

North Bristol NHS Trust

Inspection report

Southmead Hospital
Southmead Road, Westbury On Trym
Bristol
BS10 5NB
Tel: 01179701212
www.nbt.nhs.uk

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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

Good ●

Are services safe?

Good ●

Are services effective?

Good ●

Are services caring?

Outstanding

Are services responsive?

Requires improvement ●

Are services well-led?

Outstanding

Are resources used productively?

Requires improvement ●

Combined quality and resource rating

Good ●

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

North Bristol NHS Trust provides a wide range of acute hospital services at the Southmead Hospital site as well as some community health services at Cossham hospital.

The trust provides a full range of acute clinical services to three populations. Acute and emergency services are provided to the local population in North and central Bristol, South Gloucestershire and North Somerset. Specialist services such as neurosciences, renal care, urology, plastic surgery and burns treatment are provided to people from across the South West and in some instances nationally or internationally. The trust is a designated adult major trauma centre.

The trust is managed under five clinical divisions: Anaesthesia, Surgery, Critical Care and Renal, Women & Children's health, Neurological & Musculoskeletal Sciences, Medicine and Core clinical services.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Good ●

What this trust does

North Bristol NHS Trust provides a full range of acute clinical services to three populations and is a designated trauma centre for the South West region, with over 8,000 staff.

Services provided include acute and emergency services, specialist regional services neurosciences, renal care, urology, plastic surgery and burns treatment.

It has two active locations registered with Care Quality Commission. These are the main site, Southmead Hospital and Cossham Hospital. Most services are provided from Southmead Hospital, Cossham Hospital provides outpatient and maternity services (although maternity services were closed at the time of inspection).

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.

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.

Summary of findings

We inspected five core services in June 2019, and the 'well led' aspect of the trust in July 2019. The five core services we inspected at North Bristol Trust were, urgent and emergency services, medical care (including older people's care), surgery, maternity and end of life care.

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?'

Before our inspection on site, we gathered information and data from the trust, NHS Improvement, and stakeholders (for example commissioners and community organisations with an interest in healthcare provided by the trust).

We held focus groups for different staff during the core service and well-led inspection to gather their views of the trust.

At our last inspection of the trust in November 2017 (the report published in March 2018) we rated the trust overall as requires improvement, with requires improvement ratings in safe, effective, responsive and well-led. We rated the trust good for caring.

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 overall rating of the trust improved. We rated it as good because:

Caring and Well led at core service level were rated outstanding. Safe and Effective were rated good. Responsive at core service level was rated requires improvement. The rating for trust level management was rated good and for use of resources it was rated requires improvement. These combined to create an overall trust rating of good.

Our rating of well-led at the trust improved. We rated well-led as good because:

- The trust board had the appropriate range of skills, knowledge, integrity and experience to perform its role and were dedicated to delivering high quality patient centred care. They had a clear vision, understood the challenges the organisation faced and were committed to sustainable care that extended beyond the borders of the hospital. We saw good evidence of collaborative working across the system. The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the divisions. The leadership team worked well with the clinical leads and encouraged divisions to share learning across the trust and there was a strong emphasis on improvement. The introduction of service line management had been well implemented and received positively. The trust was working hard to sure that it included and communicated effectively with patients, staff, the public, and local organisations. The board reviewed performance reports that included data about the services, which divisional leads could challenge. We saw evidence of challenge in the board minutes.

However,

- Board members recognised that they had work to do to improve diversity and equality across the trust and at board level, as well as keeping non-executive level clinical input under review. More needed to be done to strengthen the voice of allied health professionals at board level. The trust needed to maintain focus on culture, particularly in maternity, facilities management and the BME population and continue to promote freedom to speak up. There was more to do to ensure staff felt equality and diversity were promoted in their day to day work and when looking at opportunities for career progression.

Summary of findings

- The operational performance at the trust was meeting some but not all national targets or standards for treating patients and more needed to be done to improve this. Standards of infection control varied across the trust and results of the mandatory reporting were variable. Not all areas were following best practice and we were not assured the trust had full oversight of cleaning regimes in some areas. Improvements had been made to the financial governance of the trust, but there was still much to be achieved to bring the trust back to financial balance and address the non-achievement of key operational performance targets.

Urgent and Emergency services: (also known as accident and emergency services or A&E) were rated good overall. This was the same as our previous inspection in 2018. Caring and well-led ratings improved with a rating of outstanding. Safe and effective remained the same with a rating of good. Responsive remained the same with a rating of requires improvement.

People could not consistently access the service in a timely way and this was a continuing problem since our last inspection. While the department was frequently overcrowded staff followed systems and processes to ensure patients were safe. People were truly respected and valued as individuals and staff were highly attentive to patient's individual needs. The leadership, governance and culture were used to drive and improve the delivery of high-quality person-centred care.

Medical care (including older people's care): was rated good overall. This was an improvement from our last inspection in 2018. Safe, effective and well-led ratings all improved to good. Caring remained good. Responsive improved to requires improvement. Staff followed processes to keep patients safe and there were improvements in systems to manage safe staffing across wards. People received effective care that met their needs and staff understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards had improved since our last inspection. Multidisciplinary team-working to plan patient care was an area of outstanding practice. Patients received the right care at the right time and significant improvements to patient flow had been made since our last inspection, so patients moved through the hospital more quickly and safely. Patients were treated dignity and respect and the leadership, governance and culture promote the delivery of high-quality person-centred care.

Surgery: was rated good overall. This was an improvement from our last inspection in 2018. Well-led and safe improved to good. Effective, responsive and caring ratings remained good. Staff were clear about the processes they should follow to risk assess patients and respond to those who may deteriorate. Records were clear, up-to-date, and available to staff providing care. The service managed patient safety incidents well and staff were clear on how to report incidents. The service provided care and treatment based on national guidance and evidence-based practice. Staff monitored the effectiveness of care and treatment, using the findings to make improvements and achieve good outcome for patients. Care provided to patients was compassionate. Staff supported patients to make informed decisions about their care and treatment. Care was planned to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. Most patients could access the service when they needed it. Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Staff felt respected, supported and valued. Leaders and staff actively engaged with patients, staff, the public and local organisations to manage services. All staff were committed to continually learning and improving services.

Maternity: was rated good overall. This was the same as our last inspection at Southmead hospital in 2016. Effective, responsive, caring and well-led remained good. Safe dropped to requires improvement. Some aspects of safety required improvement in relation to infection control, security and medicines management. The service managed patient safety incidents well and monitored safety performance. The service had enough medical, nursing and midwifery staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. We were not assured that the care provided was always as safe as it could be. The service did not follow procedures to ensure cleanliness as a measure of infection prevention and control. Staff provided care and treatment based on national guidance and evidence-based practice. Staff treated patients with compassion and kindness and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported and involved patients, families and carers to understand their condition. The service planned and provided care in

Summary of findings

a way that met the needs of local people and worked with others in the wider system to plan care. Staff took account of patients' individual needs and preferences and coordinated care with other services and providers. Leaders understood and managed the priorities and issues the service faced. Leaders collaborated with partner organisations to help improve services for patients. Staff felt respected, supported and valued and were focused on the needs of patients receiving care.

End of life care: was rated outstanding overall. Safe improved to good. Caring remained outstanding and effective, responsive and well-led all improved to outstanding. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Staff assessed risks to patients, acted on them and kept good care records. The service managed safety incidents well and learned lessons from them. Staff worked well together for the benefit of patients, and supported them to make decisions about their care, and had access to good information. Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. In all areas of end of life care we visited, we saw that staff were truly person centred. As much emphasis was placed in the caring for and about those close to patients as patients themselves. There was a clear drive to increase the presence of the palliative care team at the trust, and clear actions were planned to achieve this. Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. All staff we met were clearly inspired and motivated by the clinical lead for end of life care, and this translated into the delivery of high-quality end of life care. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

On this inspection we did not inspect critical care, children and young people's services, outpatients, diagnostic imaging. The ratings we gave to these services on previous inspections in 2015, 2016 and 2017 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/RVJ/reports.

Are services safe?

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

Patients were protected from harm. Incidents were reported and well managed when something went wrong. Recruitment and retention of staff was improving. The staff and the organisation was prepared to learn and improve. Staff were well trained, and services were safely staffed most of the time.

However, staff did not always use equipment and control measures to protect patients, themselves and others from infection in surgical theatres and maternity areas. In maternity we found some concerns about the environment relating to security and privacy for women. Within maternity, medicines management needed to improve as we found examples of out of date stock on nurse medicines trolleys.

Are services effective?

Our rating of effective improved. 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, and we found team working was especially good in medical care. 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, recording of mental capacity assessments when making resuscitation decisions needed to improve across the trust. In the emergency department were concerns about the level of support available for patients with mental health problems overnight and at weekends.

Summary of findings

Are services caring?

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

Staff were kind and caring to their patients. Staff were consistently compassionate to the family and carers of patients.

The caring approach staff took to patients at end of life was outstanding. We saw that staff were truly person centred. As much emphasis was placed in the caring for and about those close to patients as patients themselves. We witnessed on numerous occasions staff from all teams taking time to provide care and support in an unhurried, calm and caring manner.

The emergency department staff looked after people with kindness and respect, often under difficult circumstances and high-pressure situations. They were an especially committed team who often took part in fundraising events for the department. They supported their families as well. Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from patients and those close to them was consistently positive. Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Are services responsive?

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

The emergency department continued to be challenged. Demand for services frequently outstripped the availability of appropriate clinical spaces to assess and treat patients. This meant the major treatment area frequently became crowded and patients had to be accommodated in the corridor.

In the emergency department, people could not always access the service when they needed it and did not always receive the right care promptly. Waiting times for treatment and arrangements to admit, treat and discharge patients were not in line with national standards. The trust was consistently failing to meet national standards in relation to the time patients spent in the emergency department, the time they waited for their treatment to begin and the time they waited for transfer to an inpatient bed.

Within medical care the service was restricted by the challenges faced with capacity and flow. Demand was outweighing capacity, and escalation areas were being used frequently. Delayed transfers of care were not meeting targets.

However,

In surgery, medical care, and end of life care, services planned and provided care in a way that met the needs of local people and the communities served.

Patients were treated as individuals and care provided to meet different needs. We found outstanding practice to meet individual needs in the emergency department with adapted rooms for people living with dementia and 'bags of calm' distraction aids to support patients with autism or learning disabilities.

Are services well-led?

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

The leadership, governance and culture promote the delivery of high-quality person-centred care. Governance processes had improved since our last inspection. Leaders were experienced and approachable with a clear vision for the services they delivered. Staff were encouraged to report incidents and there was a good learning culture. In end of life care and the emergency department we found the leadership was outstanding, with a strong focus on staff wellbeing all staff felt supported and valued despite the significant pressures of the job.

However, in medical care we found leaders were stretched across all specialties which sat within the division, compromising the time they had to support staff, and some staff told us they did not feel confident to raise concerns which related to leadership to the medicine division's Freedom to Speak up Guardian, due to their level of seniority.

Summary of findings

Within maternity, managers at a local level did not have adequate oversight of safety systems and processes such as security, infection prevention and control and medicines management.

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 many areas for example, urgent and emergency care, medical care, maternity care and end of life care.

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

Areas for improvement

We found areas for improvement including 11 breaches of one legal requirement that the trust must put right. We found 51 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 urgent and emergency care, maternity and surgery services. We did not issue any requirements in medical care or end of life care.

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

What happens next

We will check 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

Urgent and emergency care:

- Staff were passionate about providing the best possible care. There were many examples where staff had undertaken fundraising events in their own time to provide things that would make a difference to patients' experiences. We heard of examples in end of life care, bereavement services, for patients living with dementia and autism, and children.
- Patients with autism or a learning disability who may have required distraction from the emergency department environment were offered 'bags of calm'. They contained sensory objects and ear defenders to help calm and distract patients. The link nurse for learning disabilities who developed this resource was nominated for the trust's 2018 Exceptional Healthcare Awards, in the service transformation category. The nomination read:

Summary of findings

“The connection between the [emergency] department and the hospital LD liaison team has improved significantly over this time, staff are now more aware of the service provided by the liaison team and are quick to refer patients who attend the emergency department or require hospital admission. F undertakes teaching regularly. This focuses on the awareness of reasonable adjustments, the liaison team, consent and communication, the use of patients’ passports and carers’ awareness.”

- The major treatment area contained six cubicles which had been designed with input from experts to provide a ‘dementia-friendly’ environment. They had been wallpapered and decorated with old style photographs and large-face clocks to help people orientate themselves. There were plans to decorate all cubicles in this way, using charitable funds.
- There was a bereavement team of three staff who championed this area of work and supported their colleagues. There were bereavement packs, which staff went through with bereaved relatives and they offered to contact them by telephone to see how they were doing and if they had any questions about their loved one’s care, treatment and death. The department sent a card to relatives on the anniversary of the deceased patient’s death. There were memory boxes to be given to children who lost someone in the emergency department.
- A consultant and a project manager led a team to develop an electronic patient record in the emergency department. The newly-developed and evolving electronic patient records system was an effective tool for prompting staff to follow best practice guidelines, and data could be extracted for audit purposes. The ‘PaperLite’ team was commended for *“a perfect demonstration of how detailed planning, preparation, attention to detail and a passion for delivering a quality product can transform an extremely pressurised service for the better.”*
- Despite a gruelling winter, when the service faced unrelenting pressure from increased demand for services, staff morale was remarkably good. Staff felt supported and valued; they had a positive and optimistic attitude and spoke about their department and their colleagues with pride and passion
- There was a strong emphasis on staff wellbeing. This had been championed by a number of senior staff, who formed the wellbeing team. There was a wellbeing website and a blog for staff to follow, as well as a noticeboard in the emergency department, signposting staff to sources of support, including a clinical psychologist. There were numerous examples of initiatives designed to support staff, including social events, psychological and emotional support and practical tips, such as ensuring adequate rest and hydration. The emergency department had produced a ‘going home checklist’, which encouraged staff to reflect on what had gone well and not so well during their shift, check on their colleagues, seek support where necessary and focus on home, rest and recharge. The service organised numerous fundraising events and challenges to raise money, which was used to support staff wellbeing initiatives, such as buying coffee cups for all staff and planting tubs of flowers outside the emergency department.
- There was an excellent comprehensive and structured induction for nurses in the emergency department. There was a structured approach to ongoing continuous learning and acquiring new skills. There was a clear progression pathway for nurses, ‘Novice to Expert’, which set out a year by year programme for band five nurses to progress to band six and beyond. There was a team of five nurse educators who organised and led nurse training and supported staff. Many nursing staff told us the quality of the training and support they received was one of the main reasons they chose to work and remain working in the department. Similarly, trainee doctors felt very well supported with structured and informal education. We heard about innovative approaches to education such as ‘education in the pub’.
- Quality and improvement were everybody’s business. There was a strong emphasis on education, audit, research and quality improvement. The emergency department was proud of its achievements and of a proactive culture which encouraged and supported learning and innovative practice. There were many opportunities for doctors and nurses to pursue interests. Consultants’ job plans were flexible to support them to lead research projects. The emergency department was one of the top recruiters nationally for research trials.

Medical care (including older people’s care):

Summary of findings

- Multidisciplinary working was fundamental to effective care and treatment for patients. There was a real presence of the multidisciplinary team on medical care wards where doctors, nurses and other healthcare professionals worked together to benefit the patient.
- There was a holistic approach to assessing, planning and delivering care and treatment. Therapy input was embedded within teams within the clinical pathways. On the stroke unit, therapy presence was seven days a week. This included physiotherapy, occupational therapy and speech and language therapy. This helped with the ongoing rehabilitation of patients prior to discharge and data was showing improved patient outcomes within the service.
- There was development of innovative roles to support staffing and ensure a multi-professional approach to care. For example, respiratory unit physiotherapists supplementing the band five nursing workforce, and an occupational therapist as the ward manager on Elgar ward.
- It was evident within the medicine division a multi-professional and collaborative culture was valued.

Surgery:

- Staff used enhanced recovery programmes to help improve patient outcomes. These were programmes designed to get patients up and about following orthopaedic surgery. This had been implemented well and was seen to significantly improve outcomes for recovery for these patients. Healthcare assistants we met were clear about their role in helping patients to be as independent as possible to encourage recovery.
- The trust had invested in a quality improvement programme to equip staff with tools and techniques to manage patient admission and discharge. As a result of this work, staff told us that the last winter (2018/19) was one of the most successful in terms of patients being efficiently discharged.
- The hospital at home service had been developed with input from patients and other stakeholders and provided specially trained nurses to provide care and treatment to patients in their own home. While receiving treatment as part of the hospital at home service, patients remained under the care of their hospital consultant, and were only discharged once their treatment plan had been completed. The surgery division reported that the hospital at home service had resulted in a reduced length of stay in hospital and was a factor in reducing the number of cancelled operations.

Maternity:

- A midwife had purchased small soft toys to give to mothers and their babies who were going to be separated after birth. This included women who returned to prison after the birth of their child or women whose babies were cared for by social services. The mother and her child swapped their toys when they were separated. This thoughtful gesture offered comfort to mother and baby at this difficult time.

End of life care:

- The service had used patient shadowing to see a care experience through the eyes of a patient. As a result of spending time shadowing patients receiving end of life care, the team made a number of subtle but important changes to the way in which care was delivered at end of life. One outcome of this was to deliver a menu for patients at end of life that reflected the specific dietary preferences of those patients at end of life. This involved staff from all areas of the trust including those who were non-clinical to deliver person-centred end of life care.
- Clinical leadership of end of life care was inspirational to those who worked alongside. Staff were in awe and humbled by the skills, care and compassion of the clinical lead and were therefore active participants in delivering excellent end of life care.
- The introduction of the “Purple Butterfly” initiative had led to tangible improvements for patients at end of life, those to whom they were close, and to staff delivering care.

Summary of findings

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 requirements. This action related to urgent and emergency care, surgery and maternity services.”

Urgent and emergency care:

- Ensure that national standards are met in respect of waiting times in the emergency department.
- Ensure that daily checks of specialist equipment in the emergency department are undertaken consistently.
- Continue to work with partners and commissioners to ensure that staff in the emergency department have 24-hour access to mental health liaison and specialist mental health support if they are concerned about a patient’s mental health.
- Ensure there are adequate toilet and bathroom facilities in the emergency department observation unit. This had been raised as a concern at our two previous inspections.

Surgery:

- Improve infection control practice in theatres. Make hand gel dispensers readily available, ensure standards of cleanliness and hygiene are maintained in all areas of the unit. This includes footwear and changing and theatre preparation areas. There must also be clear accountability and time provided to clean the theatres once a list is completed. Ensure staff who work in theatres are reducing the risk of cross-infection by changing from their scrubs before leaving the department.

Maternity:

- Staff must consistently follow safe systems to provide assurance of the safety and readiness of specialist equipment used in emergency situations.
- Staff must consistently follow safe systems to provide assurance of the cleanliness of patient equipment.
- Staff must consistently follow safe systems to provide assurance of the cleanliness of ward furnishings and fixtures.
- The service must ensure the safety of women and babies in the maternity unit through reliable security systems and processes
- The service must ensure that there are reliable systems of accountability for checks on emergency equipment
- The service must ensure access to medicines is restricted to authorised staff.

Areas the trust **SHOULD** improve

Trust wide well led:

- Consider strategies to improve the representation of staff from black and minority ethnic groups on the board and in senior leadership roles. Continue focus on improving career progression for these groups.
- Keep under review clinical expertise at board level, and ensure allied health professionals are appropriately represented.

Summary of findings

- Define and clarify who has accountability and responsibility for the dementia strategy and consider how key priorities and objectives for mental health and learning disabilities are translated from the quality strategy and into practice at ward level.
- Review areas of concern around culture and take necessary steps to strengthen relationships and engagement, in particular with speak up guardians, staff side, facilities management and maternity.
- Improve and maintain focus on performance targets in those areas falling below expected levels.
- Review systems and processes for managing infection control and increase assurance that best practice is being adhered to in all areas, including oversight of cleaning schedules.
- Review and address areas that are not complying with confidentiality of patient records.
- Increase response rates from the friends and family test to bring the trust in line with its 30% target.
- Continue focus on responding to complaints in a timely manner and the trust's complaints recovery plan.
- The trust should develop its five-year long-term financial plan and integrate this with its response to the NHS Long Term Plan to achieve financial sustainability, ensuring financial capability and capacity to address financial challenges and deliver its 2019/20 savings plan of £25m recurrently in year to help stabilise and reduce the underlying financial deficit.
- Consideration should be given to implementing a formal process for undertaking post implementation reviews of business cases to ensure aims and benefits have been realised.

Urgent and emergency care:

- Undertake a formal risk assessment and review of nurse staffing, skill mix and nurse education against the workforce recommendation set out in the RCPCH *Facing the Future: Standards for children in emergency care settings*.
- Provide training to reception staff to support them to recognise 'red flag' conditions, where immediate clinical assistance is required.
- Review the provision of written patient information to ensure that it is accessible to patients with a sensory loss and patients whose first language is not English.
- Monitor and report on compliance with internal professional standards to ensure that specialty doctors review patients within specified timescales.
- Ensure all staff in the emergency department are up to date with life support training appropriate to their role.
- Take steps to ensure all appropriate staff complete level three safeguarding training to meet the recommendations set out in *Adult Safeguarding: Roles and Competencies for Health Care Staff* (August 2018).
- Store medicines awaiting disposal securely.
- Record opening dates when liquid medicines are opened, to ensure they are discarded within the required time range.
- Introduce tamper-evident seals on resuscitation trolleys to ensure the integrity of contents.

Medical care (including older people's care):

- Review the process for sealing resuscitation trolleys to ensure they are tamper evident. And confirm all equipment has an expiry date when placed in the resuscitation trolley, to include breathing masks.
- Review the dialysis machines and the rusty water media panels on the renal ward 8b and replace machine parts where necessary.

Summary of findings

- Continue to review nursing staffing in the medical care wards and focus on recruitment and retention to ensure safe staffing levels can be consistently achieved across all wards.
- Remind staff on medical care wards the importance of patient confidentiality and thus storing patient records securely and locking computer screens when left unattended.
- Have clear processes for reviewing medicine trolleys to confirm medicines are in date and remove medications before they expire. Staff should be reminded to write the opening date on liquid medicines, so they can be discarded within an appropriate time frame.
- Complete patient fluid charts in full where needed, to keep a detailed record of patient fluid intake and output.
- Introduce a consistent approach to the recording of mental capacity when completing Do Not Attempt Resuscitation documents.
- Keep patients involved and informed, even when there is no update.
- Continue to review the appropriateness of interventional radiology for inpatient care, considering changes and improvement, and ensuring patients spend minimal time in the area.
- Review patients who were moved to interventional radiology at times of escalation for their inpatient care who do not meet the criteria within the standard operating procedure.
- Minimise the number of ward or bed moves patients were experiencing at night time.
- Continue to review the delayed transfers of care and work within the system to improve timely discharges.
- Consider further Freedom to Speak Up Guardians within the medicine division.

Surgery:

- Support staff to be compliant with all mandatory training courses so the surgical service meets trust compliance targets.
- Deliver immediate life support training to all clinical staff in medirooms in line with the guidelines for the provision of anaesthesia services from the Royal College of Anaesthetists.
- Review the process for sealing resuscitation trolleys to ensure they are tamper-evident.
- Record daily temperatures for warming cabinets in theatre preparation rooms and ensure accountability for keeping these cabinets cleaned and maintained.
- Complete instrument checklists to confirm an instrument count has happened.
- Confirm surgical swab counts are being carried out in line with good practice and the Association for Perioperative Practice guidelines.
- Improve recording and storage of medicines. Recording opening dates on liquid medicines to ensure they are discarded when required and disposing of expired medicines in the ward medicine trolleys. Daily monitoring and recording of medicine fridge temperatures should be carried out to ensure medicines remain safe to use.
- Improve completion rates for appraisals for all staff groups in line with trust policy.
- Reappraise and risk assess using interventional radiology for inpatient care, considering changes and improvement, and ensuring patients spend minimal time in the area.
- Adhere to the standard operating procedure on placing surgical patients in the interventional radiology unit.
- Deal with all complaints in line with timeframes set out in trust policy.

Summary of findings

- Provide meaningful feedback as appropriate to staff who report incidents.
- Promote the support available to staff from freedom to speak up guardians.

Maternity:

- Introduce a system to provide assurance staff have read pertinent safety information contained in the safety briefing.
- Use an appropriate staffing acuity tool that reflects the complexities of care in each of the maternity settings.
- Take steps to reduce the sickness rates in maternity.
- Ensure that on Quantock ward staff carry out urine testing in a room not used by patients.
- Take steps to improve and sustain response rates for the patient feedback surveys across the maternity service
- Ensure staff working in the central delivery suite should have easy access to up to date protocols relevant to the care of women in the delivery room setting.
- Ensure staff from a range of grades, disciplines and clinical areas within maternity should be encouraged to attend training in mental health, autism and learning disability
- Take action to provide assurance of staff compliance with the policy regarding use of interpreters for women whose first language is not English.
- Ensure staff should use every opportunity to maintain patient privacy and dignity during antenatal appointments.
- Audit referral to treatment times for antenatal outpatient appointments.
- Monitor the accessibility of the inpatient service in terms of delays to admissions and discharges and treatment such as induction of labour.
- Provide assistive technology such as audio induction loop systems to support women with hearing loss.
- Clearly display information about how patients can make a complaint.
- Improve manager oversight of safety systems and processes such as security, infection prevention and control and medicines management to ensure risks are identified and prompt actions are taken to reduce their impact.

End of life care:

- Complete the planned actions to resolve the risks arising from a lack of provision for the storage of the remains of products of conception, and poor labelling of the fridge containing neonatal deaths.
- Take action to improve the recording of capacity of patients for whom “Do not attempt cardio pulmonary resuscitation” orders are agreed

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.

Our rating of well-led at the trust improved. We rated well-led as good because:

Summary of findings

- The trust board had the appropriate range of skills, knowledge, integrity and experience to perform its role and were dedicated to delivering high quality patient centred care. They understood the challenges the organisation faced and were committed to sustainable care that extended beyond the borders of the hospital. We saw good evidence of collaborative working across the system.
- They recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation. A board development programme was due to commence to support progression to a fully functioning unitary board.
- The board and senior leadership team had set a clear vision and values that were at the heart of all the work within the organisation. They worked hard to make sure staff at all levels understood them in relation to their daily roles and they had been incorporated into strategies, policies and workstreams.
- The newly developed trust strategy was directly linked to the vision and values of the trust. The trust involved clinicians, patients and groups from the local community in the development of the strategy and from this had a clear five-year plan to provide high-quality care with financial stability. We saw good alignment to the strategies across the majority of trust policies and reports.
- Senior leaders made sure they visited all parts of the trust and fed back to the board and to clinical staff to discuss and support with the challenges staff and the services faced. They were visible and approachable for their staff and people who used or supported the service.
- The trust had a clear structure for overseeing performance, quality and risk, with board members represented across the divisions. This gave them greater oversight of issues facing the service and they responded when services needed more support.
- The leadership team worked well with the clinical leads and encouraged divisions to share learning across the trust. The introduction of service line management had been well implemented and received positively.
- The trust was working hard to sure that it included and communicated effectively with patients, staff, the public, and local organisations. It supported the divisions to develop their own communication and engagement strategies and encouraged staff to get involved with projects affecting the future of the trust.
- The board reviewed performance reports that included data about the services, which divisional leads could challenge. We saw evidence of challenge in the board minutes.
- The trust recognised the risks created by the introduction of new IT and business systems in the services. Staff managed these risks well at ward level. There was increased confidence in data quality and any potential gaps had been identified and were being addressed.
- The trust was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. We saw evidence of learning being shared across the trust and feeding into training and quality improvement. There was a robust learning from deaths procedure in place.
- There was a strong emphasis on improvement. The organisation looked for continuous improvement to be more efficient and improve outcomes for patients. There were systems to consistently support improvement, research and innovation. This was celebrated at the trust and a number of improvements had been nationally recognised and given awards.

However,

- Board members recognised that they had work to do to improve diversity and equality across the trust and at board level, as well as keeping non-executive level clinical input under review. More needed to be done to strengthen the voice of allied health professionals at board level.

Summary of findings

- It was not clear who had board level accountability and responsibility for the dementia strategy, which was in need of updating. Although mental health and learning disabilities priorities had been included in the quality strategy, there were no ward level strategies for staff to follow.
- The trust needed to maintain focus on culture, particularly in maternity, facilities management and the BME population. There was more to do to ensure staff felt equality and diversity were promoted in their day to day work and when looking at opportunities for career progression.
- Arrangements for collaboration and communication with staff side needed strengthening, in particular with the freedom to speak up guardians. Not all staff were aware of, or felt able to approach the freedom to speak up guardians and although improving, the culture of reporting bullying and harassment needed continued focus.
- The operational performance at the trust was meeting some but not all national targets or standards for treating patients and more needed to be done to improve this.
- Standards of infection control varied across the trust and results of the mandatory reporting were variable. Not all areas were following best practice and we were not assured the trust had full oversight of cleaning regimes in some areas.
- Improvements had been made to the financial governance of the trust, but there was still much to be achieved to bring the trust back to financial balance and address the non-achievement of key operational performance targets.
- Information governance systems were in place including confidentiality of patient records but more needed to be done to ensure all areas were adhering to policy.
- Friends and Family Test results were below the national average; response rates had been slowly increasing but more work was needed to improve the inpatient response results, which were sitting at 19% against a target of 30%.
- Engagement with staff had some levels of success in this organisation and was improving, but the board acknowledged this were working hard to ensure they maintained a continued focus.
- There were systems and processes in place to manage complaints and evidence learning was taken from them, but responses were not always timely.

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/RVJ/Reports).

Southmead Hospital

Trust HQ
Southmead Road, Westbury-on-Trym
Bristol
Avon
BS10 5NB
Tel: <xxxx xxxx xxxx
www.nbt.nhs.uk

Key facts and figures

North Bristol NHS Trust is one of the largest acute NHS trusts in the UK and it provides a full range of acute clinical services to three populations and is a designated trauma centre for the South West region. It employs over 8,000 staff and has 996 beds at the Southmead site. The trust operates 24 hours per day, seven days per week and 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.

Services provided include a full range of acute and emergency services, specialist regional services neurosciences, renal care, urology, plastic surgery and burns treatment. It has two active locations registered with Care Quality Commission. These are the main site, Southmead Hospital and Cossham Hospital. Most services are provided from Southmead Hospital, Cossham Hospital provides outpatient and maternity services (although maternity services were closed at the time of inspection).

Summary of services at Southmead Hospital

Good ●

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

- We saw improvements to ratings in emergency services with caring and well led ratings increasing to outstanding. In medical care, safe, effective, responsive and well led all improved to good. In surgery, safe, responsive and well led improved to good ratings, with a good rating overall. In end of life care, safe and effective improved to good, with caring and well led rated as outstanding, with an outstanding rating overall.
- There were systems and processes to keep patients safe and safeguarded from abuse. There was a proactive approach to safeguarding and prevention of harm. Staff had mostly received up-to-date training. Staffing levels were planned and with staff with the right skills to keep patients safe. Medicines were used and provided safely. Services were well managed. Lessons were learned when things went wrong, and staff were confident about reporting incidents.
- Care was delivered in line with national guidance and legislation and there was a strong emphasis on putting the patient first. There were good assessments of patients' needs, including pain relief, hydration and nutrition. Staff were supported to develop their skills and their performance regularly reviewed.

Summary of findings

- Patients and relatives spoke highly of staff and the standards and quality of care. Feedback was positive, and patients we met said they had been treated with dignity and respect. Patients could make their own decisions, and the right people were involved if a patient was not able to do so. Patients' emotional needs were recognised and supported.
- Services were planned and arranged to meet the general and specific needs of local people. The needs and preferences of different people were accounted for to give patients the best outcomes. Patient views were actively sought and incorporated into plans.
- The staff leadership had the skills, knowledge, experience to oversee services. High-quality and patient-centred care was promoted. There was a clear set of values for staff which were patient centred. Staff were well supported and there was good morale and a strong culture. Staff were willing to challenge poor practice and support each other.
- There was a strong culture around innovation, research, development and improvement. Staff had good systems to assure themselves they were providing a good, safe and quality service.

However,

- Some staff had yet to update their mandatory training in line with trust targets and not all relevant staff had completed level 3 safeguarding training. Not all areas were compliant with staff appraisals.
- Not all resuscitation equipment was checked, or had been documented as checked and in some areas, equipment was not ready for use.
- There were some areas where infection prevention and control practices were not in line with best practice and some areas where medicines were not being stored correctly.
- Not all patient information was being stored safely in some areas, and there was more to do with recording do not resuscitate decisions and mental capacity act and deprivation of liberty assessments.
- People could not always access services when they needed them and did not always receive the right care promptly. Waiting times were not in line with national standards and the trust was failing to meet a number of performance targets.
- Environments in maternity, the mortuary and the emergency department were not always suitable for the services being delivered.
- Services did not have consistent 24-hour access to mental health liaison and specialist mental health support if they were concerned about a patient's mental health.

Urgent and emergency services

Good 

Key facts and figures

The emergency department is open 24 hours a day, seven days a week. It is the designated major trauma centre for the Severn region, which means it treats patients with multiple serious injuries that could result in death or serious disability, including head injuries, life-threatening wounds and multiple fractures. The department is equipped with X-Ray and CT scanning facilities and there is a helipad to enable air ambulances to land. Southmead Hospital is also a regional specialist centre for stroke, urology, plastics and vascular patients.

The emergency department sees patients over 16 years of age with serious or life-threatening injury or illness. Children with serious or life-threatening conditions are taken by ambulance to a specialist children's hospital in central Bristol. The emergency department has a six-bay resuscitation area. One resuscitation bay contains equipment for children, although children requiring an ambulance are taken to a nearby children's hospital. There is a major treatment area with 14 cubicles, including three isolation rooms.

There is a seated observation unit, adjacent to the emergency department, where some patients, who are not expected to require admission, are transferred, following assessment and investigations, for example patients who are waiting for test results or who require a period of observation. Some patients, who are assessed on arrival as 'fit to sit' may also be accommodated here when the main department is busy.

The minor injury unit sees adults and children with a wide range of minor injuries. It is staffed by emergency nurse practitioners, advanced nurse practitioners and physiotherapy practitioners.

There were 91,678 attendances at the emergency department from February 2018 to January 2019. This represented a 5% increase, compared with the previous 12 months. Of these, nearly 35% arrived by ambulance and nearly 28% were admitted. There were approximately 9,000 child attendances.

The service was last inspected in November 2017, when we inspected only the safe and responsive key questions. The service was rated good overall. (Ratings for the effective, caring and well led key questions, which were all rated good, were carried forward from the previous inspection in 2015). The safe key question was rated good, whilst the responsive key question was rated requires improvement.

This was a routine inspection, which was unannounced (staff did not know we were coming). Although the service was previously rated good, we chose to inspect the service again because there had been a deterioration in performance against national waiting time targets. We inspected all key questions; is the service safe, effective, caring, responsive and well-led?

Before this inspection we reviewed information about the service and information provided by the trust.

During the inspection we visited the emergency department over two and a half weekdays. We spoke with staff, including doctors, nurses, administrative staff and managers. We observed staff handover meetings. We looked at 10 patients' records, observed their care and spoke with them and their relatives/carers about their experience in the emergency department.

Summary of this service

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

Urgent and emergency services

- We rated the safe and effective key questions as good and the caring and well-led key questions as outstanding. We rated the responsive key question as requires improvement.
- Staff assessed patients promptly on their arrival in the emergency department to ensure those with serious or life-threatening illness or injury were prioritised. Staff identified and quickly acted upon patients at risk of deterioration and staff were alert to those conditions where time-critical investigations were necessary. There were robust systems to ensure oversight of patient safety when the emergency department was crowded.
- The emergency department was well laid out, well maintained, well equipped and clean. Patients' records were clear, up-to-date, stored securely and easily accessible to staff. Staff followed best practice when prescribing, giving, recording and storing medicines and complied with good hand hygiene practice. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The emergency department had enough staff with the right qualifications, skills, training and experience to care for patients and keep them safe. Staff were expected, encouraged and supported to develop new skills.
- The service had a good track record on safety, monitored safety performance and managed incidents well. There were well-embedded risk management processes to ensure that incidents, including deaths and unexpected outcomes, were reviewed and learning shared.
- The service provided care and treatment based on national guidance and best practice. Regular audit provided assurance that staff followed guidance. Patient outcomes were generally in line with other similar services and results were used to drive improvement.
- Staff regularly checked patients' comfort and ensured they were given adequate pain relief, food and drink. They supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Most key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. Feedback from patients and those close to them was consistently positive. We saw and heard about numerous examples of care where staff had 'gone the extra mile'. This included many examples where staff had undertaken fund-raising events in their own time to provide things that would make a difference to patients' experience.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. The service provided excellent support to patients with complex needs and those in vulnerable circumstances. Staff champions had developed resources to support patients with dementia and those with learning difficulties. Premises in the emergency department had been adapted to meet the needs of people living with dementia.
- Managers had the right skills and abilities to run a service providing high quality and sustainable care. They were highly respected by the workforce as inspiring leaders and role models. They promoted a positive culture. Staff felt supported and valued; they had a positive and optimistic attitude and spoke about their department and their colleagues with pride and passion. There was a strong emphasis on staff wellbeing and there were numerous examples of initiatives designed to support staff.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services. There was a vision statement, supported by a series of objectives and workstreams to achieve these objectives and staff were engaged in numerous projects to realise the vision and objectives.

Urgent and emergency services

- The service used a systematic approach to continually improve the quality of its services and safeguard high standards of care. There were well-embedded and effective governance and risk management systems, supported by effective data collection systems and information streams. Quality and improvement were everybody's business and staff in the emergency department were proud of their achievements and of a proactive culture, which encouraged and supported learning and innovative practice. There were many examples of recent and current research and quality improvement projects, some of which had been locally and nationally recognised.

However:

- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times were not in line with national standards. The trust was consistently failing to meet national standards in relation to the time patients spent in the emergency department, the time they waited for their treatment to begin and the time they waited for transfer to an inpatient bed.
- Facilities and premises in the emergency department were not wholly appropriate for the services being delivered. Demand for services frequently outstripped the availability of appropriate clinical spaces to assess and treat patients. This meant the emergency department frequently became crowded and patients had to be accommodated in the corridor. There were inadequate bathroom facilities in the emergency department observation unit.
- The service did not have consistent 24-hour access to mental health liaison and specialist mental health support if they were concerned about a patient's mental health.
- Daily checks of specialist equipment in the emergency department did not take place consistently.
- Medical staff reported good working relationships with some specialties, but others were not considered to be responsive when patients in the emergency department required specialist review. There were internal professional standards to ensure swift review of specialty patients in the emergency department, but compliance was not routinely monitored.
- Training data provided in respect of intermediate and advanced life support training was incomplete and some staff were overdue for refresher training.
- The service did not comply with recent guidance regarding advanced training to safeguard adults.
- There was limited understanding and application of the policy which requires services to meet the communication and information needs of patients with a disability or sensory loss or patients whose first language was not English.

Is the service safe?

Good ●

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

- The service provided mandatory training in key skills, including the highest level of life support training, to staff and made sure most staff completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- 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 design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

Urgent and emergency services

- Staff completed risk assessments for each patient swiftly. They removed or minimised risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- The service did not have consistent 24-hour access to mental health liaison and specialist mental health support if they were concerned about a patient's mental health.
- Daily checks of specialist equipment in the emergency department did not take place consistently.
- Training data in relation to intermediate and advanced life support training was incomplete and some staff were overdue for refresher training.
- The service had not implemented new national guidance on advanced adult safeguarding training for clinical staff.

Is the service effective?

Good ●

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

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients who were subject to the Mental Health Act 1983.
- 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 and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieve good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They mostly supported each other to provide good care.

Urgent and emergency services

- Most key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- Some specialties were not considered to be responsive when patients in the emergency department required specialist review. There were internal professional standards to ensure swift review of specialty patients in the emergency department, but compliance was not routinely monitored.
- There were concerns about the level of support available for patients with mental health problems overnight and at weekends.

Is the service caring?

Outstanding

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Feedback from patients and those close to them was consistently positive. We saw and heard about numerous examples of care where staff had 'gone the extra mile'. Staff were highly motivated, passionate and inspired to offer the best possible care, that was kind, considerate and promoted people's dignity. There were many examples where staff had undertaken fundraising events in their own time to provide things that would make a difference to patients' experience. We heard about examples in end of life care, bereavement, for patients living with dementia and autism, and children.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported dying patients with compassion and dignity and supported relatives and loved ones during this time and in their bereavement. A team of staff had championed this area of care and developed resources to help all staff to support patients and relatives. We heard touching stories where staff had taken extraordinary steps to support patients and those close to them.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement

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

- The service planned and provided care in a way that did not always meet the needs of local people and the communities served. It worked with others in the wider system and local organisations to plan care. The emergency department was often crowded and not entirely responsive to patients' needs.

Urgent and emergency services

- Facilities and premises were not wholly appropriate for the services being delivered. Demand for services frequently outstripped the availability of appropriate clinical spaces to assess and treat patients. This meant the major treatment area frequently became crowded and patients had to be accommodated in the corridor. There were inadequate bathroom facilities in the emergency department observation unit.
- Providers of out of hours mental health services were not responsive and patients who attended the emergency department in mental health crisis out of hours waited too long to be assessed by a mental health practitioner.
- There was limited understanding and application of the policy which requires services to meet the communication and information needs of patients with a disability or sensory loss or patients whose first language was not English.
- People could not always access the service when they needed it and did not always receive the right care promptly. Waiting times for treatment and arrangements to admit, treat and discharge patients were not in line with national standards. The trust was consistently failing to meet national standards in relation to the time patients spent in the emergency department, the time they waited for their treatment to begin and the time they waited for transfer to an inpatient bed.

However:

- Premises had been adapted to meet the needs of people living with dementia. The major treatment area contained six cubicles, which had been designed with input from experts, to provide a ‘dementia-friendly’ environment. They had been wallpapered and decorated with old style photographs and large-face clocks to help people orientate themselves.
- The service was mostly inclusive and took account of patients’ individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service provided excellent support to patients with complex needs and those in vulnerable circumstances. Staff champions had developed resources to support patients with dementia and those with learning difficulties.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Outstanding

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles. The specialty lead and lead nurse in the emergency department were experienced and respected clinicians. They had a wealth of managerial skills, qualifications and experience and were highly respected by the workforce as inspiring leaders and role models.
- The emergency department had developed a vision statement, with input from staff. A series of objectives supported this over-arching statement. Senior staff could clearly and confidently describe the streams of work that were ongoing to achieve these objectives and staff were engaged in numerous projects to realise the vision and objectives. There was a sense of aligned vision, shared values and universal commitment to improve services for patients.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an

Urgent and emergency services

open culture where patients, their families and staff could raise concerns without fear. Staff had a positive and optimistic attitude and spoke about their department and their colleagues with pride and passion. There was a strong emphasis on staff wellbeing. There were numerous examples of initiatives designed to support staff through social events, psychological and emotional support and practical tips, such as ensuring adequate rest and hydration.

- Leaders operated effective governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.
- Quality and improvement were everybody's business and the emergency department was proud of its achievements and of a proactive culture, which encouraged and supported learning and innovative practice. There were many examples of recent and current research and quality improvement projects, some of which had been nationally recognised. Two staff had been nominated for the trust's exceptional healthcare awards in 2018 under the transformation category.

Outstanding practice

- Staff were passionate about providing the best possible care. There were many examples where staff had undertaken fundraising events in their own time to provide things that would make a difference to patients' experiences. We heard of examples in end of life care, bereavement services, for patients living with dementia and autism, and children.
- Patients with autism or a learning disability who may have required distraction from the emergency department environment were offered 'bags of calm'. They contained sensory objects and ear defenders to help calm and distract patients. The link nurse for learning disabilities who developed this resource was nominated for the trust's 2018 Exceptional Healthcare Awards, in the service transformation category. The nomination read:

"The connection between the [emergency] department and the hospital LD liaison team has improved significantly over this time, staff are now more aware of the service provided by the liaison team and are quick to refer patients who attend the emergency department or require hospital admission. F undertakes teaching regularly. This focuses on the awareness of reasonable adjustments, the liaison team, consent and communication, the use of patients' passports and carers' awareness."

- The major treatment area contained six cubicles which had been designed with input from experts to provide a 'dementia-friendly' environment. They had been wallpapered and decorated with old style photographs and large-face clocks to help people orientate themselves. There were plans to decorate all cubicles in this way, using charitable funds.
- There was a bereavement team of three staff who championed this area of work and supported their colleagues. There were bereavement packs, which staff went through with bereaved relatives and they offered to contact them by telephone to see how they were doing and if they had any questions about their loved one's care, treatment and death. The department sent a card to relatives on the anniversary of the deceased patient's death. There were memory boxes to be given to children who lost someone in the emergency department.

Urgent and emergency services

- A consultant and a project manager led a team to develop an electronic patient record in the emergency department. The newly-developed and evolving electronic patient records system was an effective tool for prompting staff to follow best practice guidelines, and data could be extracted for audit purposes. The ‘PaperLite’ team was commended for *“a perfect demonstration of how detailed planning, preparation, attention to detail and a passion for delivering a quality product can transform an extremely pressurised service for the better.”*
- Despite a gruelling winter, when the service faced unrelenting pressure from increased demand for services, staff morale was remarkably good. Staff felt supported and valued; they had a positive and optimistic attitude and spoke about their department and their colleagues with pride and passion
- There was a strong emphasis on staff wellbeing. This had been championed by a number of senior staff, who formed the wellbeing team. There was a wellbeing website and a blog for staff to follow, as well as a noticeboard in the emergency department, signposting staff to sources of support, including a clinical psychologist. There were numerous examples of initiatives designed to support staff, including social events, psychological and emotional support and practical tips, such as ensuring adequate rest and hydration. The emergency department had produced a ‘going home checklist’, which encouraged staff to reflect on what had gone well and not so well during their shift, check on their colleagues, seek support where necessary and focus on home, rest and recharge. The service organised numerous fundraising events and challenges to raise money, which was used to support staff wellbeing initiatives, such as buying coffee cups for all staff and planting tubs of flowers outside the emergency department.
- There was an excellent comprehensive and structured induction for nurses in the emergency department. There was a structured approach to ongoing continuous learning and acquiring new skills. There was a clear progression pathway for nurses, “Novice to Expert”, which set out a year by year programme for band five nurses to progress to band six and beyond. There was a team of five nurse educators who organised and led nurse training and supported staff. Many nursing staff told us the quality of the training and support they received was one of the main reasons they chose to work and remain working in the department. Similarly, trainee doctors felt very well supported with structured and informal education. We heard about innovative approaches to education such as ‘education in the pub’.
- Quality and improvement were everybody’s business. There was a strong emphasis on education, audit, research and quality improvement. The emergency department was proud of its achievements and of a proactive culture which encouraged and supported learning and innovative practice. There were many opportunities for doctors and nurses to pursue interests. Consultants’ job plans were flexible to support them to lead research projects. The emergency department was one of the top recruiters nationally for research trials.

Areas for improvement

The trust must:

- Ensure that national standards are met in respect of waiting times in the emergency department.
- Ensure that daily checks of specialist equipment in the emergency department are undertaken consistently.
- Continue to work with partners and commissioners to ensure that staff in the emergency department have 24-hour access to mental health liaison and specialist mental health support if they are concerned about a patient’s mental health.
- Ensure there are adequate toilet and bathroom facilities in the emergency department observation unit. This had been raised as a concern at our two previous inspections.

The trust should:

- Undertake a formal risk assessment and review of nurse staffing, skill mix and nurse education against the workforce recommendation set out in the RCPCH *Facing the Future: Standards for children in emergency care settings*.

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- Provide training to reception staff to support them to recognise 'red flag' conditions, where immediate clinical assistance is required.
- Review the provision of written patient information to ensure that it is accessible to patients with a sensory loss and patients whose first language is not English.
- Monitor and report on compliance with internal professional standards to ensure that specialty doctors review patients within specified timescales.
- Ensure all staff in the emergency department are up to date with life support training appropriate to their role.
- Take steps to ensure all appropriate staff complete level three safeguarding training to meet the recommendations set out in *Adult Safeguarding: Roles and Competencies for Health Care Staff* (August 2018).
- Store medicines awaiting disposal securely.
- Record opening dates when liquid medicines are opened, to ensure they are discarded within the required time range.
- Introduce tamper-evident seals on resuscitation trollies to ensure the integrity of contents.

Medical care (including older people's care)

Good 

Key facts and figures

The medical care service at North Bristol NHS Trust provides care and treatment for a number of specialties at one acute site, Southmead Hospital.

The trust provided the following information about medical care at North Bristol NHS Trust:

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

The trust has 16 medical inpatient wards, all located at Southmead Hospital.

(Source: Universal Routine Provider Information Request (RPIR) – Sites tab / RPIR Acute – Context acute tab)

The trust had 51,846 medical admissions from January to December 2018. Emergency admissions accounted for 27,052 (52.2%), 1,038 (2.0 %) were elective, and the remaining 23,756 (45.8%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 24,115 admissions
- Gastroenterology: 8,892 admissions
- Clinical haematology: 4,571 admissions

(Source: Hospital Episode Statistics)

The areas we covered for the medical care core service were relevant to two trust divisions, medicine and neurological and musculoskeletal sciences.

Medicine division:

- Acute medicine
- Medical day care
- Cardiology
- Care of the elderly
- Diabetes / Endocrinology
- Gastroenterology
- Respiratory
- Endoscopy
- Acute oncology
- Haematology
- Immunology / Infectious Diseases / HIV

Medical care (including older people's care)

- Palliative care
- Mental health liaison.

(The medicine division also included emergency medicine which will be covered under the urgent and emergency care core service.)

Neurological and musculoskeletal sciences division:

- Neurology
- Stroke

(The neurological and musculoskeletal sciences division also included specialities which will be covered under the surgery core service.)

During our inspection we visited medical care ward areas, escalation areas, and the discharge lounge. We attended meetings including: bed meetings, board rounds and leadership and flow meetings.

We spoke with approximately 82 staff. This included divisional leaders, medical staff, nursing staff, therapists, pharmacy staff, discharge team, site team, and specialty nursing and clinical leads.

We spoke with eight patients and three relatives to discuss their experience of the care and treatment while they were cared for as inpatients within the medicine division.

We reviewed 25 patient records to review record keeping and consider specific areas of care and treatment.

We reviewed information, to include data and trust documents, both before and after the inspection.

Summary of this service

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

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. There was regular attention to staffing and innovative ways to focus on recruitment and retention. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients and therapy input was embedded within teams. Staff advised patients on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week. The understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards had improved since our last inspection.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service had made significant improvements since our last inspection to create clear processes to manage patient flow. The hospital was working within the wider system to support discharge. The service was inclusive and took account of patients' individual needs and preferences, and treated concerns and complaints seriously to investigate and share learning.

Medical care (including older people's care)

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care and there was an evident multi-professional and collaborative culture within the division. There were effective governance processes and management of performance and risk, with further governance improvements planned. Staff were committed to learning and improving services.

However:

- There were a few areas where safety could be improved to be brought in line with best practice. Medicines were not always in date within medicine trolleys or opening dates were not always recorded on liquid medicines to ensure they were discarded when required.
- The effectiveness of the service had some areas to be improved. There were inconsistencies with the recording of mental capacity assessments when making resuscitation decisions, appraisal rates were not meeting trust targets and patient fluid charts were not always completed in full.
- Some improvements were needed in how staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment. Corridor areas did not help promote patient privacy and dignity.
- Responsiveness was rated as requires improvement. The service was restricted by the challenges faced with capacity and flow, and the increase in demand outweighing capacity. Escalation areas were being used frequently, and some areas, for example interventional radiology, were still not a suitable environment for inpatients. Patients were being moved between wards or beds at night, and delayed transfers of care were not meeting commissioned targets.
- The leadership team were stretched across all specialties within the medicine division, which compromised the time they had to support individual specialties. However, there were plans to revise the structure and improve support. Staff also told us they did not always feel confident to raise concerns with the division's Freedom to Speak Up Guardian as they were in a more senior position.

Is the service safe?

Good ●

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Staff training compliance mostly met trust targets.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- 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 design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Nurse staffing remains a challenge and a known risk, but managers regularly reviewed staffing to keep patients safe from avoidable harm and to provide the right care and treatment.

Medical care (including older people's care)

- Medical staffing was a known challenge for the service and vacancies were being recruited to. The medical staff had the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, mostly stored securely and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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 used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- Medicines were not always in date within medicine trolleys or opening dates were not always recorded on liquid medicines to ensure they were discarded when required.
- Dialysis machines had rusty water media panels on the renal ward 8b which required replacement.
- Security for confidential patient records and information still needed to improve. We found examples where patient records were not stored securely and computers were left unattended without locking computer screens. This risked public access to confidential patient information.
- It was unclear from the sealed tag on the resuscitation trolley whether the trolley had been tampered with as replacement tags had no serial numbers.

Is the service effective?

Good ●

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

- The 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.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care. The stroke service was providing a seven-day therapy service which included physiotherapy, occupational therapy and speech and language therapy.

Medical care (including older people's care)

- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However:

- Patient fluid charts were not always completed in full. This meant a detailed record of patient fluid intake and output was not available.
- Appraisal compliance was not meeting trust targets.
- There were some inconsistencies with the recording of mental capacity assessments when making resuscitation decisions. Improvements were needed in the consistent recording of capacity assessments to support resuscitation decisions.

Is the service caring?

Good ●

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Patients spoke positively about the care and treatment they received from all staff.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

However:

- Some improvements were needed in how staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Corridor areas did not help promote patient privacy and dignity. However, staff were conscious of this and screens were being used. It was recognised the environment was not ideal, but safety was prioritised.

Is the service responsive?

Requires improvement ●

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

- The service was restricted by the challenges faced with capacity and flow. Demand was outweighing capacity, and escalation areas were being used frequently.
- The environment in interventional radiology was still not suitable for inpatients, although there had been improvements since our last inspection such as access to hot food and drink. There was only one shower room a short walk away from the unit, which did not promote patient privacy and dignity. The standard operating procedure stated patients should only stay for one night, but patients sometimes stayed longer.
- Patients were being moved between wards or beds at night. The medicine division was aware they were moving too many patients at night time and were reviewing this as part of the urgent care improvement programme.

Medical care (including older people's care)

- Delayed transfers of care were not meeting targets. However, discharge delays were reviewed regularly within the hospital and with stakeholders.

However:

- 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.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Flow continued to be a challenge for the trust, however, this was being better managed since our last inspection, with use of clear escalation processes and specific criteria for moving patients. There had been a clear focus on flow and the process for managing had greatly improved. Staff also felt there had been definite improvement with flow across the hospital.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Is the service well-led?

Good ●

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear. There was an evident multi-professional and collaborative culture within the division. Appreciating the joined up working and expertise individuals can bring to roles and services.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service. There were improvements being introduced to the governance structure and processes, although this was not yet fully embedded everyone appeared to be engaged and enthusiastic for the changes.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were secure. Data or notifications were consistently submitted to external organisations as required.

Medical care (including older people's care)

- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- While most staff told us they felt supported by their divisional leadership team, they were stretched across all specialties which sat within the division, compromising the time they had to support staff. To address this there were plans to improve cluster working in the division, where each cluster would have their own manager for leadership and support.
- Some staff told us they did not feel confident to raise concerns which related to leadership to the medicine division's Freedom to Speak up Guardian, due to their level of seniority.

Outstanding practice

Multidisciplinary working was fundamental to effective care and treatment for patients. There was a real presence of the multidisciplinary team on medical care wards where doctors, nurses and other healthcare professionals worked together to benefit the patient.

There was a holistic approach to assessing, planning and delivering care and treatment. Therapy input was embedded within teams within the clinical pathways. On the stroke unit, therapy presence was seven days a week. This included physiotherapy, occupational therapy and speech and language therapy. This helped with the ongoing rehabilitation of patients prior to discharge and data was showing improved patient outcomes within the service.

There was development of innovative roles to support staffing and ensure a multi-professional approach to care. For example, respiratory unit physiotherapists supplementing the band five nursing workforce, and an occupational therapist as the ward manager on Elgar ward.

It was evident within the medicine division a multi-professional and collaborative culture was valued.

Areas for improvement

SHOULD

- Review the process for sealing resuscitation trolleys to ensure they are tamper evident. And confirm all equipment has an expiry date when placed in the resuscitation trolley, to include breathing masks.
- Review the dialysis machines and the rusty water media panels on the renal ward 8b and replace machine parts where necessary.
- Continue to review nursing staffing in the medical care wards and focus on recruitment and retention to ensure safe staffing levels can be consistently achieved across all wards.
- Remind staff on medical care wards the importance of patient confidentiality and thus storing patient records securely and locking computer screens when left unattended.
- Have clear processes for reviewing medicine trolleys to confirm medicines are in date and remove medications before they expire. Staff should be reminded to write the opening date on liquid medicines, so they can be discarded within an appropriate time frame.
- Complete patient fluid charts in full where needed, to keep a detailed record of patient fluid intake and output.

Medical care (including older people's care)

- Introduce a consistent approach to the recording of mental capacity when completing Do Not Attempt Resuscitation documents.
- Keep patients involved and informed, even when there is no update.
- Continue to review the appropriateness of interventional radiology for inpatient care, considering changes and improvement, and ensuring patients spend minimal time in the area.
- Review patients who were moved to interventional radiology at times of escalation for their inpatient care who do not meet the criteria within the standard operating procedure.
- Minimise the number of ward or bed moves patients were experiencing at night time.
- Continue to review the delayed transfers of care and work within the system to improve timely discharges.
- Consider further Freedom to Speak Up Guardians within the medicine division of varying job roles or levels of seniority.

Surgery

Good 

Key facts and figures

North Bristol NHS Trust provides emergency and planned (often referred to as ‘elective’) surgery from its core site at Southmead Hospital.

Emergency surgery is provided seven-days a week. There is a suite of six emergency operating theatres including two 24-hour theatres. Patients can be admitted through the emergency department or the surgical admission unit. An ambulatory care clinic runs every day where patients can have investigations and be reviewed by a senior surgeon. In addition, a five-day emergency vascular and seven-day plastic trauma clinic is provided.

Planned surgery is provided using 23 operating theatres and with 395 beds at Southmead Hospital.

The operating theatres incorporate a mediroom model of care, which is used instead of traditional anaesthetic and recovery rooms. The medirooms are individual rooms adjoining each theatre department. Patients are admitted, prepared for surgery and recovered after surgery in these rooms.

The trust covers the following surgical specialities:

- Burns, plastics
- Elective orthopaedics
- General surgery
- Gynaecology and obstetrics
- Neurosurgery
- Theatres, medirooms, acute pain team
- Trauma and orthopaedics
- Urology
- Vascular surgery

The surgical core service is spread across two of the divisions in the trust. These are anaesthesia, surgery, critical care and renal (ASCR) and neurological and musculoskeletal sciences (NMSK). Each division has a separate governance system, but each follow the same structure.

For each division there is a senior management team consisting of a general manager, a clinical director and a head of nursing. Underneath each senior management team there are surgical specialities/clusters. The management of the specialties/clusters consists of a service manager/assistant general manager, lead nurse/matron and a specialty lead. For example, under the ASCR division, the surgical services/clusters were: breast services, burns/plastics services, colorectal, general surgery, renal and transplant services, urology, vascular, anaesthesia, and elective and emergency care. Under the NMSK division, the surgical services/clusters were: neurosurgery, and orthopaedics and trauma.

The trust has 13 surgical wards, all located at Southmead Hospital:

Ward Speciality

Surgery

- Gate 6b Neurosurgery
- Gate 20 Theatres, medirooms, acute pain team
- Gate 21 Theatres, medirooms
- Gate 25a Neurosurgery
- Gate 25b Trauma and orthopaedics
- Gate 26a Elective orthopaedics
- Gate 26b Trauma and orthopaedics, surgical assessment unit, general surgery
- Gate 32b Surgical assessment unit - gastroenterology, infectious diseases, haematology
- Gate 33a Burns, plastics
- Gate 33b Vascular surgery
- Gate 34a Short stay unit, general surgery, general medical
- Gate 34b Urology

(Source: Routine Provider Information Request (RPIR) – Sites tab; Acute RPIR – Context acute tab)

The trust had 49,678 surgical admissions from January to December 2018. Emergency admissions accounted for 14,675, there were 26,721 day case admissions, and the remaining 8,300 admissions were for planned procedures.

(Source: Hospital Episode Statistics)

During our inspection we visited the following wards, units and theatres:

- Gates 20 and 21 which included medirooms, and emergency and elective theatres.
- Gate 25a which cared for neurology and neurosurgery patients.
- Gate 25b which cared for trauma and orthopaedics patients.
- Gate 26a which cared for elective orthopaedics patients.
- Gate 26b which cared for trauma and orthopaedics, and general surgery patients.
- Gate 33a which cared for burns and plastics patients.
- Gate 33b which cared for vascular surgery patients.
- Gate 34a which cared for short stay patients.
- Gate 34b which cared for urology patients.
- Pre-assessment and surgical assessment units, and the discharge lounge.

During our inspection, we spoke with over 60 members of staff including members of the divisional management teams, specialty leaders, matrons, porters, medical and nursing staff, and allied health professionals. We spoke with 12 patients and those close to them including their families. We observed the treatment and care provided to patients as well as attending safety briefings and bed meetings. We also reviewed documentation including 10 patient records, minutes of meetings, reports, and policies and procedures.

Surgery

The inspection team consisted of two inspectors employed by the Care Quality Commission and three specialist advisers with expertise in surgical services.

The surgery service at the trust was last inspected in November 2017 when the service was rated requires improvement.

Summary of this service

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

We rated safe as requires improvement. We rated effective, caring responsive and well-led as good. Overall, we rated the service as good.

- Most staff received updated mandatory training. They were clear about the processes they should follow to risk assess patients and respond to those who may deteriorate. Managers regularly reviewed and adjusted staffing levels and skill mix to ensure patients received safe care. Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, and available to staff providing care. The service used systems and processes to safely prescribe and administer medicines. The service managed patient safety incidents well and staff were clear on how to report incidents.
- There was effective care within surgical services. Staff used monitoring results well to improve safety. The service provided care and treatment based on national guidance and evidence-based practice. Staff monitored the effectiveness of care and treatment, using the findings to make improvements and achieve good outcome for patients. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients.
- Care provided to patients was compassionate. Staff supported patients to make informed decisions about their care and treatment.
- The service met the needs of individuals. Care was planned to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. Most patients could access the service when they needed it.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. Staff felt respected, supported and valued. Leaders operated effective governance processes and managed risk, issues and performance well. Leaders and staff actively engaged with patients, staff, the public and local organisations to manage services. All staff were committed to continually learning and improving services.

However:

- Some areas within safety needed to be improved. There was an unacceptable standard of infection control in theatres. Not all staff in medirooms had immediate life support training as part of their mandatory training. Some mandatory training modules were not meeting trust targets. Medicines were not always recorded and stored safely.
- Although effective, caring, responsive and well led were rated as good, there were aspects of the service where improvements could be made. The trust's appraisal target was not met by all staffing groups. Although the service had made improvements in its handling of complaints, complaints were frequently not responded to in good time. Awareness of the freedom to speak-up guardians was limited across the service. Although there had been improvements, interventional radiology remained unsuitable for surgical patients to stay overnight.

Surgery

Is the service safe?

Good ●

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

- There was an unacceptable standard of infection control in theatres. Staff did not always use equipment and control measures to protect patients, themselves and others from infection. In theatres some staff clothing, equipment and the premises were not always visibly clean and tidy and hand gel dispensers were not readily available.
- Not all staff in medirooms had immediate life support training in line with guidance. There were some mandatory training courses where staff did not meet trust targets.
- Medicines were not always recorded and stored safely. Some liquid medicines did not have the date of opening recorded to ensure they were disposed in a timely manner. Medicine trolleys on wards contained some expired medication.
- Staff did not always receive feedback in response to reporting incidents.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service usually had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- 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. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and available to staff providing care. However, we did find some records were not stored securely.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Good ●

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

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.

Surgery

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Staff followed national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service sought to ensure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- The trust's appraisal target rate was not met by all staffing groups in the service.

Is the service caring?

Good ●

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ●

Our rating of responsive improved. 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.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Surgery

- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- The service continued to fail to provide timely responses to complaints in line with trust policy.
- The interventional radiology unit remained unsuitable for surgical patients to stay overnight.
- The medirooms environment, used for inpatient stays at times of hospital escalation, was not an ideal environment for inpatients.

Is the service well-led?

Good 

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

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- There was variable knowledge of the trust's freedom to speak up guardians.

Areas for improvement

MUST

- Improve infection control practice in theatres. Make hand gel dispensers readily available, ensure standards of cleanliness and hygiene are maintained in all areas of the unit. This includes footwear and changing and theatre preparation areas. There must also be clear accountability and time provided to clean the theatres once a list is completed. Ensure staff who work in theatres are reducing the risk of cross-infection by changing from their scrubs before leaving the department.

SHOULD

- Support staff to be compliant with all mandatory training courses so the surgical service meets trust compliance targets.
- Deliver immediate life support training to all clinical staff in medrooms in line with the guidelines for the provision of anaesthesia services from the Royal College of Anaesthetists.
- Review the process for sealing resuscitation trolleys to ensure they are tamper-evident.
- Record daily temperatures for warming cabinets in theatre preparation rooms and ensure accountability for keeping these cabinets cleaned and maintained.
- Complete instrument checklists to confirm an instrument count has happened.
- Confirm surgical swab counts are being carried out in line with good practice and the Association for Perioperative Practice guidelines.
- Improve recording and storage of medicines. Recording opening dates on liquid medicines to ensure they are discarded when required and disposing of expired medicines in the ward medicine trolleys. Daily monitoring and recording of medicine fridge temperatures should be carried out to ensure medicines remain safe to use.
- Improve completion rates for appraisals for all staff groups in line with trust policy.
- Reappraise and risk assess using interventional radiology for inpatient care, considering changes and improvement, and ensuring patients spend minimal time in the area.
- Adhere to the standard operating procedure on placing surgical patients in the interventional radiology unit.
- Deal with all complaints in line with timeframes set out in trust policy.
- Provide meaningful feedback as appropriate to staff who report incidents.
- Promote the support available to staff from freedom to speak up guardians.

Good 

Key facts and figures

Acute maternity services are provided at the Southmead Hospital site.

North Bristol NHS Trust has 76 maternity beds and maternity services provide a full range of antenatal, intrapartum and postnatal maternity care, both in the community and hospital settings.

From January to December 2018 there were 5,882 deliveries at the trust.

Maternity inpatient services at Southmead hospital include a consultant led central delivery suite, a midwife led unit (Mendip Ward) and two wards providing antenatal and postnatal inpatient care (Quantock ward and Percy Philips ward). There is a maternity assessment unit open 24 hours a day seven days a week and an early pregnancy assessment clinic open Monday to Friday. Women attend clinics as outpatients to be seen by a range of specialist practitioners in the antenatal assessment clinic.

The maternity facilities offer en-suite rooms, birth pools, overnight partner stays if labour is induced and following the birth, plus a family room, full range of complementary therapies and pain management.

Cossham Hospital is a free-standing Midwife-led Birth Centre which has been closed for births since October 2018 due to staffing and acuity concerns. Women in labour are diverted to the midwife-led unit at Southmead Hospital.

We inspected all areas of acute maternity services as part of our routine inspection programme. We did not include community midwifery services. We inspected the maternity services on 25, 26 and 27 June 2019. This inspection was unannounced. We returned during the night shift on 11 July 2019.

During our inspection we spoke with 62 staff including managers, midwifery staff, doctors, cleaners, administration staff, security staff and sonographers. We spoke with 11 patients and their partners. We observed treatment, looked in records, read the minutes of meetings and attended handover meetings and safety briefings.

The inspection team consisted of two inspectors employed by the Care Quality Commission and a specialist advisor with expertise in maternity services.

The safe and responsive domains of the maternity and gynaecology service were inspected in April 2016. At that time, safe and responsive were rated as good. Since then the inspection methodology has changed and we no longer inspect these two specialisms together. The maternity service had not been inspected as a separate core service prior to this inspection.

Summary of this service

We rated it as good because:

We rated safe as requires improvement. We rated effective, caring, responsive and well-led as good. Overall, we rated the service as good.

The service managed patient safety incidents well and monitored safety performance. The service had enough medical, nursing and midwifery 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 provided mandatory training in key skills to all staff and made

Maternity

sure everyone completed it. Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff were trained to use facilities, premises and equipment. Staff kept records of women's care and treatment. Staff completed and updated risk assessments for each woman and quickly acted upon women at risk of deterioration.

Staff provided care and treatment based on national guidance and evidence-based practice. Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. Staff monitored the effectiveness of care and treatment. Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.

Staff treated patients with compassion and kindness and took account of their individual needs. Staff provided emotional support to patients, families and carers to minimise their distress. Staff supported and involved patients, families and carers to understand their condition.

The service planned and provided care in a way that met the needs of local people and worked with others in the wider system to plan care. People could access the service when they needed it. Staff took account of patients' individual needs and preferences and coordinated care with other services and providers.

Leaders understood and managed the priorities and issues the service faced. Leaders were visible and approachable in the service. They supported staff to take on more senior roles. There was a business plan to turn the strategy into action, developed with relevant stakeholders. Leaders collaborated with partner organisations to help improve services for patients. Staff felt respected, supported and valued and were focused on the needs of patients receiving care.

Senior leaders operated effective governance processes throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

However;

We rated safe as requires improvement because we were not assured that the care provided was always as safe as it could be. The service did not follow procedures to ensure cleanliness as a measure of infection prevention and control. The entrance to the maternity unit did not provide adequate security and not all patient information was safely secured. The systems and processes to safely prescribe, administer, record and store and dispose of medicines were not always followed.

Although effective, responsive, caring and well led were rated as good, there were aspects of the service where improvement should be made. Managers were not completing staff appraisals in a timely way. Not all key services were available seven days a week to support timely patient care. Staff did not always do everything possible to respect women's' privacy and dignity. It was not easy for women to raise concerns about care received because complaints procedures were not displayed. There were gaps in assurance processes at ward level. Not all risks were identified, and prompt actions were not always taken to reduce known risks.

Is the service safe?

Requires improvement ●

We rated it as requires improvement because:

The service did not control infection risk well. Staff did not always use equipment and control measures to protect women, themselves and others from infection. They did not always keep equipment and the premises visibly clean.

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The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Security systems were not reliable. Equipment was not always tested for safety.

Managers regularly reviewed and adjusted staffing levels and skill mix, but the tool used did not always fit this purpose. Sickness levels impacted upon the availability of staff.

The systems and processes to safely prescribe, administer, record and store medicines were not always followed. Medicines were not being stored securely in the Central Delivery Suite. Records showed medicine fridge temperatures were recorded daily, however, when the temperatures were out of range there was no evidence to show action had been taken. Controlled drugs were not being disposed of in line with the trust policy.

Records were not always stored securely.

However;

The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons with the whole team and in the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and actioned.

The service used safety monitoring results to improve safety. The service collected safety information.

The service had enough medical, nursing and midwifery 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 provided mandatory training in key skills to all staff and made sure everyone completed it. Staff understood how to protect women from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.

Staff were trained to use facilities, premises and equipment. Staff completed and updated risk assessments for each woman and removed or minimised risks. Staff identified and quickly acted upon women at risk of deterioration. Managers gave bank, agency and locum staff a full induction.

Staff kept records of women's care and treatment. Current records were easily available to all staff providing care.

Is the service effective?

Good ●

We rated it as good because:

The 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 women subject to the Mental Health Act 1983.

Staff gave patients enough food and drink to meet their needs and improve their health. The service adjusted for women's religious, cultural and other needs.

Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved variable outcomes for patients.

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

Maternity

Staff gave patients practical support and advice to lead healthier lives.

Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However;

The service did not make sure all staff were competent for their roles. Managers did not consistently appraise staff's work performance and did not hold regular supervision meetings with them to provide support and development.

Not all key services were available seven days a week to support timely patient care.

Is the service caring?

Good ●

We rated it as good because:

Staff treated patients with compassion and kindness and took account of their individual needs.

Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

However;

Staff did not always do everything possible to respect women's' privacy and dignity.

Is the service responsive?

Good ●

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.

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

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

However;

It was not easy for women to raise concerns about care received.

Maternity

Is the service well-led?

Good ●

We rated it as good because:

Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service provided opportunities for career development. The service had an open culture where women and their families and staff could raise concerns without fear.

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

The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.

Leaders and staff actively and openly engaged with some patient representatives and staff, and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

However;

Managers at a local level did not have adequate oversight of safety systems and processes such as security, infection prevention and control and medicines management. Not all risks were identified, and prompt actions were not always taken to reduce known risks.

Outstanding practice

A midwife had purchased small soft toys to give to mothers and their babies who were going to be separated after birth. This included women who returned to prison after the birth of their child or women whose babies were cared for by social services. The mother and her child swapped their toys when they were separated. This thoughtful gesture offered comfort to mother and baby at this difficult time.

Areas for improvement

SHOULD

Staff should follow a system to provide assurance that they have read pertinent safety information contained in the safety briefing.

Managers should use an appropriate staffing acuity tool that reflects the complexities of care in each of the maternity settings.

The service should take steps to reduce the sickness rates in maternity.

Maternity

On Quantock ward, staff should carry out urine testing in a room not used by patients.

Managers should take steps to improve and sustain response rates for the patient feedback surveys across the maternity service

Staff working in the central delivery suite should have easy access to up to date protocols relevant to the care of women in the delivery room setting.

Staff from a range of grades, disciplines and clinical areas within maternity should be encouraged to attend training in mental health, autism and learning disability.

Managers should take steps to meet the trust target for completion of staff appraisals.

Managers should take steps to provide assurance of staff compliance with the policy regarding use of interpreters for women whose first language is not English.

Staff should use every opportunity to maintain patient privacy and dignity during antenatal appointments.

Managers should monitor the accessibility of the inpatient service in terms of delays to admissions and discharges and treatment such as induction of labour.

The service should provide assistive technology such as audio induction loop systems to support women with hearing loss.

Managers should clearly display information regarding how patients can make a complaint.

Managers should have enough oversight of safety systems and processes such as security, infection prevention and control and medicines management to ensure risks are identified and prompt actions are taken to reduce their impact.

MUST

Staff must consistently follow safe systems to provide assurance of the safety and readiness of specialist equipment used in emergency situations.

Staff must consistently follow safe systems to provide assurance of the cleanliness of patient equipment.

Staff must consistently follow safe systems to provide assurance of the cleanliness of ward furnishings and fixtures.

The service must ensure the safety of women and babies in the maternity unit through reliable security systems and processes and appropriate use and layout of facilities.

The service must ensure that there are reliable systems of accountability for checks on emergency equipment

The service must ensure access to medicines is restricted to authorised staff.

End of life care

Outstanding

Key facts and figures

End of life care (EOLC) at the trust is provided by a multi-disciplinary team of healthcare professionals to provide care and support for patients who are approaching the end of their life due to both malignant and non-malignant conditions. The trust provided end of life care for 1,724 people between April 2018 and March 2019, across all areas. The main focus of the end of life care strategy at the trust is on delivering compassionate patient centred care.

The Specialist Palliative Care Team is a multidisciplinary team consisting of consultants, clinical nurse specialists, occupational therapists, with close liaison with chaplains and social workers. Visits by the team are made from Monday to Friday, 8.30am to 5pm. The team also delivers an extensive education programme to many groups of staff in the hospital aiming to develop knowledge and skills in palliative and end of life care.

The trust works collaboratively within the local palliative and end of life care community, liaising with a local hospice about patient care and transfer of patients between settings.

(Source: Routine Provider Information Request (RPIR) – Context acute, EOLC networks tabs and Trust website)

The Specialist Palliative Care Team comprised of four whole time equivalent consultants, six whole time equivalent clinical nurse specialists, and three occupational therapists. The team worked closely with colleagues in acute oncology, care of the elderly teams, and other site-specific groups through multidisciplinary teams and outpatient clinics.

The trust provides a bereavement office providing practical help, advice and support for death registration and other aspects of care after death. The service works alongside the mortuary services, helping to facilitate efficient death certification and HM Coroners cases. The service also arranges viewings.

The trust provides a chaplaincy service which aims to help facilitate the spiritual care of patients and their visitors, and to meet any religious needs. The chaplaincy service consists of chaplains from various faiths and helps with the spiritual care of patients and visitors. A chaplain is available during working hours, Monday to Friday 8am to 6pm. Outside of these hours chaplaincy support can be gained using an “on-call” system.

During this inspection visit the inspection team:

- Talked with four patients and those close to them
- Observed staff giving care
- Reviewed nine sets of patient records, including care records, treatment escalation records, do not attempt cardio pulmonary resuscitation records (DNACPR), and medication records
- Looked at staff records and trust policies
- Looked at performance information and data from and about the trust
- Talked with 39 members of staff at different levels including doctors, nurses, healthcare assistants, non-clinical staff, ward managers and mortuary staff.

End of life care was rated as requires improvement overall during our last inspection, undertaken in November 2017, details can be found within the inspection report published in 2018. Safe and effective were rated as requires improvement, caring was outstanding and responsive and well led were rated as good. The end of life service was told it must improve some areas of its work and should improve others. During the course of this inspection, we looked at whether these areas of improvement had been implemented.

End of life care

Summary of this service

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

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, and supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers. In all areas of end of life care we visited, we saw that staff were truly person centred. As much emphasis was placed in the caring for and about those close to patients as patients themselves.
- People's individual needs and preferences were central to the delivery of tailored services providing end of life care. The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it. There was a clear drive to increase the presence of the palliative care team at the trust, and clear actions were planned to achieve this.
- Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. They ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. All staff we met were clearly inspired and motivated by the clinical lead for end of life care, and this translated into the delivery of high-quality end of life care. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However:

- The environment in the mortuary – specifically around storage fridges - did not meet the needs of the service and presented risk to the identification of some types of the deceased.
- The documentation of capacity as part of the “Do not attempt cardio-pulmonary resuscitation” was not clearly recorded.

Is the service safe?

Good ●

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

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff used infection control measures when visiting patients on wards and transporting patients after death.

End of life care

- The design, maintenance and use of facilities, premises and equipment usually kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Risk assessments considered patients who were deteriorating and in the last days or hours of their life.
- The service had enough 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 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.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. 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. Managers ensured that actions from patient safety alerts were implemented and monitored.

However:

- The environment in the mortuary sometimes prohibited staff from managing products of conception, and deceased neonates in line with regulations.

Is the service effective?

Outstanding

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

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.
- 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 and gave pain relief in a timely way. They supported those unable to communicate and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care. Multidisciplinary working was woven into the fabric of end of life care at the trust.
- Some, but not all services were available seven days a week to support timely patient care.
- Staff gave patients practical support to help them live well until they died.

End of life care

- Staff supported patients or those close to them, to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.

However:

- The documentation of capacity as part of the "Do not attempt cardio-pulmonary resuscitation" was not clearly recorded.

Is the service caring?

Outstanding

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- In all areas of end of life care we visited, we saw that staff were truly person centred. As much emphasis was placed in the caring for and about those close to patients as patients themselves.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff clearly understood the impact a person's care, treatment and condition had on their wellbeing and those close to them and responded to this. We witness on numerous occasions staff from all teams taking time to provide care and support in an unhurried, calm and caring manner.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff were fully committed to working in partnership with people and making this a reality for each person.

Is the service responsive?

Outstanding

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

- The service planned and provided care in a way that met the needs of local people and the communities served.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Patients could access the specialist palliative care service when they needed it. Waiting times from referral to achievement of preferred place of care and death were in line with good practice.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

End of life care

- The service had used patient shadowing to see a care experience through the eyes of a patient. As a result of spending time shadowing patients receiving end of life care, the team made a number of subtle but important changes to the way in which care was delivered at end of life and embedded these changes into the supporting documentation used for this cohort of patients. One outcome of this was to deliver a menu for patients at end of life that reflected the dietary preferences of those patients at end of life.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs.
- Staff worked hard to make sure patients at end of life did not stay in hospital any longer than they needed to. All staff we met with worked hard to enable patients at end of life to be discharged to their preferred place of care wherever possible.

Is the service well-led?

Outstanding

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

- Leaders had the skills, knowledge, experience and integrity that they needed to provide exceptional end of life care. Leaders demonstrated high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- Leaders had a deep understanding of issues, challenges and priorities in their service, and beyond. All staff we met were clearly inspired and motivated by the clinical lead for end of life care, and this translated into the delivery of high-quality end of life care.
- End of life care at the trust was supported by a vision and strategy based on national objectives for end of life care.
- The culture of end of life care at the trust was truly person centred and encouraged openness and honesty at all levels of the organisation. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders had an inspiring shared purpose and strived to deliver and motivate staff to succeed.
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care. Staff felt wholly supported to deliver excellent end of life care and were clearly competent to do so.
- There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services in end of life care.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- There was a programme of clinical audit designed to enable the end of life service to monitor its performance and drive improvements. The team held monthly meetings dedicated quarterly to clinical governance and clinical audit.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements.
- Leaders and staff actively and openly engaged with patients, staff, and the public to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The end of life service used patient and carer feedback in shaping services. This included identifying where things had gone well through thank you cards and letters, feedback from the “VOICES” patient survey, outcomes of patient shadowing, and the “What matters to you” project.

End of life care

- All staff were committed to continually learning and improving services. The profile and ownership of end of life care had branched out of the palliative care team and was embodied by staff from all areas – both clinical and non-clinical.
- The work that had been undertaken on the “Purple Butterfly” had been recognised nationally with an award for the palliative care team and was felt to represent a step change in the delivery of end of life care at the trust.

Outstanding practice

- The service has used patient shadowing to see a care experience through the eyes of a patient. One outcome of this was to deliver a menu for patients at end of life that reflected the very specific dietary requirements of patients at end of life. This involved staff from all areas of the trust including those who were non-clinical to deliver person-centred end of life care.
- Clinical leadership of end of life care was inspirational to those who worked alongside. Staff were in awe and humbled by the skills, care and compassion of the clinical lead and were therefore active participants in delivering excellent end of life care.
- The introduction of the “Purple Butterfly” initiative had led to tangible improvements for patients at end of life, those to whom they were close, and to staff delivering care.

Areas for improvement

SHOULD:

- Complete the planned actions to resolve the risks arising from a lack of provision for the storage of the remains of products of conception, and poor labelling of the fridge containing neonatal deaths.
- Take action to improve the recording of capacity of patients for whom “Do not attempt cardio pulmonary resuscitation” orders are agreed.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Regulation

Treatment of disease, disorder or injury

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

Our inspection team

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

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

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