care unit.
- The Friends and Family Test showed that women were very satisfied with the care and treatment provided.
- Women in labour and in the postnatal stage received effective pain relief.
- Staff kept detailed records of patients' care and treatment.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- The service managed patient safety incidents well. Serious incidents had been dealt with in accordance with the trust's policy and procedure.
- The service provided care and treatment based on national guidance and evidence based practices. The service followed national guidance, and actively participated in NHS England initiatives. The continuity of carer initiative was launched recently.
- The service used monitoring results well to improve safety. The performance of the service was monitored by bringing together a number of critical indicators on a monthly basis in the maternity dashboard spreadsheet and highlighting any surprising figures.

However:

- In the maternity service, medicines had not been managed appropriately.
- In the central delivery suite, some medicines were not stored securely. These medicines were kept on open shelves within the clinical room, where non-clinical staff could access them.
- In the midwife-led unit, medicines had been exposed to high room temperatures for long periods of time. Therefore, patients could be given suboptimal medicines.
- Staff used denaturing kits intended to render CD drugs unusable, so that they were less hazardous for disposal, but were doing this incorrectly, so the CD drugs were still active.
- In the fetal medicine unit, the keys for the medicine fridge were found in an unlocked drawer in the treatment room which non-clinical staff could access.
- The service provided mandatory training in key skills to all staff. However, the trust had not ensured everyone completed it. In maternity the 90% target was met for 15 of the 28 mandatory training modules for which qualified nursing and midwifery staff were eligible. The 90% target was met for seven of the 18 mandatory training modules for which medical staff were eligible.
- The service provided mandatory training in five safeguarding training modules. However, the trust information showed not all the staff, including medical staff, had completed the mandatory safeguarding training modules for the period April to December 2018. The 90% target had not been met for four out of five topics, for nursing, midwifery and medical staff.



# Maternity

- The fixtures and fittings had not been well maintained. We found bathroom, toilet and handwashing facilities were in a state of disrepair. There was a risk of cross-contamination in the wards due to cracks in the panels of some baths and showers which had not been repaired.
- There were a number of showers, handbasins and toilet facilities in the antenatal and postnatal ward that had been out of order for some time. Despite repeated reminders, senior managers had not taken appropriate action to address the problem.
- The trust was taking too long to investigate complaints in maternity, 59.9 working days on average, whilst the trust policy specified 30 days maximum. Although some complaints have taken longer to respond to as the trust needed to seek further clarification from the complainant.
- The service had no specialist bereavement midwife to support women going through bereavement.

## Is the service safe?

### Requires improvement

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings directly with previous ratings. We rated it as requires improvement because:

- The trust had not always ensured staff followed the trust medication policy and procedures in the safe administration, storage and disposal of medicines. (Health and Social Care Act 2008 (Regulated Activities) Regulation 2014, Regulation 12(2)(g).
- In the midwife-led unit, medicines kept in the drug cupboard had been constantly exposed to very high room temperatures since 2017. Patients would be exposed to the risk of being given suboptimal medicines.
- In the central delivery suite, there were medicines kept on the open shelves within the clinical room which non-clinical staff could access.
- Staff used denaturing kits intended to render CD drugs unusable, so that they were less hazardous for disposal, but were doing this incorrectly, so the CD drugs were still active.
- In the foetal medicine unit, we found that the keys for the medicine fridge were not kept with the midwives. Instead they were kept in an unlocked drawer in the treatment room which non-clinical staff could access.
- The service provided mandatory training in key skills to all staff. However, the trust had not made sure everyone completed it. For the period April to December 2018, in maternity the 90% target was met for 15 of the 28 mandatory training modules for which qualified nursing and midwifery staff were eligible. The 90% target was met for seven of the 18 mandatory training modules for which medical staff were eligible.
- The service provided mandatory training in five safeguarding training modules. However, the trust information showed not all the staff, including medical staff, had completed the mandatory safeguarding training modules for the period April to December 2018. The 90% target had not been met for four out of five topics, for nursing, midwifery and medical staff.
- The service controlled infection risk well in regards to clinical equipment and control measures to protect patients, themselves and others. However the fixtures and fittings had not been well maintained, compromising patient safety. In the antenatal and postnatal ward, there were cracks in the panels of some baths and showers and two showers and two toilets were out of order, including the disabled access toilet. A sink at the nurses' station and another in a

# Maternity

mother and baby room were not working. Plaster was peeling off in several rooms. There was one chair with ripped seats in the ward and another in the central delivery suite. There was a hole in the ceiling in the day assessment unit. The trust estates team had been notified, but to date there had been no action taken to repair these facilities. This also meant there were fewer bathroom and toilet facilities for women to use.

- There were a number of consumables kept in the midwife-led unit (MLU) that were out of date, with expiry dates ranging from 2016 to 2019. We found 20 bottles of hand gels and several other items that were past their use-by date, including hand moisturiser, hand soap, water for injections and powder-free gloves on the shelves in the clinical room and a box of similar items in the sluice. Staff had not ensured the safe use of consumables.

However:

- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The midwifery staffing levels in the central delivery suite, wards and clinics were maintained through daily assessment of acuity and safe staffing on a shift by shift basis. Each ward had a number of core staff and they were supported by additional staff who could be relocated when needed. This had ensured the staffing level was adequate, with a good skill mix of staff.
- The maternity service had a pool of bank staff who would be used if necessary to ensure safe care for patients. The trust had stopped using agency staff.
- Women in established labour received one-to-one care by an experienced midwife.
- The maternity service had an adequate number of consultant obstetricians, with two locums among the numbers covering maternity services.
- The maternity service had five registrars working instead of the planned number of eight for a time. However, one registrar had returned from maternity leave and another would be returning in June 2019. One new registrar had been recruited and would be commencing work in August 2019.
- The daily handovers by the medical team were informative, with detailed multidisciplinary discussions of current cases and the actions taken.
- There was a consultant obstetrician and an anaesthetist on call out of hours.
- The service made sure staff were competent for their roles. There were organised obstetric emergency skills days for midwives and doctors. The training included fetal well-being and cardiotocography (CTG), neonatal basic life support and managing clinical emergencies, with simulations of emergency scenarios such as breech deliveries, shoulder dystocia and cord prolapse. This ensured safe and improved clinical practice.
- Staff kept detailed records of the patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. They carried out risk assessments of pregnant women antenatally, including a perinatal mental health assessment, and referrals were made when required.
- Staff used the modified early obstetric warning score (MEOWS) tool to observe mothers and the newborn early warning trigger and track (NEWTT) tool for babies at risk of clinical deterioration. Staff had training on when to escalate by referring appropriately the mother and baby for medical assistance.
- Staff assessed and monitored patients regularly to see if they were in pain. Women experienced effective pain relief during labour and postnatally.

# Maternity

- The service used monitoring results well to improve safety. The service used a rolling month by month maternity dashboard to raise alerts on safety metrics which exceeded the expected range.
- The service provided care and treatment based on national guidance and evidence based practices. The service followed national guidance, and actively participated in NHS England initiatives. The continuity of carer initiative was launched recently.
- Staff assessed and monitored patients regularly to see if they were in pain. Women experienced effective pain relief during labour and postnatally.
- The service managed patient safety incidents well. Serious incidents had been dealt with in accordance with the trust's policy and procedure.

## Is the service effective?

**Good** 

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The maternity service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- The service participated in NHS England collaborative initiatives and commenced the continuity of carers project on 25 March 2019. In the pilot, a team of experienced midwives worked together as an integrated community team providing continuity of care to a group of expectant women.
- The trust was a tertiary centre for maternal and fetal medicine. There was good multidisciplinary working with neighbouring trusts in the south west region and other trusts.
- Doctors, midwives and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Staff worked well with other internal services and teams to ensure that care was delivered in a coordinated way. This included the theatre team and medical specialities such as the cardiology service, the intensive care unit and the community midwifery teams. Staff had a good working relationship with the psychiatric liaison team in the hospital.
- Staff gave patients enough food and drink to meet their needs and improve their health. At mealtimes, women were given a choice of menu to choose from. This included cultural and dietary requirements. They were offered snacks and sandwiches in-between mealtimes. Women in early labour were offered light refreshments, such as sandwiches, and a light meal after delivery or after having a caesarean section.
- The service had achieved the United Nations Children's Fund (Unicef) Baby Friendly Stage Three for assisting women to breastfeed.
- Staff assessed and monitored patients regularly to see if they were in pain. Women experienced effective pain relief during labour and postnatally.
- The service made sure staff were competent for their roles. Staff regularly attended multi-professional in-service education sessions. Midwives were provided with additional clinical training to ensure their competencies were being maintained.

# Maternity

- Midwives received support from professional midwifery advocates, who gave working group sessions regularly to guide midwives to deliver effective care.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff sought consent for procedures, including suturing, episiotomy, instrumental delivery and caesarean section operations.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. The service monitored patient outcomes through national and local audits.
- We looked at the standardised caesarean section rates from October 2017 to September 2018 from Hospital Episodes Statistics. The total caesarean section rate was 28.0%. The elective rate was 12.4% and the emergency rate 15.6%. All these rates were as expected, compared with the England average. Over the same period, the proportion of instrumental deliveries was 15.5%. This was somewhat higher than the England average of 12.3%.

However:

- The staff appraisal rates from April 2018 to December 2018 showed only 34.3 % of staff in maternity received an appraisal. This was well below the trust target of 85%. We were told the staff appraisal system changed from paper to electronic in May 2016. At the time there had been some system problems. A matron told us the data for appraisal compliance did not reflect an accurate picture. By the time of our inspection this had improved with figures for March 2019 showing a compliance of completed appraisals being 65.2% for qualified midwives, 66.6% non-midwifery staff, 68.9% health care assistants and 87.9% of medical staff.
- The trust information submitted to us stated that the training on the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards were inclusive in the training programme for Safeguarding Level Two. However, evidence showed not all staff had completed the mandatory training module, safeguarding level two. For the period April to December 2018, the completion rate for safeguarding level two training was 87.2 % against the trust target of 90%. Therefore, not all staff had completed mandatory training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.
- The service participated in some of the 2017 National Maternity and Perinatal Audit Programme. However, there was no data available for 4 out of 8 of the metrics.

## Is the service caring?

**Good** ●

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Staff cared for patients with compassion. Patients commented that all the staff were supportive and very caring.
- Women said staff treated them with respect and dignity. Partners felt involved and were encouraged to support their partner during labour.
- The Friends and Family Test for the antenatal ward, the central delivery suite and the postnatal ward from January 2018 to December 2018 showed the trust's performance was similar to the England average.
- The trust participated in the CQC Survey of women's experiences of maternity services, 2017. The trust performed about the same as other trusts for 14 questions and was better than the other trusts on two questions, relating to skin to skin contact with their baby and the handling of concerns.

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- Staff involved patients and those close to them in decisions about their care and treatment. Patients felt involved in their care and treatment.
- Patients told us they were well informed by the doctors and midwives before treatment was given or a procedure was performed.
- Women felt involved in decision making regarding their care and treatment.
- Staff provided emotional support to patients to minimise their distress. Patients and their relatives felt well supported. Staff showed understanding and empathy. Staff communicated well with patients and their families.
- Women had access to specialist staff, such as the perinatal mental health team, a psychiatrist and a psychologist.

## Is the service responsive?

**Good** ●

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- There was a consultant-led service for high risk women and a midwife-led service for low risk women.
- There was a named midwife for each woman in labour.
- Staff of different specialities and disciplines worked together to provide coordinated care for women. For example, the cardiac nurse and specialist midwife for mental health saw a patient for a joint review.
- The Fetal Medicine Unit was a referral centre for fetal medicine. It offered women a screening service for various conditions, such as fetal cardiac defects, fetal growth restrictions or Down's syndrome.
- The service gave support to women with complex needs, such as learning disability or perinatal mental health problems. All women with a mental health condition had a 32-week plan. This included a bespoke birth plan for delivery.
- There was a transitional postnatal ward for mothers and their babies who needed extra monitoring; they could be mothers with a history of substance misuse, mental health conditions or complications of pregnancy such as diabetes. It was for women whose baby was under 37 weeks gestation when born and who did not require admission to the special care intensive unit.
- Staff used a phonenumber to access translation services, including out of hours and at weekends, for women whose first language was not English. Staff arranged interpreters for in-patients.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However:

- The trust was taking too long to investigate complaints in maternity, 59.9 working days on average, whilst the trust policy specified 30 days maximum. Although some complaints have taken longer to respond to as the trust needed to seek further clarification from the complainant.
- The service had no specialist bereavement midwife to support women going through bereavement.

# Maternity

- Women who booked to have their baby delivered in the midwife-led unit might not have their preferred choice when the midwife led unit was closed for safety reasons. When the midwife-led unit was closed all women would be cared for in the central delivery suite.

## Is the service well-led?

**Good** ●

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The maternity service was led by a well structured management team with a good understanding of the needs of the department.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, women using the service, and key groups representing the local community.
- The maternity service was fulfilling the trust's vision by being the tertiary maternity hospital for the south west region.
- Staff demonstrated the trust's values by respecting patients and embracing change. Staff worked together to drive improvement and recognise success in performance.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff had a positive attitude to their work and felt management cared about them as people.
- Staff were keen to learn new skills and share them with other members of staff.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- Management closely supervised clinical governance through metrics recorded monthly on the maternity dashboard and taking appropriate action.
- The dashboard used a R-A-G traffic light system to alert management to any metrics going outside the expected range.
- The maternity service took perinatal mental health seriously and held meetings with mental health specialists. This ensured good service was delivered to mental health patients.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The department was moving towards being paperless, and patient discharge notes and staff appraisals had been moved to the electronic system.
- Staff were able to familiarise themselves with trust policies and care pathways on the intranet.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with some partner organisations effectively.

# Maternity

- There was good liaison with the voluntary sector to provide support to women who had experienced trauma during delivery.
- Efforts were made to involve more staff in reviews of care pathways and senior management meetings, so that staff had a sense of engagement.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- Beginning in March 2019, the trust was conducting a pilot of the NHS Continuity of Carer initiative. This will ensure women are cared for by the same midwives from early in their pregnancy through to the postnatal period. This aimed to provide a safer, more personalised, compassionate and professional family-friendly service.
- The trust had effective systems for identifying risks. The quality and patient safety team had been involved in ensuring serious clinical incidents raised were taken seriously and resolved quickly.

However:

- There had been ongoing issues regarding the medicine storage room temperature. Senior managers had not taken appropriate action to reduce the risk of medicines becoming suboptimal due to continuous exposure to high room temperatures in the midwife led unit, experienced since 2017.
- Senior managers had not taken appropriate action to remedy fixtures and fittings that were in disrepair. For example, there were cracks in the panels of baths and showers, which were sites for cross-infection. These items were on the risk register as potential risk hazards for cross infection. There were sinks, showers and toilets that had been broken for some time. To date, staff were not able to tell us if and when repairs would be carried out.

## Outstanding practice

## Areas for improvement

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

# Services for children and young people

Outstanding  

## Key facts and figures

The Bristol Royal Hospital for Children (BRHC) is a 157-bed hospital providing secondary care services for Bristol, tertiary services for the south west, as well as some specialist services to wider Southern England and South Wales regions and beyond. The hospital is the paediatric major trauma centre for the south west.

Neonatal services are provided from a 31-cot unit and 16 transitional care cots at St Michael's Hospital. The service is one of three level three units in the south west neonatal operational delivery network.

Bristol Royal Hospital for Children provides dedicated paediatric services including an emergency department, theatres, critical care, radiology, outpatients, inpatient wards, day surgery and therapies. All paediatric inpatient care is provided in BRHC, apart from a Teenage and Young Adult (TYA) cancer unit for patients aged 16-24, which is located in Bristol Haematology and Oncology Centre (BHOC). There are no other acute medical inpatient beds for children in the Bristol area. Children's services are also provided in dedicated facilities in Bristol Eye Hospital (BEH), Bristol Dental Hospital (BDH), and radiotherapy in BHOC. Outpatient clinics are also run at South Bristol Community Hospital. Outpatient clinics are run by BHRC at a neighbouring NHS trust.

Services for children and young people in BRHC and St Michael's are managed within the division of women's and children's services. The TYA services are managed in the division of specialised services. Services in BEH and BDH are managed in the division of surgery. Paediatric radiology and pathology are managed by the division of diagnostics & therapies.

During this inspection, as well as the outpatients departments (including the eye hospital outpatient department), we visited the neonatal unit, neonatal intensive care unit, paediatric intensive care unit and a number of wards including: Caterpillar (general medicine), Penguin (surgical), Dolphin (cardiac), Daisy (burns and high dependency), Starlight (oncology and bone marrow transplant), Apollo 35 (adolescent), Lighthouse (renal and urology), Bluebell and Sunflower (neurosciences), Puzzle Wood (clinical investigations), Rainforest (burns and plastics), and Seahorse. During this inspection we did not visit the dental hospital or the haematology and oncology centre.

The trust had 15,216 admissions from November 2017 to October 2018. Emergency admissions accounted for 37% (5,653 admissions), 46% (6,977 admissions) were day case admissions, and the remaining 17% (2,586 admissions) were elective.

From January to December 2018 the trust received 88 complaints in relation to children's services at the trust (11.8% of total complaints received by the trust). The trust took an average of 46.5 working days to investigate and close complaints. This is not in line with their complaints policy, which states complaints should be closed within 30 working days. There were 20 complaints still open which had been open for an average time of 67.7 days.

During our inspection we spoke with 115 staff, including nurses, consultants, and support staff and 53 patients and their families or carers. We reviewed 27 records overall.

## Summary of this service

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



# Services for children and young people

- Safe care was mostly being provided in children and young people's service. Staff understood how to protect patients from abuse. Patient risk was well considered and there were clear processes for escalation and support should a patient deteriorate. Patient safety incidents and patient safety performance was monitored, managed and learning identified to make improvements to the service.
- There was effective care within the children and young person's service. Care and treatment was based on national guidance and evidence of its effectiveness. The effectiveness of care and treatment was monitored, and the trust was generally performing similar when compared to other trusts. Patients' nutrition, hydration and pain was well managed. Teams worked extremely well together to deliver care which benefitted the patient.
- Excellent care was delivered to children and young people with dignity and respect. Staff were committed to giving the best care to patients and provided emotional support to those with physical or mental health needs. Patients were involved, informed and supported in the care and treatment provided, and relatives were included and involved too. Patients suffering pain were well managed within guidelines and protocols.
- The trust delivered responsive care and planned and provided services tailored to meet the needs of children, young people and their families to ensure flexibility, choice and continuity of care. Children and young people, and their families were engaged in the design and running of the service. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice. The service treated concerns and complaints seriously, investigated them and learned lessons from the results.
- The children and young person's leadership team were clear about their roles and understood the challenges for the service. The leadership and culture of the service drove improvement and the delivery of high-quality individual care. Innovation, high performance and the high quality of care were encouraged and acknowledged. There was excellent engagement with stakeholders and partners to improve and coordinate services. There were no barriers to innovation and development.

However:

- In some areas safety could be improved and brought in line with good practice. Improvement in mandatory training for medical staff, particularly in resuscitation and safeguarding training, would assist the service to meet trust targets.
- The service needed to monitor staffing levels for neonatal intensive care unit (one to one) and supernumerary team lead role, in line with the British Association of Perinatal Medicine standards.
- The clarity of recording of sepsis monitoring, along with any interventions taken, could be improved along with further improvement of clear, up-to-date and coherent patient records. Further safety improvements could be made by following best practice when recording and storing medicines.
- Consideration could also be made to improve the environment for the children and young people's recovery area in the eye hospital, although it is acknowledged that there is limited space to do so.
- To improve the effectiveness of the service further improvement in appraisal rates to meet compliance of trust targets needed to be focused on.

## Is the service safe?

Good   

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.

# Services for children and young people

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service had suitable premises and equipment and looked after them well. The service had access to equipment which was regularly serviced and maintained.
- Staff completed and updated risk assessments for each patient and asked for support when necessary. Patient risk was well considered within the children and young people service and there were processes to assess and respond to potential or presenting risk.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- 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. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service mostly followed best practice when recording and storing medicines.

However:

- The service provided mandatory training in key skills to all staff, but not all staff were up-to-date with the trust's mandatory training courses. For example, resuscitation training was consistently not meeting trust targets. This meant some staff were not up-to-date with their skills and knowledge to enable them to care for children and young people appropriately.
- Compliance with safeguarding training did not always meet trust targets.
- The neonatal unit was unable to adhere to the British Association of Perinatal Medicine standards in achieving recommended safe staffing levels. The service did not always meet the one to one recommendation in the intensive care unit or the supernumerary team lead role on each shift, although this was on the risk register and risks were mitigated as far as possible.
- Records were not always clear and up-to-date, when recording patient's care and treatment. We reviewed 27 sets of patients' records and found records did not always clearly reflect the needs of children and young people.
- Venous thromboembolism (VTE) assessments, assessing the risk of a blood clot, were not always being completed. It was unclear whether the service was following their standard operating procedure around VTE, as assessments were left blank on six out of the eight sets of notes.
- Multidisciplinary notes were completed but were not filed in the same place. This did not make accessing them easy. Nurses and doctors maintained paper records on the wards, which were held in separate files.
- The recording of sepsis monitoring and intervention was not always clear within patient records. We saw a number of records with a sepsis pathway in a child's records, however, the documentation was incomplete, and it was unclear what action had been taken and the outcome.
- We found medicines out of date on ward trolleys and opening dates were not always recorded on reduced shelf-life medicines. On the Neonatal Intensive Care Unit, we saw the temperature of the fridge had been outside the recommended range with no evidence of action taken.

## Is the service effective?

**Outstanding** ☆ → ←

# Services for children and young people

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

- All staff actively engaged in activities to monitor and improve quality and outcomes.
- Policies, care and treatment pathways, and clinical protocols had been developed in line with national guidance.
- There was an annual audit plan which the clinical teams contributed to. Action plans resulting from participation in audits to address areas requiring improvement and regular reviews were undertaken to monitor progress.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain. Children and young people had their pain assessed and appropriate methods of reducing pain were offered. We also observed pain was a focus during treatment sessions with the therapy team.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them. Regular audits were carried out to review and demonstrate the quality and safety of services delivered against national patient outcomes. These audits were monitored and action plans to address areas of improvement were regularly reviewed.
- The service understood the continuing development of the staff, skills, competence and knowledge was integral to ensuring high-quality care. Managers held supervision meetings with staff to provide support and monitor the effectiveness of the service.
- Staff of different kinds were committed to working collaboratively and found innovative and efficient ways to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Multi-disciplinary meetings took place to review and plan care and treatment for children and young people. Staff supported colleagues in the wider trust and community with the care of children and young people who had been admitted to other departments.
- Providing a seamless service for the transition of children and young people from children's services to adult services was a high priority for the service. The transition policy identified the roles and responsibilities of the staff across the trust in supporting the transition of children into adult services. Care and treatment was available to children and young people seven days a week. There was 24-hour medical cover seven days a week on the children's ward and the neonatal unit.
- Health promotion was a routine part of all care provided to children and young people. All staff worked collaboratively to assess all aspects of general health and to provide support and advice to promote healthy lifestyles.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

However:

- Appraisal compliance had improved but was not compliant with trust targets. Although staff we spoke with said they had received an appraisal during the last year the data received before the inspection showed appraisal compliance had not been met. We were told during 2018 there was a problem with transferring paper appraisal data to the electronic system and the trust had been working on updating the data.

# Services for children and young people

## Is the service caring?

Good ● → ←

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

- Staff understood the impact that a child or young person's care, treatment or condition would have on their wellbeing and on those close to them, both emotionally and socially. They understood their emotional and social needs were as important as their physical needs.
- Staff cared for patients with compassion. Feedback from patients confirmed staff treated them well and with kindness. Throughout our inspection we observed children and young people being treated compassionately and with dignity and respect.
- Staff took the time to interact with those using the service in a respectful, kind and considerate way. We observed staff speaking directly to children about their care whilst also including their families in the consultation. Humour was used to encourage children to be involved and to feel comfortable in the environment.
- Staff were mindful and respectful of the personal, cultural, social and religious needs of people in their care. Staff recognised the waiting rooms were busy and overwhelming for some patients with autism and mental health conditions and could find quiet rooms.
- Children, young people, their families and carers spoke positively about their care experienced within the Children's hospital.
- Staff provided emotional support to patients to minimise their distress.
- We observed staff talking to patients in a non-judgemental way and demonstrated a good understanding of their physical and mental health needs.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Staff were passionate about making the hospital feel as normal as possible.

## Is the service responsive?

Good ● → ←

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

- The trust planned and provided services tailored to meet the needs of children, young people and their families to ensure flexibility, choice and continuity of care. Children and young people, and their families were engaged in the design and running of the service. We saw examples of changes made as a result of engagement and feedback.
- The environment on the children's wards, outpatient departments, neonatal unit and paediatric intensive care unit were designed to meet the needs of babies, children and young people and their families.
- The service took account of patients' individual needs. Children and young people were treated as individuals with treatment and care being offered in a flexible way and tailored to meet their individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.

# Services for children and young people

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Parents knew how to make a complaint if they needed and felt they could raise concerns with clinical staff. We saw evidence of a number of formal and informal complaints, the investigations that followed and actions, including duty of candour applied.

## Is the service well-led?

**Outstanding**  

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

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care. Clinical managers were experienced and had a strong commitment to provide the best possible service to the children, young people and their families. The leadership team clearly understood the challenges to delivering good quality care and improving patient outcomes. They could identify areas where each department needed to improve and the support they had to provide to make changes.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The leadership team were very clear about their vision and strategy for the next five years.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff we spoke with during the inspection said they were positive about working for the service and proud to work at the hospital. They were passionate about the care they provided and improving patient outcomes. There was an overwhelming culture of putting the child and family at the heart of everything.
- Managers encouraged learning and a culture of openness and transparency. Staff felt confident to raise issues with their managers.
- The service used a systematic approach to continually improving the quality of its services and safeguarding high standards of care. The governance team worked cohesively and there was effective governance processes and oversight in the division.
- There was a clear performance management reporting structure with regular meetings looking at operational performance.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There were arrangements for identifying, recording and managing risks, issues and mitigating actions. Risks for the service were held on a comprehensive divisional risk register. The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Information technology systems were used effectively to monitor and improve quality of care.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. The service had strong links with the community to engage with the public to ensure regular feedback on services. This was used for learning and development.
- Since our last inspection the division had significantly increased the amount of engagement and involvement of patients and families at all levels, including board and service level.
- Children and young people were engaged to help improve services. At board level two young governors, who were on the Youth Involvement Group, form part of the Trust's Council of Governors. The Youth Involvement Group ensure young people's views about what happens in the hospital is heard.

# Services for children and young people

- The division was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- There was innovation and development through significant research and leaders and staff strived for continuous learning, improvement and innovation. There was a strong focus on looking for innovative solutions to ensure continual delivery of high-quality care for children, young people and their families. Staff and managers felt there was a willingness of all staff to develop services and improve patient outcome.

## Outstanding practice

We found areas 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](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://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	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

# Our inspection team

Mary Cridge, Head of Hospital Inspection, chaired this inspection and Marie Cox, Inspection Manager, led it. An executive reviewer, Jane Tomkinson, Chief Executive supported our inspection of well-led for the trust overall.

The team included 11 inspectors, one further inspection manager, one executive reviewer, and 10 specialist advisers.

The team were also joined by a financial governance assessor from NHSI and a NHS digital employee.

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.