North Bristol NHS Trust

Cossham Hospital

Quality Report

Cossham Hospital
Lodge Road
Kingswood
Bristol
BS15 1LF
Tel: 0117 3408400
Website: www.nbt.nhs.uk/our-hospitals/cossham-hospital

Date of inspection visit: 7 November 2014
Date of publication: 11/02/2015

This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this hospital	Good
Maternity and gynaecology	Outstanding
Outpatients and diagnostic imaging	Good

Summary of findings

Letter from the Chief Inspector of Hospitals

North Bristol NHS Trust is an acute trust located in Bristol that provides hospital and community services to a population of about 900,000 people in Bristol, South Gloucestershire and North Somerset. It also provides specialist services such as neurosciences, renal, trauma and plastics/burns to people from across the South West and in some instances nationally or internationally. The trust has five main locations that are registered with the Care Quality Commission. It provides healthcare from Southmead Hospital, Cossham Hospital, the Frenchay Hospital site, the Riverside Unit and Eastgate House. The main hospital at Frenchay closed in May 2014 when the new hospital at Southmead opened. The trust also provides community healthcare for children and young people across Bristol and South Gloucestershire. Cossham Hospital consists of a midwife-led birth centre, which had 556 deliveries between January 2013 and March 2014, and an outpatients department, which provided 19,603 appointments in 2013/14. Overall we have rated Cossham Hospital as good. Services in all the areas we inspected were good, and caring and responsiveness in the maternity service was outstanding. Our key findings were as follows:

- Staff were clear about the processes for reporting incidents, received feedback and learning was shared.
- The hospital was clean, tidy and well maintained. Staff were seen to be bare below the elbow in line with trust policy and washed their hands before and after carrying out patient care.
- Access and uptake of both mandatory training and further training was good. In addition, training in obstetrics and neonatal emergencies was extended to the wider team, including paramedics and community midwives.
- Staffing in outpatients and diagnostic imaging was good. Although staffing in the maternity service was clearly meeting patients' needs, the ratio of midwives to births was only recorded at overall trust level. This showed a midwife-to-birth ratio of 1:33.9, which was below the England average of 1:29.
- Staff provided care and treatment based on national guidelines such as those produced by the National Institute for Health and Care Excellence.
- In the maternity service, patient outcome data was recorded and fed back to staff on a monthly basis, enabling staff to review and if necessary take action to improve practice.
- Staff were caring and provided kind and compassionate care. In the maternity service this extended to the whole family and women with complex needs were embraced into the service.
- In outpatients, referral to treatment times were consistently met.
- In the maternity services were tailored to meet the needs of the individual woman and her family, and were delivered in a way to ensure flexibility, choice and continuity of care.
- Services were well led. Staff were positive about the leadership and management of the maternity service. Governance systems were embedded.

We saw several areas of outstanding practice including:

- Half-day training sessions were run for all trust staff (midwifery and medical) as well as paramedics from the local ambulance service. These were in addition to the annual updates provided.
- Facilities for women in labour were outstanding, and promoted the use of water for both pain relief and delivery and care, in a calming and relaxing environment for normal births.
- The kindness, compassion and holistic approach to care at the birth centre was found to be outstanding, with strong person-centred care and support clear to see.
- There was very clear evidence of learning from incidents, complaints and concerns. Actions were taken and learning was shared both internally and across the wider maternity service.
- Efforts to engage hard-to-reach members of the community and overall public engagement were outstanding. Strong networks existed and staff used a wide variety of methods to encourage and promote public engagement.

However, there were also areas of poor practice where the trust needs to make improvements.

The trust should:

Summary of findings

- undertake a staffing review and report on staffing at the Cossham Birth Centre separately from the main unit at Southmead to ensure that the midwife-to-births ratio is within the limits set by the Royal College of Obstetricians and Gynaecologists and that one-to-one care in labour is provided 100% of the time
- review the number of supervisors of midwives to ensure a supervisor-to-midwives ratio of 1:15 is met
- ensure that the availability of a chaperone is displayed for patients in the outpatients and diagnostic and imaging departments.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service	Rating	Why have we given this rating?
Maternity and gynaecology	Outstanding ☆	The maternity services provided at Cossham Birth Centre were found to be outstanding. The services were found to be good in the safe, effective, the well led domains, and outstanding in both the caring and responsive domains. Staff were encouraged to report incidents and there was very clear evidence of learning from incidents, complaints and concerns. Actions were taken and learning was shared both internally and across the wider midwifery service. Risk assessments were undertaken ensuring the suitability of women delivering in a free-standing midwifery unit. The midwife-to-birth ratio was not recorded separately for Cossham Birth Centre, but were included in the overall trust. Trust data showed a midwife-to-birth ratio of 1:33.9, which was below the England average of 1:29. One-to-one care in labour was provided between 93.8% and 100% of the time. Care was delivered in line with guidelines and was subject to ongoing audit. There were specific policies relating to a free-standing midwife-led unit. Women had access to a wide variety of pain relief. Use of water in labour and for birthing was good. There was evidence of outstanding multidisciplinary working with the ambulance service as well as obstetric and neonatal staff at Southmead Hospital. Facilities for women in labour were outstanding, and promoted the use of water for both pain relief and delivery and care, in a calming and relaxing environment for normal birth. There was a caring culture fully embedded across the service. Throughout our inspection we saw exemplary patient-centred care being given, and this was confirmed in patient feedback. Time spent with women was not rushed, and care was delivered with kindness, compassion and understanding, which extended to the whole family. Women were fully informed and involved in choices, and feedback was actively sought. Women with complex social needs were not excluded from delivering in the birth centre, with protocols in place to ensure the involvement of specialist midwives as required.Information was available in formats to meet the needs of the local population, and translation services were easily accessible. There was clear evidence that when complaints or concerns were raised, action was taken and learning occurred. The maternity services

Summary of findings

were well led. The vision and strategy was well known and promoted throughout by all staff. Clear governance pathways existed, ensuring learning from incidents within the birth centre as well as the wider organisation. Leadership within the birth centre was strong and supportive. Efforts to engage hard-to-reach members of the community and overall public engagement were outstanding. Strong networks existed and staff used a wide variety of methods to encourage and promote public engagement.

Outpatients and diagnostic imaging

Good 

The outpatients department at Cossham Hospital was found to be good in all the domains rated. Cossham Hospital outpatients department was clean, hygienic and well maintained. There were comfortable waiting areas for patients, with refreshments available in the main hospital waiting area near the entrance and main reception desk. The x-ray and diagnostic department was also clean and well maintained, and had its own reception and waiting area for patients. Patients were positive about all aspects of their treatment and the care and professionalism of the staff. Clinics generally ran on time and when there were delays patients were kept informed. The clinic specialities and the diagnostic department at Cossham were meeting the national targets for their referral-to-treatment times. National targets for the referral-to-treatment times were being met. The direct access systems for patients to come for x-rays, after seeing their GP, worked efficiently and effectively. Staff were provided with good local leadership.

Good

Cossham Hospital

Detailed findings

Services we looked at
Maternity; Outpatients and diagnostic imaging

Contents

Detailed findings

Background to Cossham Hospital

North Bristol NHS Trust is an acute trust located in Bristol that provides hospital and community services to a population of about 900,000 people in Bristol, South Gloucestershire and North Somerset. It also provides addition specialist services such as neurosciences, renal, trauma and plastics/burns to people from across the South West and in some instances nationally or internationally. The trust has five main locations that are registered with the Care Quality Commission. It provides healthcare from Southmead Hospital, Cossham Hospital, Frenchay Hospital site , the Riverside Unit and Eastgate House. The main hospital at Frenchay closed in May 2014 when the new hospital at Southmead opened, but the Head Injury Therapy Unit still provides outpatient services at the Frenchay site. The trust also provides community healthcare for children and young people across Bristol and South Gloucestershire.

Cossham Hospital consists of a midwife-led birth centre, which had 556 deliveries between January 2013 and March 2014, and an outpatients department, which provided 19,603 appointments in 2013/14.

The trust is not a foundation trust.

The city of Bristol is ranked 79 out of 326 local authorities in the Indices of Multiple Deprivation. South Gloucestershire is less deprived with a rank score of 272 out of 326. Life expectancy for both men and women in Bristol is slightly worse than the England average but is better than the average for men and women in South Gloucestershire. According to the last census, 16% of Bristol's population and five per cent of the population of South Gloucestershire were from black and ethnic minority groups.

We inspected this site as part of the North Bristol NHS Trust inspection. The trust was selected because it was an example of a medium risk trust according to our 'Intelligent Monitoring' model. This model looks at a wide range of data, including patient and staff surveys, hospital performance information and the views of the public and local partner organisations.

Our inspection team

Our inspection team was led by:

Chair: Andy Welch, Medical Director, Newcastle upon Tyne NHS Foundation Trust.

Head of Hospital Inspections: Mary Cridge, Care Quality Commission

The team visiting Cossham Hospital included two CQC inspectors, a consultant obstetrician, a midwife, a nurse and an expert by experience.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the two local clinical commissioning groups, the NHS Trust Development Authority, the General Medical Council, the Nursing and Midwifery Council and the Royal Colleges. We held a listening event in Bristol on 3 September 2014, when people shared their views and experiences. More than 35 people attended the event.

Detailed findings

People who were unable to attend the event shared their experiences by email or telephone. We received feedback on 30 comment cards the vast majority of which were very positive about the care provided.

We carried out an announced inspection of the unit on 7 November 2014. We talked with patients, relatives and staff. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

Facts and data about Cossham Hospital

From January 2013 to March 2014 a total of 1,111 women were admitted to the birthing centre. 746 women were found to be in established labour and there were 566 births.

Approximately 19,603 first and follows up appointments had been provided over the previous 12 months on the Cossham Hospital site.

Detailed findings

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity and gynaecology	Good	Good	☆ Outstanding	☆ Outstanding	Good	☆ Outstanding
Outpatients and diagnostic imaging	Good	N/A	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Notes

<Notes here>

Maternity and gynaecology

Safe	Good
Effective	Good
Caring	Outstanding
Responsive	Outstanding
Well-led	Good
Overall	Outstanding

Information about the service

Maternity services at Cossham Hospital are located in the Cossham Birth Centre (CBC), a free-standing midwife-led unit that has been open since 28 January 2013. No inpatient gynaecological services are provided at the hospital. Care provided is midwife-led.

From opening until the end of March 2014, 1,111 women were admitted; 746 women were found to be in established labour and there were 566 births.

Care was only provided to women who were at a low risk of complications. The birth centre had a large waiting room, one examination room and four en suite birthing rooms, each equipped with a pool. The centre was also the base for one of the teams of community midwives. The examination room was used by both community midwives and CBC midwives for antenatal and postnatal care for women attending the centre from the local community. Some postnatal clinics also operated, including an infant feeding clinic for babies born with 'tongue tie'.

Staff were employed by North Bristol NHS Trust and the overall management of the CBC fell within the responsibilities of the Women's and Children's directorate. Local leadership was provided by a supervisory midwife, working solely at the CBC. Overall responsibilities of the birth centre lay with the Birth Centre Matron, who was also responsible for the alongside Birth Centre at Southmead.

Summary of findings

The maternity services provided at Cossham Birth Centre were found to be outstanding. The services were found to be good in the safe, effective, the well led domains, and outstanding in both the caring and responsive domains. Staff were encouraged to report incidents and there was very clear evidence of learning from incidents, complaints and concerns. Actions were taken and learning was shared both internally and across the wider midwifery service. Risk assessments were undertaken, ensuring a free-standing midwifery unit was suitable for the women. The midwife-to-birth ratio was not recorded separately for the CBC, but was included in the overall trust. Trust data showed a midwife-to-birth ratio of 1:33.9, which was below the England average of 1:29. One-to-one care in labour was provided between 93.8% and 100% of the time. Care was delivered in line with guidelines and was subject to ongoing audit. There were specific policies relating to a free-standing midwife-led unit. Women had access to a wide variety of pain relief. Use of water in labour and for birthing was good. There was evidence of outstanding multidisciplinary working with the ambulance service as well as obstetric and neonatal staff at Southmead Hospital. Facilities for women in labour were outstanding, and promoted the use of water for both pain relief and delivery and care, in a calming and relaxing environment for normal birth. There was a caring culture fully embedded across the service. Throughout our inspection we saw exemplary patient-centred care being given, and this was

Maternity and gynaecology

confirmed in patient feedback. Time spent with women was not rushed, and care was delivered with kindness, compassion and understanding, which extended to the whole family. Women were fully informed and involved in choices, and feedback was actively sought. Women with complex social needs were not excluded from delivering in the birth centre, with protocols in place to ensure the involvement of specialist midwives as required. Information was available in formats to meet the needs of the local population, and translation services were easily accessible. There was clear evidence that when complaints or concerns were raised, action was taken and learning occurred. The maternity services were well led. The vision and strategy was well known and promoted throughout by all staff. Clear governance pathways existed, ensuring learning from incidents within the birth centre as well as the wider organisation. Leadership within the birth centre was strong and supportive. Efforts to engage hard-to-reach members of the community and overall public engagement were outstanding. Strong networks existed and staff used a wide variety of methods to encourage and promote public engagement.

Are maternity and gynaecology services safe?

Good

Staff provided care to women and their babies that was safe. All staff were encouraged to report incidents and there was clear evidence of learning occurring as a result. The birth centre was secure and all areas were clean and well maintained. Antibacterial hand gels were available and staff were seen wearing appropriate personal protective equipment. Medicines and records were securely stored. Risks for women delivering in the birth centre were assessed at booking, at 36 weeks' gestation, and on presentation to the centre in labour. Records were maintained at the appropriate time and were subject to audit. Staff were aware of safeguarding processes. Trust-wide guidelines existed for the care of women with mental health problems, teenagers, those with substance misuse, alcohol dependency or complex social factors, and prisoners from HMP Eastwood Park. Access to mandatory training was good. Staff completed the Modified Early Obstetric Warning Score (MEOWS) system to record observations and were clear as to what point care would be transferred to the Central Delivery Suite at Southmead. The midwife-to-birth ratio was not recorded separately for CBC but was included in the overall trust data, which showed a midwife-to-birth ratio of 1:33.9; this did not meet the Royal College of Obstetricians and Gynaecologists' required ratio of 1:28. One-to-one care in labour was provided for 93.8% and 100% of the time at CBC.

Incidents

- All staff reported incidents via the trust's electronic incident reporting system.
- Details of all incidents reported were received by the lead midwife and also the matron with responsibility for both Cossham Birth Centre and the midwife-led birth suite at Southmead Hospital. Incidents were reviewed by them and learning shared through one-to-one feedback, group emails and team meetings.
- Staff told us they all knew how to report incidents and had done so in the past. There was very clear evidence of learning from incidents, complaints and concerns. Actions were taken and learning was shared both internally and across the wider midwifery service.

- Staff described the feedback received and were able to tell us of changes made as a result of clinical incidents. For example, following an incident involving foetal tachycardia (a raised heart rate in the unborn baby), we saw policy had changed. Referral processes to the obstetric unit at Southmead in the event of foetal tachycardia continuing had been clarified. Midwives we spoke with were aware of this change in practice and why it had occurred.

Safety thermometer

- Incidences of new venous thromboembolisms, urinary catheter and urinary tract infections were reported using the Safety Thermometer system. The trust rates for these were consistently below the England average, and there had been no instances identified at CBC.

Cleanliness, infection control and hygiene

- All areas were visibly clean. Staff were seen cleaning equipment after use. Cleaning rotas were seen on the walls and cleaning audits had taken place. The audit for October 2014 was published on the wall for staff and visitors to the centre to see and showed 100% compliance.
- Antibacterial hand disinfectant was available at the entrance and within each birthing and examination room. Staff were seen to be 'bare below the elbows', in accordance with the trust's infection control policy, and were observed washing their hands before and after carrying out patient care.
- Aprons and gloves were readily available and we saw staff using them when carrying out the specific duties for which they were required.

Environment and equipment

- Signs were clear on entry to the hospital. The CBC was located on the top floor and there were two lifts. Staff spoke of practice evacuation drills involving the ambulance service, porters and security, to ensure evacuation was safely managed in the event of a lift failure.
- Entry to and exit from the birth centre was by a swipe card for staff and through two sets of locked doors, controlled by a buzzer, for visitors.
- All areas within the maternity service were well maintained and organised. Women attending for antenatal or postnatal care were able to wait in a large, bright waiting area.
- Birthing equipment was kept in the rooms in discrete cupboards and storage behind the bed, ensuring easy access in the event of an emergency. One relative we spoke with said of the discrete storage: "I preferred it. It wasn't so hospital-like, but everything was ready, just in case".
- There was one resuscitaire (a large piece of equipment designed to help in the resuscitation of the baby at birth) available, which was kept in the corridor within easy access of all four rooms. Midwives told us this was brought into the birthing room only if required. Midwifery care assistants were familiar with the resuscitaire and able to set it up for use by the midwife if required. There was evidence the resuscitaire was checked daily. Each room had emergency equipment immediately at hand to allow midwives to give inflationary breaths in line with recommendations from the Resuscitation Council (UK) while resuscitaires were being brought in.

Medicines

- Medicines were kept securely stored in locked cupboards.
- When medicines required storage at a low temperature, they were stored within a specific medicines fridge. Temperatures were checked and recorded daily.
- Nitrous oxide for pain relief was piped into the birthing rooms. Stronger analgesia was available if required.

Records

- Women carried their own pregnancy-related care notes in the form of handheld records supplied when booking with community midwives, which the women brought with them when they came to the CBC.
- Previous medical records were obtained in the antenatal period to allow staff to look at the woman's history and review the details of any previous deliveries. The notes were held securely in Southmead Hospital until the end of the postnatal period.
- Women were given the child health records for their babies on discharge.
- All midwives had an annual supervisory review that included an audit of their record keeping. One per cent of all records were audited annually by a designated person nominated by the maternity audit team. Audit findings were presented to the Obstetrics and Gynaecology Audit Presentation meeting.
- At the time of the inspection it was only possible to review two sets of notes. These were detailed and

contained the relevant information, including risk assessments for the appropriateness of birthing in a free-standing midwifery unit, which had been undertaken at booking, at 36 weeks gestation, and on admission in labour.
- When staff left the central administration office, it was locked to ensure any records were secure and not left unattended.
- Staff completed transfer discharge paperwork for any woman being transferred out of the CBC.

Safeguarding
- All staff had undertaken safeguarding training as part of the trust mandatory training. There were good links with the Teenage Pregnancy and Drug and Alcohol specialist midwives. Robust risk assessments ensured only those women for whom a free-standing birth centre was suitable were admitted to give birth.

Mandatory training
- Access to mandatory training was good, with 90% of staff having attended. Staff were able to request attendance on set days, but if they had not booked onto training by the mid-point of the year, training days were allocated to them to ensure all staff were updated annually. Staff who failed to attend were followed up by their manager and through midwifery supervision. Failure to complete trust mandatory training meant staff would not be able to obtain the annual incremental salary increase.
- There were dedicated practice development midwives for the trust who monitored attendance and organised training sessions. Staff said access to training was good and midwives attended the trust's mandatory training as well as obstetric emergency skills training known as PROMPT, and neonatal and adult resuscitation training.
- Additional skills training could be accessed if recognised through appraisals and supervision sessions.

Assessing and responding to patient risk
- Midwives and midwifery care assistants undertook annual training in obstetric and neonatal emergencies. In addition half-day training sessions were run regularly at the CBC and included paramedics from the local ambulance service. This was also open to community midwives to attend who may be required to support the CBC at times of transfer.
- Community midwives undertook an initial risk assessment on booking the woman early in the pregnancy. Following discussion and explanation, women who did not meet the criteria for delivery in the CBC were referred for obstetric-led care. Women who were identified as low risk were offered delivery at the CBC.
- Women were reviewed throughout their pregnancy for signs that they continued to meet the criteria for delivery at the CBC. A full risk assessment was undertaken at 36 weeks' pregnancy. This was discussed fully with the woman and both the woman and midwife signed the risk assessment as evidence that this had occurred. We saw these completed within both sets of notes we reviewed.
- Once in labour, women called the centre and were telephone triaged by a midwife. This ensured low-risk women who were presenting and appeared to have developed a complication could be immediately referred to the consultant unit at Southmead. If deemed suitable for admission and delivery at Cossham, women were invited in to deliver.
- There were clear guidelines to indicate when a woman or new born baby required transfer to Southmead Hospital for obstetric or neonatal consultant care. We saw these had been reviewed and changed as a result of learning from a serious incident. Staff were able to describe these changes and the actions they would take.
- Staff completed the Modified Early Obstetric Warning Score (MEOWS) system to record observations. Staff were able to describe at what point care would be transferred to the Central Delivery Suite at Southmead.
- Midwives were now able to administer terbutaline (a medicine used to help stop contractions) in the event of an emergency. Guidelines were developed following a serious incident investigation, and allowed midwives to administer the medication following verbal discussion with a consultant or registrar at the Central Delivery Suite. This would stop contractions in the event of a persistent foetal bradycardia or cord prolapse, while transfer occurred. In addition, staff could now also administer misoprostil for the management of major post-partum haemorrhages in the same way. All staff we spoke with knew of these changes and were aware of the processes to go through before administration.

Maternity and gynaecology

- Staff used the Situation, Background, Assessment, Recommendation (SBAR) communication tool when handing over patient care or discussing concerns. This ensured communication was effective and clear as to what was required.
- Each birthing room had appropriate equipment to allow for safe evacuation from the birthing pool in the event of an emergency. Staff were familiar with the use of the equipment and procedures to follow. Charts had been designed to allow midwives to more accurately judge the volume of blood lost when in the birthing pool in the event of a large haemorrhage.
- Statistics were collected each month and publicised to all midwives. The statistics included the number of women who were transferred, the reason and the maternal/foetal outcome.

Midwifery staffing

- There were two midwives and one midwifery care assistant present on every shift. In addition, the lead midwife worked in a supervisory capacity and the midwifery matron attended the unit regularly.
- At times of increased need, staff were able to refer to the Emergency Staffing Escalation policy. This showed staff could be provided from the community or Southmead if available.
- Community staff were encouraged to receive an orientation into the CBC to increase familiarity with the service. However, there was no formal mechanism to ensure this occurred. Orientation, when it occurred, was formalised with staff completing orientation forms to ensure all aspects of the CBC were covered.
- We judged staffing levels to be satisfactory. Midwife to birth ratio was calculated across the entire service. The trust were unable to provide specific ratios for Cossham Hospital.
- Staff completed the Birthrate Plus intrapartum acuity tool, which demonstrated when staffing met acuity and when there was a shortfall. Statistics provided for the week commencing 27 October 2014 showed acuity was met 81% of the time with a shortfall 19% of the time. The tool reported the maximum shortfall in staffing was by 0.75 midwives. This shortfall was on only one occasion. All other shortfalls were recorded as 0.25 midwives (a total of seven occasions, with each occasion covering a four-hour time period).
- Specific data provided for Cossham hospital showed Oone-to-one care in labour was provided between 93.8 and 100% of the time. Bank staff were used on occasion, though they were only accepted for work at the CBC if they had undertaken orientation there.

Major incident awareness and training

- Staff were aware of processes to follow in the event of a major incident. There were robust processes in place to ensure good communication at times when the Central Delivery Suite at Southmead was closed.

Are maternity and gynaecology services effective?

Good

Staff provided care and treatment that was evidence based and in line with policies and guidelines developed by the National Institute for Health and Care Excellence (NICE) and Royal College of Obstetricians and Gynaecologists' (RCOG) guidelines Safer Childbirth (2007). There were specific policies relating to a free-standing midwife-led unit. Women had access to water, transcutaneous electronic nerve stimulation (TENS), nitrous oxide, and massage and aromatherapy. Use of water in labour and for birthing was good. Statistics from January to October 2014 showed an average water birth rate of 26%, with individual month figures ranging from 18% to 51%. The trust had level-three UNICEF Baby Friendly Initiative status, and the philosophies associated with that had been expanded to the CBC. Meals were available for women and their partners, though women with specific dietary needs were requested to supply items because there was a delay in accessing them from the main trust site at Southmead. Patient outcome data was recorded and fed back to staff on a monthly basis. Staff could clearly see the rates of transfer, normal delivery, physiological third stage and perineal tears. The ratio of supervisor of midwives to midwives was 1:18, slightly worse than the recommended ratio of 1:15. There was evidence of outstanding multidisciplinary working with the ambulance service as well as obstetric and neonatal staff at Southmead Hospital. Midwives made direct referrals to the registrar or consultant when there were concerns. Staffing levels were consistent 24 hours a day, seven days a week.

Maternity and gynaecology

Evidence-based care and treatment

- Policies and guidelines were developed in line with both NICE and RCOG guidelines Safer Childbirth (2007). All midwifery and obstetric policies were easily available on the trust intranet site. Staff we spoke with said this was easy to access and use.
- There were specific policies relating to a free-standing midwife-led unit and these had been developed in line with guidelines from NICE and the Royal College of Midwives.
- We saw examples of guidelines, including how to assess a woman's suitability to use the midwife-led unit, how to manage water births, and how and when to transfer to obstetric care. These had all been reviewed and were in date. There were trust-wide guidelines for the care of women with mental health problems, teenagers, those with substance misuse and alcohol dependency, or complex social factors, and prisoners from HMP Eastwood Park.
- Women using the maternity services were receiving care in line with NICE quality standards 22 (which related to routine antenatal care) and 37 (for postnatal care).
- A weekly clinic was held in the CBC by the infant feeding midwives for all babies with 'tongue tie', where breastfeeding support and advice was given and a frenulotomy (surgical separation of the tie) service performed.

Access to information

- There was good access to information for women. The trust had an informative website that contained hyperlinks to various support groups.
- Information leaflets were available in different languages. These were given at booking to explain choices to women and contained details such as transfer times if the woman chose delivery at the CBC.

Pain relief

- Women had access to water, TENS, nitrous oxide, and massage and aromatherapy. In addition, women were encouraged to be mobile during labour, trying a variety of different positions. This was supported by the spacious birthing rooms and equipment such as stools, balls, mats, holding cloths and pools in each room, as well as the ambience of the room, which provided a calming and relaxed environment.
- Use of water for pain relief and birthing was good. Statistics from January to October 2014 showed an average water birth rate of 26%, with individual month figures ranging from 18% to 51%.

Nutrition and hydration

- Milk feeds were provided for women choosing to bottle feed their babies.
- The trust employed an infant feeding coordinator, who trained midwives and maternity care assistants in aspects of breastfeeding and bottle-feeding.
- The trust had level-three UNICEF Baby Friendly Initiative status, and the philosophies associated with that had been expanded to the CBC.

Patient outcomes

- Patient outcomes were monitored and recorded. It was proposed that there be a separate performance dashboard for the CBC. CBC data was collated and reported locally, but then reported within trust-wide data on the dashboard.
- Transfer rates were recorded and showed an average of 35% between May and October 2014 (54% for women having their first babies and 18% for women having their second and subsequent pregnancy). Transfer rates for CBC were higher than those of other free-standing midwifery units within the area and higher than the national average as recorded in the Birthplace study, which showed an average rate of 30% for women having their first babies and 5% for women having their second and subsequent pregnancy . Staff we spoke with felt transfer rates had increased as a result of a serious incident, but the numbers being transferred to the obstetric unit were now settling back down. October 2014 showed a transfer rate of 20%, all of whom were women having their first baby – below the national average.
- Statistics for October 2014 showed 54% of women having a physiological third stage of labour (without the use of drugs) and a normal birth rate of 91% in the women admitted in labour.
- Eighty per cent of women who delivered at CBC in October 2014 breastfed. In September the figure was 93%.
- Patient outcome data was recorded and fed back to staff on a monthly basis. Staff could clearly see the rates of transfer, normal delivery, physiological third stage and perineal tears.

Maternity and gynaecology

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- When women had a risk assessment at 36 weeks' gestation to determine appropriateness for delivery at CBC, findings were seen to be fully discussed with them. A record was signed by the midwife undertaking the risk assessment and the woman.
- Records reviewed showed discussions with the woman and verbal consent obtained before procedures such as internal examinations. A patient we asked said staff always explained what they needed to do and obtained consent before any actions.

Competent staff

- All midwives and students were assigned a supervisor of midwives. A supervisor of midwives is a midwife who, qualified for at least three years, has undertaken a preparation course in midwifery supervision (rule 8, Nursing and Midwifery Council (NMC) 2012). They are someone to whom midwives go for advice, guidance and support, and they monitor care by meeting with each midwife annually (rule 9, NMC, 2012), auditing the midwives' record keeping and investigating any reports of problems or concerns in practice. All midwives we spoke with had received an annual supervisory review. The trust supervisor-to-midwives ratio was 1:18, slightly worse than the recommended ratio of 1:15.
- Community midwives were encouraged to undertake orientation shifts at the CBC, and all bank staff had to undertake an orientation before being accepted to work at the CBC.
- Staff rotated through the central delivery suite at Southmead Hospital for 12 shifts a year to help to maintain clinical skills.
- As well as attendance at trust mandatory training, specific training existed for midwives and midwifery care assistants. This included breastfeeding support, foetal heart trace interpretation and obstetric emergency drills, known as PROMPT (PRactical Obstetric Multi-Professional Training – an evidence-based multi-professional training package for obstetric emergencies).

Multidisciplinary working

- Obstetricians and neonatologists had visited the CBC and seen the facilities. They were also involved in the development of guidelines and policies.
- Staff had worked with the ambulance service to improve the management of transfers by including their staff in skills and drills training and emergency evacuation in the event of a lift failure.

Seven-day services

- Staffing levels were consistent 24 hours a day, seven days a week. There was no decrease in staffing levels at weekends or evenings. CBC had only closed on two occasions since opening. The first closure was attributed to a failure of the lift, and the second closure to a water leak.

Are maternity and gynaecology services caring?

Outstanding ☆

We rated the maternity services at Cossham Birth Centre as outstanding for caring. There was a caring culture fully embedded across the service. Throughout our inspection we saw exemplary patient-centred care being given, and this was confirmed in patient feedback. The birth centre was calm, with cheerful and enthusiastic staff. Time spent with women was not rushed, and care was delivered with kindness, compassion and understanding, which extended to the whole family. Women were fully informed and involved in choices, and feedback was actively sought. Women with complex social needs were not excluded from delivering in the birth centre, with protocols in place to ensure the involvement of specialist midwives as required.

Compassionate care

- Care was delivered with kindness and compassion. Women were received with warmth on arrival by the greeting midwife, whether coming to CBC for care by their team or the co-located community midwives. Midwives and care assistants demonstrated respect for the women they were caring for, and women were encouraged to be active partners in their care. Their, with their wishes were seen to be being paramount.
- We spoke to one woman who had delivered and her partner who were about to go home. They described care provided as excellent, with all staff providing care with kindness and compassion. They described their birth experience as being calm and that they were fully involved. Staff supported the partner to witness the delivery of their baby in a way that they had not been

able to do with previous births due to the way in which midwives spoke and supported them. This had ensured their experience was fulfilling. They described staff kindness and caring as extending to the whole family, with staff providing drinks for their visiting children, who could visit at any time.

- We saw staff lend one woman a pair of shoes so that she could go home because her shoes had been taken home previously. This was done in a relaxed and non-judgmental way that they were happy to accept, rather than the partner having to make the journey home to get the shoes.
- Women were encouraged to complete the Friends and Family Test. Results for the CBC were not reported separately from those for the obstetric unit at Southmead Hospital, but the matron informed us there were plans to request this. Overall, response rates were lower than the England average, with the exception of responses for the antenatal period. Scores provided by the Maternity Services Liaison Committee showed a net promoter score higher than all other birthing units locally when asked the question 'how likely would it be that you would recommend the service to friends and family' when asked about care during birth.
- The CQC Survey of Women's Experiences of Maternity Services 2013 showed the trust to be performing about the same as other trusts.

Understanding and involvement of patients and those close to them

- Women were active partners in their care, being fully involved in decisions regarding place of birth and what birthing in a free-standing birth centre meant. Risk assessments were completed at 36 weeks and signed by both the woman and midwife. These clearly indicated types of analgesia available, procedures in the event of an emergency and the associated transfer time to the obstetric unit at Southmead, and the risks this could involve. We spoke with one woman who had delivered at CBC the previous day. She told us both her and her partner had been fully involved in the choice over place of birth and the care delivered. They described making the choice to deliver in the CBC with the knowledge that transfer would be required in the event of an emergency, and the time this would take.
- Midwives provided a holistic approach to the care of women and their babies, fully involving them and their families during the stay. We saw Midwives demonstrating understanding and empathy for women attending the CBC for antenatal examinations as well as for women being admitted in labour. Women who were being discharged were seen to be given time to leave at their own pace, completing feeds and staying for another hot drink if they wished. Care was not rushed, and women and their partners were seen to be given opportunity to ask questions and discuss care at all times.
- Teenagers and other vulnerable women were not excluded from delivery at CBC. Additional support was provided by the teenage pregnancy midwife, safeguarding lead and drug and alcohol midwife.
- Post transfer feedback was obtained from women who had undergone an emergency transfer. This was to identify not just the outcome of the pregnancy but also to get feedback from the women regarding their experiences. We saw one woman had written to the CBC stating "we remained calm during the transfer and birth and we feel this was largely due to us feeling so relaxed while at Cossham and we cannot thank you enough for this". Training had been conducted with the ambulance service to ensure transfers were timely but carried out calmly.

Emotional support

- We saw women and their partners continually being provided with reassurance, support and clear explanations of care.
- During the inspection there were two women in labour. Midwives remained with the women throughout the time of our inspection, not leaving the room. We spoke to one woman who had delivered. She described the high level of emotional support given to her and her partner which ensured both their fears were eased.
- Specialist midwives were available to provide additional support and we saw notices reminding all midwives to refer any teenage women to the teenage pregnancy midwife for additional support and advice. While the trust did not currently employ a perinatal mental health midwife, there were plans to develop this role in the near future. Mental health guidelines and a care pathway existed for the care of women who had mental health disorders including previous puerperal psychosis. These did not exclude delivery at CBC.

Maternity and gynaecology

Are maternity and gynaecology services responsive?

Outstanding ☆

We judged the maternity services at CBC to be outstandingly responsive to the needs of the local population. It had not needed to close because of capacity or staffing since opening. Staff were undertaking various initiatives to engage the local population and to promote the centre's use. Patients and their relatives were able to park close by, ensuring a convenient drop off and pick up. Services were open to women who had delivered at home, such as new born baby checks and infant feeding clinics for surgical separation for tongue tie. Women were able to remain for the length of time they required postnatally. Most stayed on average six to 24 hours. Partners were able to stay overnight if they wished. Information was available in formats to meet the needs of the local population, and translation services were easily accessible. There was clear evidence that when complaints or concerns were raised, action was taken and learning occurred.

Access and flow

- Women were booked in the community by community midwives. At this point, risk assessments were undertaken and women identified as suitable for delivery at CBC.
- Once in labour, women called the centre and were telephone triaged by a midwife. This ensured low-risk women who were presenting and appeared to have developed a complication could be immediately referred to the consultant unit at Southmead. If deemed suitable for admission and delivery at Cossham, women were invited in to deliver.
- Services were flexible, providing choice and continuity of care. Women were able to remain for the length of time they required postnatally. Most women generally stayed six to 24 hours, though the option for a slightly longer stay was available. This gave midwives the opportunity to provide additional feeding support if required.

Service planning and delivery to meet the needs of local people

- The service was open and staffed at a consistent level throughout the year and had not closed for reasons of capacity since opening in January 2013.
- Place of birth was discussed with all women on booking with the community midwife. This was reviewed periodically throughout the pregnancy. At 36 weeks' gestation, low-risk women were offered an antenatal check at CBC to ensure they were familiar with the unit before presentation in labour.
- Located near to a large Somali population, midwives from the centre were attempting to undertake outreach into the community. Women who had undergone female genital mutilation were currently not able to deliver at CBC. However staff were exploring training options to allow this to occur at the centre in the future.
- People could access services in a way and time that suited them. Cossham Hospital was accessible, with parking facilities available. One woman and her partner described the difference this had made to them. They were able to drop and collect at the entrance with ease and felt this made their arrival in advanced labour far less stressful than their previous delivery at another hospital.
- Women who had delivered at home were able to attend the centre to allow a midwife to perform the new-born neonatal examination. This meant they did not need to attend their GP for the examination if their community midwife was not able to perform it. In addition, they could attend for feeding support and surgical separation for tongue tie if clinically required.

Meeting people's individual needs

- Facilities for women in labour were outstanding, and promoted the use of water for both pain relief and delivery and care, in a calming and relaxing environment for normal birth. All four en-suite birthing rooms were soundproofed and of a similar size. Each had a double hospital bed that could be raised and lowered. Partners could remain with women before and after birth. Each room also had a birth mat, floor mats, a birth stool, holding cloths, balls and music systems. Bedding was coloured and lighting subtle, giving a calming feel on entry. En-suite bathrooms were large and bright, with a large walk-in shower, toilet and sink.

- Meals were provided for both women and their birthing partners. These were cooked frozen meals and so could be accessed at any time of the day or night. Partners could access the kitchen to make tea or coffee whenever they chose.
- Special dietary requirements could be catered for with advance notice. However, women with specific dietary needs (i.e. gluten free) were advised to bring in food because there could be some delay in accessing specific meals out of hours.
- Information was available regarding the maternity services on the trust's website. This could be easily translated into a variety of languages. Information was also available from the support group, Bristol Birth Centre's website and the maternity liaison Committee (Maternity Voices) website.
- Translation and interpretation services were available through a telephone interpretation line. Staff were aware how to access this and there was information on the wall in the office to advise staff of the process. Information leaflets were available on the trust's website in a variety of different languages to suit the local population.
- Care was seen to be women-centred and focused on the normal processes of birth. We saw from the notes and heard that care had been delivered in accordance with women's wishes. Women and their partners remained in the birthing room for the duration of their stay. Partners were able to stay overnight in the double-sized hospital beds.

Learning from complaints and concerns

- Women and their partners were encouraged to provide feedback on their experiences. Post transfer follow-up was undertaken when possible. When concerns were raised, staff aimed to address them locally at the time.
- There was an active review of complaints. After a concern was raised about the time it would take to transfer to Southmead in an emergency situation, staff had included 'worst case scenario' timings in leaflets and information given to women while undertaking the antenatal risk assessments. We saw this concern had been addressed in an action plan, monitored through the maternity governance meeting, and reflected in the local policy. Staff we spoke with were aware of this change and why this had occurred.

Are maternity and gynaecology services well-led?

Good

The maternity services were well led. The vision and strategy was well known and promoted throughout by all staff. Clear governance pathways existed, ensuring learning from incidents within the birth centre as well as the wider organisation. Leadership was strong and supportive. Midwives and maternity care assistants were involved at all levels. There was excellent public involvement with local groups, and also efforts to engage with different groups in the local population. GPs, obstetricians and neonatologists were supportive of the birth centre.

Vision and strategy for this service

- All midwives we spoke with were aware of the vision for the CBC. The ethos of normal delivery was seen throughout all newsletters, updates and staff feedback. The vision was to make birthing at the birth centre for low-risk women the default choice. This was well known and supported by midwives in the centre. All staff we spoke with had a good understanding of this and were engaged in its promotion.

Governance, risk management and quality measurement

- The service had a well-defined governance structure. Service-wide meetings were held that oversaw activity, performance, quality, safety, audit and risk. The activity of the CBC was reported to these groups. For example, we saw the Women's Health & Neonatal Medicine Clinical Governance Group minutes indicate sharing of learning and actions as a result of a serious incident at the CBC. Progress against those actions was monitored at that meeting.
- Staff received feedback from incidents, performance and quality through emails, staff newsletters and staff meetings. Monthly statistics on quality, safety and performance were published and displayed on a notice board in the main office for all staff to see.

Leadership of service

- The matron with lead responsibility for the birth centre and senior midwifery managers were both highly visible and accessible, attending the centre and having a clinical presence regularly.

- Staff were encouraged to raise issues and suggestions for the service. Views were welcomed and staff felt listened to.

Culture within the service

- Staff were encouraged to report concerns and identify risks. Learning from incidents, complaints and compliments was encouraged and seen through the use of posters and newsletters throughout the centre. Staff spoke of an open culture and were able to describe changes in practice as a result of this openness and subsequent learning Staff involved in incidents received support through their supervisor of midwives as well as the senior midwife and matron.
- Staff were aware of the whistle-blowing policy and encouraged to raise any concerns they might have. They told us they would have confidence in raising concerns and speaking out.
- The culture within the CBC was one of teamwork. There was an office used by the community midwives in the birth centre. This ensured a good rapport between the community midwives and birth centre midwives. On-call community midwives supported the birth centre women, particularly at times of transfer. Thirty-six-week antenatal examinations and tours of the birth centre were often carried out by birth centre midwives as a means of promoting the service, orientating women to the birth centre, meeting women antenatally, and sharing the workload across the service. When required, staff from the CBC would support staff on the central delivery suite in Southmead.
- Staff spoke passionately about the service and care they delivered. They all enjoyed working within the birth centre and were supportive of its philosophy and vision.

Public and staff engagement

- Birth Centre Bristol (BCB) is a campaign group that promotes the establishment of birth centres within the city of Bristol. The Cossham Birth Centre Stakeholder Group consisted of midwives and women who have given birth at Cossham as well as members of the BCB. The main function of the group was to support and protect the 'Philosophy of Cossham Birth Centre', that of normal midwifery.
- Known as 'Maternity Voices' and meeting four times a year, a cross-Bristol Midwifery Services Liaison Committee (MSLC) was found to be highly functional and well established. The purpose of an MSLC is to contribute to the improvement of maternity care and facilities for parents and babies. Supported by the Clinical Commissioning Group and the three local NHS trusts, this group had a website that provided information and gave women and their families the opportunity to provide additional feedback on their experiences.
- Efforts to engage hard-to-reach members of the community and overall public engagement was outstanding. Strong networks existed and staff used a wide variety of methods to encourage and promote public engagement.

Innovation, improvement and sustainability

- The matron with lead responsibility for the birth centres was actively promoting the service across the wider community. This involved publicity for the centre on the local Somali radio, at International Women's Day and attendance at women's groups in the local area. Women were also invited to attend for their 36-week antenatal check and risk assessment. Numbers of women delivering at the centre were increasing.
- GPs, obstetricians and neonatologists had been invited to visit the centre. Many had attended and some had undertaken additional skills drills (PROMPT) training and were supportive of the centre.

Outpatients and diagnostic imaging

Safe	Good
Effective	
Caring	Good
Responsive	Good
Well-led	Good
Overall	Good

Information about the service

Cossham Hospital is part of North Bristol NHS Trust. Overall the trust had provided an outpatient service of about 700,187 first and follow-up appointments over the previous 12 months. Approximately 19,600 of these were provided at Cossham Hospital. The hospital had been refurbished in recent years and had an outpatients department and a diagnostic and imaging department. Parts of the building were leased to other healthcare providers.

During our inspection we visited the outpatients service for elderly care, speech and language therapy and rheumatology and also the diagnostic and imaging department. We spoke with 14 staff, including the outpatient's matron, booking staff, receptionists and radiographers.

We looked at the patient environment and observed waiting areas and clinics in operation. We spoke with eight patients and visitors.

The diagnostic imaging department is part of the large range of diagnostic services run by the North Bristol NHS Trust on behalf of GPs and other medical units within the trust. In total the department carries out over 350,000 examinations a year and employs about 250 staff over four sites.

Summary of findings

Cossham Hospital outpatients department was clean, hygienic and well maintained. There were comfortable waiting areas for patients, with refreshments available in the main hospital waiting area near the entrance and main reception desk. The x-ray and diagnostic department was also clean and well maintained and had its own reception and waiting area for patients.

Patients we spoke with were positive about all aspects of their treatment and the care and professionalism of the staff. Clinics generally ran on time and when there were delays patients were kept informed. The clinic specialities and the diagnostic department at Cossham were meeting the national targets for their referral-to-treatment times. The direct access systems for patients to come for x-rays, after seeing their GP, worked efficiently and effectively. Staff were provided with good local leadership.

Outpatients and diagnostic imaging

Are outpatient and diagnostic imaging services safe?

Good

Staff were clear about the process for reporting incidents and received feedback. The patient outpatient areas were clean and well maintained. Infection control procedures were followed and regular audits were completed. Patient notes for the individual clinics were kept securely. Medication was securely stored. Safety equipment was maintained and staff were up to date with their required mandatory training.

Incidents

- There had been no serious incident reported in outpatients over the previous 12 months.
- Staff were clear about the process for reporting incidents. They confirmed they had been trained in how to do this and received feedback from incidents regarding any learning that was required.

Cleanliness, infection control and hygiene

- We saw the waiting areas for all of the clinics and also a selection of consulting rooms and treatment areas. All areas were clean and well maintained. A private agency was contracted to clean the hospital and was based permanently on the site. Staff told us that a high standard of cleanliness and hygiene was maintained at all times and that the cleaning team responded promptly to any request for additional cleaning.
- Patients told us the hospital was always clean when they visited. One patient who had visited several times in the previous six months told us, "it's always spotless, we are always impressed with how hard they work to keep everything looking new".
- There was a nominated infection lead who carried out regular infection control audits of the hospital and we saw that regular hand hygiene audits were carried out.
- All staff we spoke with had completed infection control training. Staff complied with the bare below the elbow dress policy.
- Toilet facilities were clearly signposted and we saw they were regularly cleaned and that this was recorded.

Environment and equipment

- The clinic waiting areas were well maintained and provided a comfortable area for patients. There was sufficient seating and also some chairs with adjustable arms designed for patients who could have mobility problems. Information about the clinic services was clearly displayed.
- Maintenance problems were addressed promptly once they were reported.
- Staff in the radiology department explained how the equipment was serviced and maintained, and how this was audited. We saw examples of labelling on equipment to show that testing had been completed. The servicing and maintenance of equipment was efficient, with concerns or faults being responded to promptly by the appropriate department in the trust.
- We looked at a sample of resuscitation equipment in two of the clinic areas. All the required checks had been completed and signed for. Staff confirmed they had been trained in the procedure for checking this equipment.

Medicines

- There were safe systems in place for the storage of medicines and the correct procedures in place for the storing of controlled medication. There was no pharmacy on the site but there were systems in place for monitoring of stock and the tracking of medication. Regular audits of medication were completed by the nursing staff.
- Patients told us they received appropriate information about the medication they were prescribed and that changes in medication were explained to them.

Records

- Nursing staff told us there were rarely problems with missing notes at Cossham Hospital but that incident forms were completed when this happened. A consultant told us that the clinic staff always had the notes well prepared in advance. Medical records were stored securely and there was secure overnight storage available when required.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- Patients were consented appropriately and correctly. Patients told us that the clinical staff asked for consent before any examination or procedure. We observed staff working in the x-ray department explaining to patients what was to happen and obtaining consent.

Outpatients and diagnostic imaging

- Patients waiting in the department told us they had consented to the tests they were undergoing. One patient told us "I've been here three times and they are excellent at explaining everything and making sure you are happy with what is happening".

Safeguarding

- All the staff we spoke with told us they had completed safeguarding training, which was part of the required mandatory training for the trust. Nursing staff and reception staff were aware of the process to follow if they wanted to report a concern.

Mandatory training

- Healthcare assistants, reception staff and nursing staff were up to date with their mandatory training. The matron in the outpatients department explained how they audited the mandatory training every month.
- Staff in diagnostic and imaging were up to date with their mandatory training and told us it was easy to book training updates on the intranet.

Assessing and responding to patient risk

- Staff were present in all the waiting areas for clinics and able to see if patients appeared unwell and needed assistance.

Nursing staffing

- There were enough staff to ensure that patients were attended to within a reasonable timescale. The clinics we visited all had their designated staffing levels in place. Staffing levels varied according to the clinics running and bank staff could be used to ensure the designated numbers were in place. Some clinics were run by clinical nurse specialists.
- Correct staffing levels were maintained in the diagnostic and x-ray department.

Are outpatient and diagnostic imaging services effective?

Not sufficient evidence to rate

We report on effectiveness for outpatients below. However, we are not currently confident that CQC can collect enough evidence to give a rating for effectiveness in the outpatients department.

We observed that patients were receiving effective care and treatment. Patients were provided with sufficient information about their treatments and the opportunity to discuss their concerns, care and treatment with clinical staff.

Evidence-based care and treatment

- Patients told us they were allocated enough time with staff when they attended their appointments and that clinicians were informed about their medical histories.
- Guidelines, such as from the National Institute for Health and Care Excellence, were followed when appropriate.
- Staff were aware of how to access policies and procedures online. New practice guidance was cascaded either through the department from the matron or through the specialist area they were working in.
- In diagnostic imaging areas, policies and protocols for the use of machines were in each clinical area and acted as a reference guide.

Patient outcomes

- Patients were positive about the hospital clinics and the staff they were seeing. They told us the staff were professional and efficient. Comments included "the Radiologist made me feel at ease. I don't like going for these treatments but I was told exactly what was going to happen, they worked well together and were very professional". Another patient told us "I cannot fault the place, the consultant and all the staff really look after you and make sure everything is covered".
- There was information displayed in the clinics about anything associated with the speciality such as treatments or support groups.

Competent staff

- Some clinics were run by a clinical nurse specialist, including care of the elderly. There were nurse protocols and competencies in place and nursing staff who ran these clinics were positive about the training they had been supported to complete. Staff were required to work at the main hospital site at Southmead as well as at Cossham. This helped ensure staff were up to date with practice and any changing procedures.

Outpatients and diagnostic imaging

- There was a small physiotherapy department that opened on a part-time basis. This was staffed on a rotating basis by staff from the main physiotherapy department at Southmead. Staff training was tailored to meet the specific needs of the therapists.
- In diagnostic imaging areas all staff underwent local training in the use of each machine. Staff had a refresher on a yearly basis and signed a log to say they understood and were comfortable working on that machine.

Multidisciplinary working

- Nursing staff and healthcare assistants told us the teamwork and multidisciplinary working was effective and professional.
- A consultant told us they felt well supported by all the staff, who were well organised and helped them run the clinics "professionally and with a patient-focused approach".
- Patients attending a falls clinic had series of diagnostic tests completed by a nurse, who was supported by a healthcare assistant. The patient was then seen by the consultant.

Are outpatient and diagnostic imaging services caring?

Good

The outpatients department services provided at Cossham Hospital were focused on the patients. We observed reception staff and clinical staff interacting with patients with a caring and friendly approach. All staff throughout the hospital, including cleaning and maintenance staff, treated patients, their relatives and visitors in a respectful manner.

Compassionate care

- During our visit we spoke with 10 patients and all said they found the staff caring and respectful. Throughout our visit we observed staff interacting in a caring and considerate manner with patients. We saw that people were treated politely and respectfully when approaching reception desks and when being called for their consultation. Staff were helpful and polite and ensured people understood where they needed to go.
- Patients' confidentiality was respected. The nursing staff explained how they would use a private room if they needed to speak with patients about sensitive issues. Patients told us that conversations with clinical staff were conducted in private.
- We spoke with patients waiting to receive some diagnostic treatments and were told the staff were caring and understanding of their anxieties. One person and their relative told us how the staff had been really reassuring, because they could see how anxious their partner was about the scanning procedure. We were told, "everyone has been great, I was really worried but they have made it quite straightforward for us, which has been nice".

Patient understanding and involvement

- Patients told us they felt involved in their care and were fully consulted about their treatment options. Information leaflets were displayed for patients to take, which provided information about conditions and treatments.
- Patients were able to ask questions during their consultations and also by speaking with nursing staff running the clinics. Staff took time to explain things clearly and provide the appropriate reassurance.
- Patients could involve their relatives in discussing their treatment. We spoke with a relative who was supporting a parent attending a falls clinic. They explained how the consultant and nursing staff had asked first if their parent wanted them present before involving them in discussing treatments. One patient told us how the nurse, who was leading the clinic, always ensured they understood when their next appointment needed to be booked for.

Emotional support

- Information was displayed in the various waiting areas about any support services that might be appropriate. This included helpline numbers and support networks that were run in the local community.
- Staff explained how they would ensure they found a private and quiet area when they needed to discuss difficult or distressing information with patients and their relatives.

Are outpatient and diagnostic imaging services responsive?

Outpatients and diagnostic imaging

Good

The outpatient clinics at Cossham Hospital generally ran on time and when required patients were kept informed of delays. Referral-to-treatment target times were being met for the outpatient services that were being run at Cossham Hospital. The open access system in operation for patients for the diagnostic testing department worked efficiently, with an average of 100 patients seen every day.

Service planning and delivery to meet the needs of local people

- All the patients we spoke with were pleased they were able to attend for their outpatients appointment at a hospital that was relatively local rather than having to travel to the main hospital at Southmead.
- There was flexibility in the booking of rheumatology appointments, which enabled a 'one-stop system' and saved patients having to make several visits or a visit to the Southmead site.

Access and flow

- The trust was meeting the national referral-to-treatment time target of 18 weeks for the patient pathway for outpatient services at Cossham Hospital.
- In the speech therapy outpatients service, all new referrals were triaged within three days. Monthly meetings to plan appointments and arrange urgent appointment slots were held. Patients rarely had to wait when attending clinics because they ran on time.
- When patients arrived for their appointments in the main waiting areas, they were informed of any delays by the nursing or healthcare staff. Updates about delays were posted on a whiteboard. Patients told us the staff communicated any delays. One patient who had attended the rheumatology clinic told us they understood that there were occasional delays because "sometimes my own appointment overruns if there are important things the doctor wants to discuss".
- The x-ray department ran an open access service that enabled patients to arrive, book in and wait for their appointment following a referral from their GP. The department saw an average of 100 patients a day. One patient told us "I went to the doctor yesterday and came here this morning and only had to wait about 20 minutes, it's an excellent service". Depending when patients booked in, they could wait for longer periods, especially if the service was busy.
- Patients coming for ultrasound appointments were seen within four weeks and patients said these appointments ran on time.

Meeting people's individual needs

- The hospital ran elderly care, falls and Parkinson's clinics. The first appointments were always scheduled for an hour, which ensured that a full series of tests could be completed by the clinical staff, before meeting with the consultant.
- Staff explained how they supported people with dementia who were attending the clinics. Patients were usually accompanied by carers or relatives. Three staff we spoke with had completed dementia training run by the trust.
- Nursing staff told us they provided chaperones if requested by the patient or the consultant, but no information was displayed about this service.
- The new facilities in the diagnostic department were arranged around meeting the needs of patients. There were two private changing areas, both with toilets, and patients could access the imaging area directly from these rooms. There was a viewing area where the staff operated the equipment and there was a blind that could be used to preserve people's privacy and dignity.

.

Learning from complaints and concerns

- The trust had a Complaints and Advice service and this was advertised at Cossham Hospital. Information leaflets were available from the reception staff. Patients told us they would know how to make a complaint, but had so far had no cause to do so.

Are outpatient and diagnostic imaging services well-led?

Good

Staff working in the outpatients department at Cossham were well led and supported by the senior nursing staff on-site and received occasional visits from the trust-wide outpatient management team. Staff told us they enjoyed

the teamwork and the supportive working environment at the hospital. There was a positive culture in the staff team. Appropriate risk management and governance systems were in place and being monitored.

Vision and strategy for this service

- The outpatients department was managed as part of the trust-wide outpatients service. There were clear objectives for the development of the department, which included the booking system and accessing patient records.
- Regular meetings were held that supported the work being done in the outpatients department. There was a monthly outpatients board meeting with representatives from every department and weekly outpatient management meetings.

Governance, risk management and quality measurement

- There were monthly governance meetings that covered the whole of the trust's outpatients department and also individual governance meetings for each medical speciality.
- There was risk register in place for the outpatients department and this was monitored and updated by the manager. There were also local risk assessments in place relating to the Cossham site.
- We observed the risk register for the diagnostic imaging department. This was managed by the service management team and was regularly discussed in team meetings.

Leadership of service

- The outpatients department was managed by the outpatients manager, the service manager and the outpatient matron, who were based at the Southmead site. Not all of the outpatient clinics were under the central outpatients management team; for example, urology and physiotherapy were line-managed from within their medical divisions. The new structure had come into place when the new hospital opened in May 2014.
- We were told that the managers of the outpatients service, who were based at Southmead Hospital, did not visit Cossham regularly. However, because staff worked at both sites they did get to see the managers when they were working at Southmead. Staff we spoke with told us they felt they would prefer more regular visits from the outpatients managers. They said the hospital staff would benefit from the increased support, but they also accepted that the opening of the new outpatients department at Southmead was a challenge for everyone who worked in the department.
- It was intended that the outpatients service would be run on a daily basis by a band six or seven nurse. Nursing staff were positive about the local leadership, but a trust-wide shortfall of band six and seven nurses meant that these staff did not visit as regularly as planned. We were told of recruitment plans to address this issue by the end of January 2015.
- Healthcare assistant and reception staff said they were well supported by the senior staff and that everyone worked as a team in the hospital. Staff told us they could approach the nurse in charge for advice or support if necessary.

Culture within the service

- Nursing, healthcare and reception staff told us they enjoyed working at Cossham Hospital in the outpatients department. People were positive about the teamwork and support, and working in a community hospital. We were told that the managers were approachable and responsive.
- All staff said they enjoyed working in the diagnostic department. Staff were proud of the service they provided and the environment they worked in.

Outstanding practice and areas for improvement

Outstanding practice

- Half-day training sessions were run for all trust staff (midwifery and medical) as well as paramedics from the local ambulance service. These were in addition to the annual updates provided.
- Facilities for women in labour were outstanding, and promoted the use of water for both pain relief and delivery and care, in a calming and relaxing environment for normal births.
- The kindness, compassion and holistic approach to care at the birth centre was found to be outstanding, with strong person-centred care and support clear to see.
- There was very clear evidence of learning from incidents, complaints and concerns. Actions were taken and learning was shared both internally and across the wider maternity service.
- Efforts to engage hard-to-reach members of the community and overall public engagement were outstanding. Strong networks existed and staff used a wide variety of methods to encourage and promote public engagement.

Areas for improvement

Action the hospital SHOULD take to improve

- undertake a staffing review and report on staffing at the Cossham Birth Centre separately from the main unit at Southmead to ensure that the midwife-to-births ratio is within the limits set by the Royal College of Obstetricians and Gynaecologists and that one-to-one care in labour is provided 100% of the time
- review the number of supervisors of midwives to ensure a supervisor-to-midwives ratio of 1:15 is met
- ensure that the availability of a chaperone is displayed for patients in the outpatients and diagnostic and imaging departments.