

North Bristol NHS Trust

Quality Report

Southmead Hospital Bristol
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This report describes our judgement of the quality of care at this trust. 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 trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Requires improvement



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

North Bristol NHS Trust is an acute trust located in Bristol that provides acute 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.

In May 2014, the Brunel building on the Southmead Hospital site opened. This was a significant event with the majority of services moving from the 'old' Southmead and Frenchay Hospitals into this new building.

We carried out a comprehensive inspection as part of our in-depth inspection programme. The trust had been identified as a medium-risk trust according to our 'Intelligent Monitoring' system and had moved from the low to the medium-risk category between October 2013 and July 2014. Our inspection was carried out in two parts: the announced visit, which took place on 4, 5, 6 and 7 November 2014; and the unannounced visit, which took place on 17 November 2014.

Overall, North Bristol NHS Trust has been judged as requiring improvement. In reaching this judgement we have taken account of the fact that the vast majority of services are provided at the Southmead site. All services provided were caring. Improvements were needed in safety, effectiveness, responsiveness and leadership. The team made judgements about 14 services. There was a wide variety in the ratings with two services, maternity at Cossham Hospital and the services for children and young people rated as outstanding and the emergency services rated as inadequate. Of the other services four were rated as good and the remaining seven as requiring improvement.

Our key findings were as follows:

- Every service was found to be caring and we observed positive interaction with patients. Staff at all levels were very committed to providing good patient care and frustrated when they felt they could not achieve this.
- Although we had some concerns regarding the privacy and dignity of some patients in the Brunel building the majority of patients and relatives told us they felt their privacy and dignity was respected.
- Patients felt involved in their care. This was particularly strong in the maternity services at Cossham and the community services for children and young people.
- Mortality rates were below (better than) than the national average as measured by the Hospital Standardised Mortality Ratio.
- The move to the Brunel building had been managed well and the trust was aware that work was now required to further develop new ways of working and a clear strategy for the future of the whole trust.
- There was good multidisciplinary working across the trust. In the community services for children and young people such working was excellent, with work with Barnardo's Child Sexual Exploitation (BASE) project which focused on young people who were at risk of exploitation being recognised nationally as an area of outstanding practice.
- There was excellent working with Barnardo's with a clear ethos of engagement with and involvement of children, young people and their families in developing and delivering services.
- Although the trust was meeting its target for the number of staff receiving safeguarding training there were large variations in compliance with this.
- There were examples of learning as a result of incidents however feedback to staff who reported incidents was lacking.
- Staffing levels varied across the trust. As well as shortages in some areas there were also issues, particularly in theatres and critical care, with regard to the skill mix of staff as a high proportion of staff were new and inexperienced in those areas.
- All the hospitals were clean. Infection rates had reduced since the move to the new hospital. There were however some concerns that hand washing audits were not meeting the compliance target of 95% and some staff were seen not to be bare below the elbow.

Summary of findings

- Medicines were not appropriately managed with weaknesses in storage and accurate recording of administration.
- There were concerns regarding the availability of equipment in theatre which was causing delays in operations and cancellations.
- There were significant issues with the flow of patients into, through and out of the hospital. Targets in the emergency department were not being met for a maximum wait of four hours to be admitted, discharged or transferred, (in October 2014 this was 80.7% against a target of 95%); triage within 15 minutes of arrival and for patients remaining on a trolley in the department or more than 12 hours. Due to the demands on the emergency department patients were not being cared for in the most appropriate place to manage their needs with a corridor often being used inappropriately.
- Patients were not being cared for in the most appropriate ward, reviewed in a timely manner or supported to leave hospital when ready to be discharged.
- The national target time was not being met for the 18 week pathway for referral to treatment waiting times for outpatient services.
- There were 107 operations cancelled on the day of operation in October 2014, 50 of these were due to the lack of a bed due to emergency pressures. Nine patients were unable to have their operation rebooked with 28 days. One patient had their operation cancelled on the day of operation for the second time.
- There were backlogs in unreported images (4,642) and in appointment requests (49,000). Actions had been instigated to address both of these.
- There were issues of concern with the availability of medical records and the use of temporary sets of records.
- The maternity service at Cossham Hospital was meeting the needs of each individual woman who attended, services were flexible and choices offered.

We saw several areas of outstanding practice including:

- The dedication and commitment of staff particularly in the emergency department where they displayed excellent teamwork despite the significant demands on their service that they were struggling to manage.
- Participation in research and improvement in clinical outcomes as a result of obstetric skills training.
- The involvement of children and young people in their care and the development of the service in particular the work with Barnado's.
- Involvement of woman and their partners in their maternity care at Cossham Hospital. Staff were reaching out to promote the use of the unit and natural births not excluding woman who traditionally may have not been thought suitable to have their birth in a midwifery led unit.
- The introduction of move makers. Originally brought into help with the move to the new building their value was quickly realised and they are now an integral part of the service. They are volunteers who are highly experienced at their task

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

Importantly, the trust must:

- take action, with others as needed, to improve the flow of patients into, through and from the hospital. This includes ensuring that patients are cared for in the most appropriate place and are supported to leave hospital when they are ready to do so.
- patients in the emergency department must be assessed in a timely manner and cared for in a suitable environment.
- ensure the staff attend mandatory training, for example, safeguarding training.
- ensure that the privacy and dignity of patients in the Brunel building is maintained.
- improve feedback to staff following incident reporting.
- review staffing levels to ensure they reflect current demand
- improve compliance with hand washing and ensure that all staff are bare below the elbows in clinical areas.
- ensure that medicines are stored appropriately and administration is recorded accurately.
- ensure that actions planned to reduce the backlog of images to be reported and appointments requested are effective and that systems are in place to prevent such a backlog occurring in the future.
- ensure that all patients medical records are available when the patient is being seen and that the reliance on temporary records is reduced to a minimum

Summary of findings

- ensure that equipment in theatre is sterile and available for use when required.
- reduce the number of operations cancelled
- improve the referral to treatment times
- ensure that staff understand when a deprivation of liberty application should be made and that they are clear which patients are subject to such a restriction.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to North Bristol NHS Trust

North Bristol NHS Trust is an acute trust located in Bristol that provides acute 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, Frenchay hospital site, Riverside and Eastgate House. The main hospital at Frenchay closed in May 2014 when the new hospital at Southmead was opened, however the Head Injury Treatment Unit remains on the Frenchay site providing outpatient services. The trust also provides community healthcare for children and young people including mental health services across Bristol and South Gloucestershire. There are 1024 beds.

The trust is not a foundation trust. The trust was under significant financial pressure. The trust had set a deficit budget for 2014-2015. As trust expenditure was likely to exceed income for the three years ending March 2015 it was likely that the trust would not achieve its statutory break even duty for the three year period ending 31 March 2015. In October 2014 the trust had a deficit of £22.4m which was £5.9m worse than had been planned for at the stage. The trust was likely to need external support to deal with this situation.

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 woman in Bristol is slightly worse than the England average however it is better than the average for men and woman in South Gloucestershire.

According to the last census 16% of Bristol's population was non-white (Bristol Unitary Authority). Black was the highest represented race, closely followed by Asian. Five per cent of the population of South Gloucestershire were from black and ethnic minority groups

We inspected this trust as part of our in-depth hospital inspection programme. The trust was selected as it was an example of a medium risk trust according to our new intelligent monitoring model. This 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.

The inspection team inspected the following eight core services at the Southmead site

- Accident and Emergency
- Medical Care (including older people's care)
- Surgery
- Critical care
- Maternity Services
- Children's care
- End of life care
- Outpatients

At Cossham Hospital we inspected

- Maternity Services
- Outpatients

At Frenchay we inspected

- Outpatients

At Riverside we inspected the child and adolescent mental health wards.

We also inspected the children's community service and community mental health services for children and young people.

Our inspection team

Our inspection team was led by:

Chair: Andy Welch, Medical Director, Newcastle Upon Tyne Hospitals NHS Foundation Trust

Head of Hospital Inspections: Mary Cridge, Head of Hospital Inspections, CQC

Summary of findings

The team included CQC inspectors and a variety of specialists:

Director of improvement, quality and nursing, associate chief nurse, head of safeguarding, consultants from accident and emergency, anaesthetics, sexual health, obstetrics and paediatrics, a general manager, junior doctor, dermatology nurse, theatre matron, emergency

nurse practitioner, resuscitation officer, midwife, critical care nurse, paediatric nurse, student nurse, senior nurse who specialised in Child and Adolescent Mental Health Service and a senior nurse who specialised in eating disorders in children. The team also included three experts by experience, analysts and an inspection planner.

How we carried out this inspection

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 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 events. People who were unable to attend the event shared their experiences by email or telephone.

We carried out announced inspection on 4, 5, 6 and 7 November 2014 and an unannounced inspection at

Southmead Hospital on 17 November 2014. We held focus groups and drop in sessions with a range of staff in the hospital including nurses, junior doctors, consultants, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff, porters and maintenance staff. We also spoke with staff individually as requested.

We talked with patients and staff from across most of the trust. We observed how people were being cared for, talked with carers and family members and reviewed patients' records of their care and treatment.

What people who use the trust's services say

We received information from people prior to the inspection through the listening event, emails and phone calls. There was a mixture of positive and negative information with some patients speaking highly of the care they had received whilst other raised concerns. Areas of concern included waiting times in the emergency department, delayed discharges, lack of provision for specialist diets and car parking. The volunteers, known as "move makers" were praised.

Between September 2013 and January 2014 a questionnaire was sent to 850 recent inpatients at the trust, as part of the CQC Adult Inpatient Survey 2013. 428 responses were received. Overall, the trust was rated the same as other trusts. The results were similar to the previous year although performance relating to receiving enough help from staff to eat meals, finding someone on the hospital staff to talk to about worries or fears and receiving enough emotional support had worsened.

The results of the Patient Led Assessments of the Care Environment (PLACE) for 2013 showed the trust was performing worse than the England average on cleanliness, food, privacy, dignity and wellbeing and facilities. However they anticipated that some of these issues were related to the fabric of the old building and would be rectified with the move to the new building. There was no data available for 2014.

In the NHS Friends and Family Test, the trust was scoring above the above the England average in most areas. However the response rate was variable across services and overall the trust was not achieving the target response rate.

In the National Cancer Patient Experience Survey 2014 the trust was in the top ten most improved trusts, with improved performance in 47 of the 62 questions and a reduction from 25 to seven questions which scored in the bottom 20% of trusts compared to 2013. The positive

Summary of findings

areas included information giving and communication with patients regarding their diagnosis, treatment and after care and the care provided by doctors, clinical nurse

specialists and ward staff as well as support for people with cancer. Areas for improvement included patient access to written information about their operation and information about their entitlement to free prescriptions.

Facts and data about this trust

Overall, North Bristol NHS Trust has 1024 beds, about 7600 staff and provides healthcare services to a population of around 900,000 people in Bristol, South Gloucestershire and North Somerset. It also provides specialist services are also provided such as neurosciences, renal, trauma and plastics/burns to people from across the South West and in some instances nationally or internationally.

In 2013/2014 the trust had more than 97,000 inpatient admissions, including day cases, 360,000 outpatients attendances (both new and follow up) and 103,200 attendances at urgent and emergency care.

The trust was under significant financial pressure. The trust had set a deficit budget for 2014-2015. As trust expenditure was likely to exceed income for the three years ending March 2015 it was likely that the trust would not achieve its statutory break even duty for the three year period ending 31 March 2015. In October 2014 the trust had a deficit of £22.4m which was £5.9m worse than had been planned for at the stage. The trust was likely to need external support to deal with this situation.

Bed occupancy fluctuated during 2013/14 from 88.1% in the second quarter of the year to a 91.1% in the third quarter. In the first quarter of 2014/15, it had reduced to 84.8% this has been planned reduction as there were fewer elective operations whilst the move to the new hospital was in progress. Overall the bed occupancy was above the England average (85.9%) and above the level, 85%, at which it is generally accepted that bed occupancy can start to affect the quality of care provided to patients and the orderly running of the hospital.

North Bristol NHS Trust has seen a number of changes to their executive team in the past two years with interim posts for Director of Nursing and Chief Executive during 2012/13. The chief executive started in September 2013, and the appointment of a substantive director of nursing in December 2013, (she had been on secondment to the trust since 2012). There is currently an interim Director of

Operations. The non executive membership was more stable, with the chair on his second term as chair having been a non executive director previously. There were two vacancies for non executive directors which were being recruited to at the time of the inspection.

CQC inspection history

North Bristol NHS Trust has had a total of 11 inspections since registration.

Five of these have been at the old Southmead Hospital site. In May 2011 a themed inspection was undertaken specifically looking dignity and nutrition. The required outcomes were met, but some areas for improvement were identified. In September 2011 a routine inspection found minor concerns relating to: safeguarding people who use services from abuse; staffing; and informing CQC of notifiable issues. In March 2012 a themed inspection was undertaken specifically looking at terminations of pregnancy and the trust was found to be meeting the required standards. In January 2013 a further routine inspection identified concerns relating to the management of medical records; this was followed up in July 2013 and was found to be meeting the required standards.

Three inspections have been undertaken at Frenchay Hospital. In March 2011 a route inspection was undertaken in which all 16 of the essential standards were inspected, the standard relating to records was not met however a follow up in September 2012 judged that the required standard had then been met. In May 2012 a responsive inspection following concerns was undertaken, three standards were inspected and all were found to be met.

There have been two inspections of the Riverside Unit the most recent of which took place in December 2013 and all four standards inspected were met.


Summary of findings

There has been one inspection of Cossham Hospital in November 2013, six standards inspected and all were found to be meeting the required standard

The community children's and young people's service and the CAMHS services had not previously been inspected.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Overall we rated safety of the services in the trust as ‘requires improvement’. For specific information please refer to the individual reports for Southmead Hospital, Frenchay Hospital, Cossham Hospital, Riverside Unit, community service for children and young people and the child and adolescent mental health services.</p> <p>The team made judgements about 14 services. Of those five were judged to be good, eight required improvement and one was inadequate, therefore the trust was not consistently delivering good standards of safety in all areas.</p> <p>Whilst safety was recognised as a priority the demands on staff resulted in incidents not always being reported and feedback not consistently provided. There were however areas of good practice with learning as a result of incidents.</p> <p>There were staff shortages in some areas when bank and agency could not be obtained and in areas that were fully staffed such as theatres and critical care there were issues with the skill mix of staff, with high numbers of newly recruited staff to the clinical areas.</p> <p>The flow of patients into, though, and from the hospital was not effective and this presented a serious risk to patient safety both in the emergency department and in the wards areas if patients were not reviewed regularly.</p> <p>Medicines were not appropriately managed with weaknesses in storage and accurate recording of administration. Records were not always available when required with a reliance on temporary sets of notes.</p> <p>The environment across all sites was clean and infection rates had reduced following the move to the new building.</p> <p>Safeguarding</p> <ul style="list-style-type: none">• There were policies in place for safeguarding both children and vulnerable adults. The director of nursing was the trust’s safeguarding lead.• The trust required at least 85% of staff to be up to date with training at all times. This made an allowance for staff on long term leave. Overall the trust was exceeding this target however there were large variations in compliance with this. In the medical division 61% of consultants and 55% of nursing sisters had completed the required training.	<p>Requires improvement</p> 

Summary of findings

Incidents

- The trust was reporting more incidents than the England average. Although some staff did say they were under reporting due to workload issues. The largest proportion of incidents were incidents that did not cause harm or a low level of harm. However the number of incidents that caused harm was a concern. The trust saw a significant increase in the number of falls after the move to the Brunel building particularly for patients in the single rooms. There was falls team in place and extra staff were sought to provide one to one care where this was required to increase observation of the patient. Although this remained an area of concern the number of falls causing serious harm had reduced.
- There were examples of learning as a result of incident however staff reported a lack of feedback on their individual reports.
- Grade three pressure ulcers (that is when skin loss occurs throughout the entire thickness of the skin and the underlying tissue is also damaged) was the number of highest serious incidents requiring investigation. It was noted that the number of these pressure ulcer had reduced from a high of six in a month in November 2013 to none and two respectively in the months of September and October 2014.
- There had been seven never events since March 2013, all of these had been in surgery and two related to wrong site surgery. The most recent of these occurred in August 2014 and the investigation was in progress at the time of the inspection. All previous events had been thoroughly investigated and learning shared.

Staffing

- Staffing levels varied across the trust. Although a review of establishments had been undertaken prior to the move due to the reality of working in the new building and the demand on the services some of these were being further reviewed. In areas such as theatre and critical care although the establishment was met the ratio of staff new to the areas was high with staff requiring significant support to develop new skills.
- In the child and adolescent mental health services some teams had been working with locum consultant psychiatrists.

Assessing and responding to risk

- Patients attending the emergency zone frequently waited too long to be assessed and were not adequately monitored while they waited. Patients with medical conditions not on the ward specific for their condition were not always reviewed in a timely manner.

Summary of findings

Cleanliness, infection control and hygiene

- The environment across all sites was clean.
- Infection rates had reduced following the move to the new building however the trust overall compliance rates for hand washing have not met the standard of 95% in September or October 2014, the latter being 90.4%
- There have been no case of MRSA bacteraemia since September 2013 and the number of cases of Clostridium difficile is within internal and external trajectories.
- Operations were delayed or cancelled because of issues with equipment. There were incidents of equipment not being available when required and theatre packs being wet or not confirmed as sterile.

Medicines

- Medicines were not appropriately managed with weaknesses in storage and accurate recording of administration.

Are services at this trust effective?

Overall we rated the effectiveness of the services in the trust as 'requires improvement'. For specific information please refer to the individual reports for Southmead Hospital, Frenchay Hospital, Cossham Hospital, Riverside Unit, community services for children and young people and the child and adolescent mental health services.

The team made judgements about 11 services. Outpatient services are not currently rated for effectiveness. Of the services rated six were judged to be good, four required improvement and one was outstanding. This demonstrated that the majority of services provided care, treatment and support that achieved good outcomes, promoted a good quality of life and is based on the best available evidence.

There was good multidisciplinary working across the trust and in the community services for children and young people there were excellent examples of multidisciplinary and multiagency working and collaboration.

The trust took part in a number of national audits, performance in these varied considerably across the trust and within specialities in the trust. Overall mortality was less (better than) the national average.

There was effective management of written consent however there were some examples where patients had refused or were reluctant

Requires improvement



Summary of findings

to accept care and this was not respected. Staff had an awareness of the Mental Capacity Act however there was confusion over when a Deprivation of Liberty Safeguard application should be made although the trust had sought legal advice on this.

Evidence based care and treatment

- Care was provided in line with National Institute for Health and Care Excellence (NICE) guidelines and specialist guidance such as that from the Royal Colleges.
- We also saw that the relevant specialist guidance was also being adhered to, such as College of Emergency Medicine guidelines, Intensive Care Society and Faculty of Intensive Care Medicine guidelines, and Royal College of Paediatrics and Child Health (RCPCH) guidance.
- There were outstanding pathways of care in community service for children and young people in relation to inappropriate sexual behaviour and for children with attention deficit hyperactivity disorder.

Patient outcomes

- Mortality rates were below (better than) the national average as measured by the Hospital Standardised Mortality Ratio.
- Since October 2014 the trust has had systems in place to ensure every inpatient death was reviewed. Additional work was underway to back date these reviews to cover deaths since April 2014.

Multidisciplinary working

- There was good multidisciplinary working across the trust and relationships between disciplines was good.
- In the community services children and young people multidisciplinary working was excellent, an example of this was the the Barnardo's Child Sexual Exploitation (BASE) project focused on young people who were at risk of exploitation. This work had been recognised nationally as an area of outstanding practice.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Written consent for procedures was undertaken and documented throughout all areas, however there were examples in which assuring more informal consent was obtained could be improved.

Summary of findings

- Most staff were aware of their responsibilities around the Mental Capacity Act and Deprivation of Liberty Safeguards, however we did find an instance in which staff were not sure if a patient was liberty was deprived or not.

Are services at this trust caring?

Overall we rated caring in the trust as 'good'. For specific information please refer to the individual reports for Southmead Hospital, Frenchay Hospital, Cossham Hospital, Riverside Unit, community services for children and young people and the child and adolescent mental health services.

Although the overall rating for caring was good this included ratings of outstanding for the maternity service in Cossham Hospital and for the community children's and young people's service. In both cases this related to the excellent focus on patient centred care. This meant that staff treated patients with compassion, kindness, dignity and respect.

Staff were caring and compassionate. The majority of the time patients were cared for with privacy and dignity however there were times when this was compromised in the emergency department, for patients who were in rooms overlooking the atrium or those with rooms on the ground floor which members of the public could see into.

Compassionate care

- The vast majority of patients received compassionate care from staff.
- The majority of the time patients were cared for with privacy and dignity however there were times when this was compromised in the emergency department, for patients who were in rooms overlooking the atrium or those with rooms on the ground floor which members of the public could see into.
- In the Brunel building some patients felt very isolated in their single rooms; although this promoted their privacy and dignity they missed the social interaction with people and the lack of entertainment facilities such as television and radios. The trust did provide free WI-FI.

Understanding and involvement of patients and those close to them

- Staff communicated with people so that they understood their care, treatment and condition.

Good



Summary of findings

- Patients and where appropriate their relatives were involved in planning and making decisions about their care and treatment. This was outstanding in the community children's and young people's service and for patients in the midwifery led unit at Cossham Hospital.

Emotional support

- Patient generally received the support they needed to cope emotionally with their care, treatment and condition, however there was no support from specialist nurses such as the diabetic and cancer nurse specialists or the palliative care team at weekends.

Are services at this trust responsive?

Overall we rated responsiveness in the trust as 'requires improvement'. For specific information please refer to the individual reports for Southmead Hospital, Frenchay Hospital, Cossham Hospital, Riverside Unit, community services for children and young people and the child and adolescent mental health services.

The team made judgements about 14 services. Of those one was outstanding, six were judged to be good, six required improvement and one was inadequate, therefore the trust was not in all areas. The ratings of requiring improvement and inadequate all related to Southmead Hospital.

The maternity service at Cossham Hospital was meeting the needs of each individual woman who attended; services were flexible and offered choices. In addition staff reached out into the community to engage with the local population to promote use of the service.

There were significant issues with flow of patients into, through and out of the hospital. In the emergency department patients had unacceptable waits for assessment, diagnosis and treatment. Patients were not always cared for on the most appropriate ward for their condition, were not always reviewed in a timely manner and were moved between wards sometimes late at night. Patients were not always able to leave hospital when they were medically fit as they were waiting for social care of community health packages to be put into place.

Equipment in the operating theatre was not always available when required and some of the kits were not fit for use. This was disrupting lists and affecting timeliness of patient care and treatment.

Service planning and delivery to meet the needs of local people

Requires improvement



Summary of findings

- There was excellent partnership working with Barnado's Helping Young People, Children and Families Engage (HYPE) service and a clear ethos of engagement with and involvement of children, young people and their families in developing and delivering the services.

Meeting people's individual needs

- There was a learning disabilities nurse to facilitate the care of patients with learning disabilities.
- The trust had a dementia awareness team and we saw initiatives in place such as the "This is me" booklet, memory cafes and flower signs behind patients beds to identify patients living with dementia so that staff could be aware of their individual needs.
- The trust was not yet meeting the target for identification, assessment and referral of patients with dementia; action plans were in place to improve this.

Access and flow

- There were significant issues with the flow of patients into, through and out of Southmead hospital. The four hour target for patients attending A&E to be admitted, discharged or transferred was not being met. There were instances when patients remained on a trolley in A&E for over 12 hours. Medical patients could not always be accommodated in medical beds, resulting in medical patients being cared for in beds across all specialities. There were examples of medical patients in non-medical beds not receiving regular review from medical staff as they could become lost in the system. Some patients were discharged home directly from the critical care unit as there had been no ward bed available and they became fit to go home.
- People who attended the emergency department out of hours and required a mental health assessment waited too long in the department, frequently in an inappropriate area often for lengthy or overnight stays
- Medically fit patients were awaiting social care or community health packages. On one day of the inspection 96 patients had their discharge delayed.
- There were 107 operations cancelled on the day of operation in October 2014, 50 of these were due to the lack of a bed due to emergency pressures. Nine patients were unable to have their operation rebooked with 28 days. One patient had their operation cancelled on the day of operation for the second time.

Summary of findings

- There were concerns with equipment provided by the services sterile department, with equipment not being available when required and kits not being fit for use. This had resulted in the cancellation of operations, delayed starts to theatre lists and in one instance we became aware of that a patient had a longer anaesthetic whilst issues with the kit were sorted.
- The national target time was not being met for the 18 week pathway for referral to treatment waiting times for outpatient services.
- In outpatients services there was a backlog of unreported images (4642 within the last year) although actions had been instigated to address this, the risk register lacked details of the actions, the timescales and who had overall responsibility for this.
- There was a large backlog of (49,000) of appointment requests although actions had been put in place to address this and the number had decreased by 20,000 in the previous three months.
- Due to the building work on the Southmead Hospital site, there were insufficient car parking spaces, the trust acknowledged this and it would improve when the building work was complete. This was a significant area of concern and frustration for patients and this was demonstrated in the number of formal complaints the trust received on this issue.

Learning from complaints and concerns

- There were three routes for complaints and concerns, by letter, email or through the staff in wards and departments. Local resolution by ward and department staff was the preferred approach so any concerns could be managed in a timely manner.
- Leaflets relating to raising a concern, complaint or compliment were available on each ward and staff were able to explain the process of making a complaint. These leaflets advised of the timescales for response to complaints and the actions to take if dissatisfied with the response. We saw that in the main public area of Southmead Hospital there were no signs, directions or information to advise people how to make a complaint or raise a concern. In the waiting area of the emergency department complaints leaflets were kept behind the desk and given out on request by reception staff. This did not encourage people to independently raise a concern.
- The leaflets could difficulties for those people with a disability or whose first language was not English. Complaints leaflets were written in plain English and clear print format. For those people whose first language was not English the hospital website offered information which could be electronically

Summary of findings

translated into the language of choice. However on trying to access the information in another language we found that the website required the person to be able to understand the instruction for language change in English. This may present an obstacle to making a complaint.

- For those people with a visual limitation the website information was not able to be viewed in larger text unless the person was technically able to enlarge the print. There was no audio message facility for those people who were visually impaired. The complaints leaflet did not identify if an easy read version was available if required. These limitations may prevent people from raising a complaint or concern.
- Complaints and concerns were managed effectively once received. Staff across all wards we visited demonstrated a good understanding of the complaints process and dealt with complaints in a timely way. Ward and department staff felt that they often achieved the best results for people as local resolution gave more immediate patient satisfaction. However in some cases complaints handled at ward level lacked conclusion and feedback. The Move Makers located in the hospital Atrium were able to access ward staff to attend to people wishing to complain to affect a quick local resolution
- The number of complaints received had increased since the move to the new Brunel building at Southmead Hospital and the issues related to this were challenging for the trust. There was also a significant backlog of complaints and although extra resources had been secured to help reduce this the continuing increase in numbers of complaints received meant the impact of the extra resources on clearing the backlog was limited. The trust recognised these issues and were about to start work with the Patients Association to help them audit the complaints management processes.
- In November/December 2013, the advice and complaints team was independently reviewed by NHS England. Recommendations for good practice had been put in place. These included regular meetings between the complaints team and directorate complaints coordinators to ensure effective communication and support and that best practice was adopted. Feedback was that communication between the complaints coordinators and the advice and complaints team was good.
- Patient stories were presented at trust board meetings; they provided an opportunity to review a patient's experience of care

Summary of findings

and take a ward to board approach to learning. The Annual Complaints report 2013/2014 informed the board of performance in terms of the number of complaints and timescales for response and action.

- The trust has implemented an initiative called iCARE which is designed to make staff consider their approach and communication from the patient's perspective. In the iCARE programme, real complaints and compliments were used in training for all staff, to help staff look at care issues from the patient's perspective.
- The level of involvement of staff and people using the service in the complaints process varied. Some staff both voluntary and permanent told us training for management of complaints had not been provided. This meant that staff did not feel well equipped to deal with some issues and felt the frustration and anger of people trying to raise a complaint or concern.

Are services at this trust well-led?

Overall we rated leadership in the trust as 'requires improvement'. For specific information please refer to the individual reports for Southmead Hospital, Frenchay Hospital, Cossham Hospital, Riverside Unit, community services for children and young people and the child and adolescent mental health services.

The team made judgements about 14 services. Of those one was outstanding, seven were judged to be good and six required improvement. This meant that there was effective leadership of services within the trust but this was not consistent across all services at all locations. The ratings for requiring improvement related to Southmead Hospital and to the child and adolescent mental health inpatient services.

Vision and strategy

- The vision of the trust over the last few years had been focused on the future of hospital services across Bristol and the opening of the Brunel building and the associated new ways of working that were required for working in this new environment. There were clear aims that following the move the wider strategy for the trust would be progressed.
- As the move date got nearer the focus of the trust narrowed the logistics of the actual move to the building and rather than the changes to working practices. Indeed this focus meant the actual move was a success with no incidents as a result of this.
- Since the move the trust has faced a huge number of snagging issues which caused challenges with the use of the building

Requires improvement



Summary of findings

and consumed considerable amount of management time. Despite preparation and an organisation development programme staff were still adjusting to the new layout and new ways of working were not yet consistently embedded.

- The executive team recognised the issues above. About 12 months ago the need for a clear strategy had been identified and would require progressing once the move was achieved and they were now developing the strategy which they aimed to have in place in early 2015.
- There had been consultation with staff on the values of the trust early in 2014 and we were advised that staff had stated that the “values were great” and they did not want to change them however few staff including very senior staff could articulate them.
- There were challenges for the trust working with three main clinical commissioning groups and local authorities each with their own priorities and differing population groups and in turn how this linked to individual service strategies.

Governance, risk management and quality measurement

- There were well established trust wide governance systems. The quality and risk sub committees chaired by the deputy chair of the trust. All risks rated 16 and above were reported to this committee and on to the board. The top three risks detailed on the risk register were issues in A&E, referral to treatment times and further developing and embedding new ways of working.
- The directorates were led by a senior clinician, a nurse and a manager and there were clear lines of responsibility and accountability from wards and departments to the directorate leadership team and up to the board however some staff felt their risks were rated at less than 15 to prevent them been reported on to the board.
- The executive team reported that overall they were too reactive to issues and were working with directorates to improve this.
- The trusts governance had been reviewed by an external company since the publication of the Frances Report (Mid Staffordshire NHS Foundation Trust Public Enquiry) but this review was a follow up following after an earlier review rather than against the recommendations detailed in the Frances report. The trust had undertaken a self assessment against the Frances Report and this had been reported to the board. A further review of the trust governance was planned for shortly after the inspection.

Summary of findings

- An integrated performance report was presented to the board each month, the format of this had been reviewed in the last 12 months and stakeholders advised that this was much more robust than previous reports. The detail on actions to address issues identified was limited in some sections of the report

Leadership of the trust

- The leadership team were facing very serious performance, safety and financial issues, some of which were putting the safety of patients and the well being of staff at risk. Some of these issues were long standing and they were not all caused or increased by the move and new building. Recent permanent appointments had strengthened the executive team.
- The move to one main site and the opening of the new hospital building was a significant achievement that had the potential to deliver significantly improved services to people in north Bristol and beyond. Partners, stakeholders and some senior leaders gave credit to the Chief Executive for this success, without whom they believe this would not have been delivered on time.
- The Chairman of the trust was not directly engaged with the quality and safety agenda in the way that has been seen in other trusts that have been inspected. It was believed that wider strategy and developments together with relationships with key partners were his focus. At the time of the inspection the Board did not have the benefit of a clinician amongst the non executive members although the Chairman explained that this perspective was brought by a veterinary surgeon. The trust had identified that that a non-executive with a clinical background would strengthen the board. Interviews to fill two non executive vacancies were held at the time of the inspection and candidates included people with a healthcare clinical background.
- There had been a number of changes to the executive team in the past two years with interim posts for director of nursing and chief executive during 2012/13. The chief executive started in September 2013 and the director of nursing was appointed to the substantive post in December 2013 having been on secondment to the trust since 2012). There was an interim director of operations who started in September 2013 with a permanent post holder due to start in January 2015. The non-executive membership was more stable, with the chair on his

Summary of findings

second term as chair having been a non-executive director previously. There were two vacancies for non-executive directors which were being recruited to at the time of the inspection.

- The profile of the executive team in the clinical areas was not high however staff did express respect for the chief executive and director of nursing who they felt were visible. The non executives did not have a regular presence in ward areas having stopped visits before the move, although one non executive also volunteered as a move maker.
- The executive team acknowledged that there was a lot of work to do address the issues they faced and recognised that the clinicians had a sense of what needed to be done but needed management support to make this happen. For example increased management capacity was required to support the ECIST action plan.
- There were a number of posts that supported the director of nursing that were vacant although plans were in place to recruit to these and a deputy was due to start shortly after the inspection however her capacity to deliver in all the areas she covered was a challenge.

Culture within the trust

- The move to the Brunel building had been a huge event for all the staff who previously worked on the Frenchay and Southmead sites both in terms of logistically moving patients into one new building but also bringing staff together to work in new teams and new ways. The actual move had been a success, with no patient incidents as a result and had shown some great teamwork to achieve. However since the move staff morale had been negatively affected. They had faced a huge number of “snagging issues”, ways of working that had not been realised as planned, demands on the service was exceeding capacity, new teams were forming, vacancies and skill mixes that were heavily weighted with new and inexperienced staff in some areas particularly theatres and critical care. Staff expressed frustration and exhaustion.
- The consultants expressed frustration when they raised concerns or predicted problems they were not listened to and that issue not being addressed. As examples they cited having raised issues with theatres two years prior to the move, there was poor planning, storage issues and unacceptable quality of service from SSD these issues all predated the move to the new building; concerns about the availability of records; ineffective

Summary of findings

medical advisory committee, frequent changes at middle management level which meant organisational memory was lost. They stated the executive team had started to listen but they still felt “very separate”.

- The consultants had undertaken a survey which showed many negative aspects they did not feel anything had been done as a result of these findings. However this report was only formally presented to the trust in November 2014 and therefore the trust has not had a chance to respond.
- Some consultants spoke of bullying culture in the past and although this was not what they now experienced they remaining concerned about this.
- There were a number of changes that had been made in the move to the new building that had been a positive experience for some and negative for others. One example was the move to open plan offices for all, this included the executive team and consultant staff. The executive team and some consultants were embracing this change and felt it was improving teamwork, communication and support for colleagues. There were small rooms that could be used for provide conversations. However there were some staff who felt very aggrieved at this change.

Public and staff engagement

- Between September 2013 and January 2014 a questionnaire was sent to 850 recent inpatients at the trust, as part of the CQC Adult Inpatient Survey 2013. 428 responses were received. Overall, the trust was rated the same as other trusts. The results were similar to the previous year although performance relating to receiving enough help from staff to eat meals, finding someone on the hospital staff to talk to about worries or fears and receiving enough emotional support had worsened.
- Board meetings had recently changed from meetings that were open to the public being held each month to bimonthly open meetings and closed meetings on the alternate month.
- In the staff ‘Friends and Family’ Survey 60% of staff said they were likely or extremely likely to recommend North Bristol NHS Trust to their family and friends if they needed care or treatment and just under 40% would recommend it as a place to work. Positive themes included: colleagues and team working, NHS benefits and flexible employer and job security. Areas for improvement included parking and travel to work, staff morale, communication and engagement and staff shortages and workload.

Innovation, improvement and sustainability

Summary of findings

- The trust worked with local partners on research and innovation. They were part of Bristol Health Partners which included the University of Bristol, the University of the West of England, University Hospitals Bristol NHS Foundation Trust and Avon and Wiltshire Mental Health Partnership NHS Trust, the three local commissioning groups and Bristol local authority. The aim of Bristol Health Partners is to maximise Bristol's health research, and to transform the understanding, prevention and treatment of key health problems in Bristol. The chief executive is currently the chair of Bristol Health Partners.
- The trust has a significant amount of research in progress. Each year over 7000 patients take part in National Institute for Health Research portfolio research with more than 500 research staff undertaking over 500 studies each year across the organisation.
- The learning and development department achieved the Skills for Care Quality Mark in recognition of their excellent delivery of teaching and learning.
- The design of the Brunel building had innovation at the heart of its development from medirooms in theatre to 75% beds in single rooms across the hospital and all critical care beds in single rooms. Whilst staff were still developing new ways to working to match the new structure benefits were being realised such as the reduction in cases of Clostridium Difficile.
- One area of outstanding innovation was the introduction of move makers. Originally brought into help with the move to the new building their value was quickly realised and they are now an integral part of the service. They are volunteers who are highly experienced at their task and are familiar with the actions of incoming patients and visitors and will intervene to ensure their experience of finding their way round is stress free. After ten weeks of operating they produced a report which highlighted a number of recommendations to help the patients experience. At the time of the inspection they had provided over 10,000 hours of voluntary service.

Overview of ratings

Our ratings for Southmead Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate	Requires improvement	Good	Inadequate	Requires improvement	Inadequate
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Maternity and gynaecology	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Frenchay Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Not rated	Good	Requires improvement	Good	Requires improvement

Overview of ratings

Our ratings for Cossham Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity and gynaecology	Good	Good	Outstanding	Outstanding	Good	Outstanding
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Our ratings for Mental Health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Child and adolescent mental health wards	Good	Good	Good	Good	Good	Good
Child and adolescent mental health services	Requires improvement	Good	Good	Good	Requires improvement	Requires improvement

Our ratings for Community Health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for children, young people and families	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding
Overall	Good	Outstanding	Outstanding	Good	Outstanding	Outstanding

Our ratings for North Bristol NHS Trust

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

Outstanding practice and areas for improvement

Outstanding practice

- The dedication and commitment of staff particularly in the emergency department where they displayed excellent teamwork despite the significant demands on their service that they were struggling to manage.
- Participation in research and improvement in clinical outcomes as a result of obstetric skills training.
- The involvement of children and young people in their care and the development of the service in particular the work with Barnado's.
- Involvement of woman and their partners in their maternity care at Cossham Hospital. Staff were reaching out to promote the use of the unit and natural births not excluding woman who traditionally may have not been thought suitable to have their birth in a midwifery led unit.
- The introduction of move makers. Originally brought into help with the move to the new building their value was quickly realised and they are now an integral part of the service. They are volunteers who are highly experienced at their task.

Areas for improvement

Action the trust MUST take to improve

- take action, with others as needed, to improve the flow of patients into, through and from the hospital. This includes ensuring that patients are cared for in the most appropriate place and are supported to leave hospital when they are ready to do so.
- patients in the emergency department must be assessed in a timely manner and cared for in a suitable environment.
- ensure the staff attend mandatory training, for example, safeguarding training.
- ensure that the privacy and dignity of patients in the Brunel building is maintained.
- improve feedback to staff following incident reporting.
- review staffing levels to ensure they reflect current demand
- improve compliance with hand washing and ensure that all staff are bare below the elbows in clinical areas.
- ensure that medicines are stored appropriately and administration is recorded accurately.
- ensure that actions planned to reduce the backlog of images to be reported and appointments requested are effective and that systems are in place to prevent such a backlog occurring in the future.
- ensure that all patients medical records are available when the patient is being seen and that the reliance on temporary records is reduced to a minimum
- ensure that equipment in theatre is sterile and available for use when required.
- reduce the number of operations cancelled
- improve the referral to treatment times
- ensure that staff understand when a deprivation of liberty application should be made and that they are clear which patients are subject to such a restriction.

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing</p> <p>The provider had not taken appropriate steps to ensure that, at all times, there are sufficient numbers of suitably qualified, skilled and experienced staff employed for the purposes of carrying on the regulated activity.</p> <p>There were not always sufficient numbers of suitably qualified, skilled and experienced in theatres, critical care, emergency department, medicine, surgery, maternity services at Southmead Hospital and child and adolescent mental health teams.</p>

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>The provider must take proper steps to ensure that each patient is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of—</p> <p>(a) the carrying out of an assessment of the needs of the service user; and</p> <p>(b) the planning and delivery of care and, where appropriate, treatment in such a way as to—</p> <p>(i) meet the service user's individual needs,</p> <p>(ii) ensure the welfare and safety of the service user,</p>

This section is primarily information for the provider

Compliance actions

There were insufficient beds to move patients from critical care when they no longer required that intensity of care.

In the children and adolescent mental health service there was a lack of robust documented accurate, individual risk assessments.

Patients in the emergency department waited too long for a mental health assessment.

The discharge of medical and surgical patients was not always planned effectively, delaying their discharge when they were fit to be discharged.

Medical and surgical patients were not always cared for in the most appropriate wards for their needs. Reviews were not always undertaken in a timely manner.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse

The provider did not have suitable arrangements in place to protect patients against the risk and control or restraint being unlawful or excessive.

Deprivation of Liberty Safeguards in critical care in were not in accordance with the provisions of the Mental Capacity Act 2005.

In medicine not all staff were area of which patients had a Deprivation of Liberty Safeguard in place.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

Compliance actions

The provider did not have suitable arrangements in place to ensure that staff were appropriately supported in relation to their responsibilities, to enable them to deliver care and treatment to patients safely and to an appropriate standard by the receipt of appropriate training.

Mandatory training was not being consistently undertaken across the trust. Less than 50% of nursing staff in critical care have a post-registration qualification in critical care.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment

Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment.

The provider had failed to ensure that equipment was available in sufficient quantities to ensure the safety of service users and meet their assessed needs.

The trust had not ensured that all equipment required for surgical operations was available and ready for use.

Equipment at the Head Injury Treatment Unit at Frenchay was not serviced appropriately, taps were not flushed effectively.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines

The trust had failed to protect services users against the risks associated with the unsafe management of medicines in relation to the appropriate arrangements for the safekeeping of medicines used for the purposes of the regulated activity.

This section is primarily information for the provider

Compliance actions

Medicines were not always stored securely in the medirooms and surgical wards.

Medication was found in some areas to be out of date.

Administration of medication was not consistently recorded accurately.

Regulated activity

Diagnostic and screening procedures

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations
2010 Assessing and monitoring the quality of service providers

Regulation 10 HSCA 2008 (Regulated Activities)
Regulations

2010 Assessing and monitoring the quality of service providers.

The provider had not protected patients, and others who may be at risk, against the risk of inappropriate or unsafe treatment, by means of effective operation of systems designed to enable the registered person to identify, assess and manage risks relating to the health, welfare and safety of service users and others who may be at risk from carrying on the regulated activity.

This is because we saw inconsistent evidence of incident reporting and feedback to staff. Regulation 10 (b).

Enforcement actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services</p> <p>(1) The registered person has not taken proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of—</p> <p>(a) the carrying out of an assessment of the needs of the service user; and</p> <p>(b) the planning and delivery of care and, where appropriate, treatment in such a way as to—</p> <p>(i) meet the service user’s individual needs,</p> <p>(ii) ensure the welfare and safety of the service user,</p> <p>(iii) reflect, where appropriate, published research evidence and guidance issued by the appropriate professional and expert bodies as to good practice in relation to such care and treatment.</p> <p>The emergency zone provides the regulated activity of the treatment of disease, disorder or injury in the following co-located departments. We inspected the following departments and found breaches of Regulation 9 in all of these co-located areas which are as follows:</p> <ul style="list-style-type: none">• Emergency Department (ED) which provides emergency care and treatment to adults with serious or life threatening emergencies. (The department has facilities to treat children, although most paediatric care is provided at Bristol Children’s Hospital and this is where ambulance borne patients would attend).• The Minor Injuries Unit (MIU) which provides care and treatment for adults and children with illnesses or injuries that are not life threatening but still need prompt attention.• The Seated Assessment Area (SAA) which provides urgent assessment, diagnostic investigations,

Enforcement actions

observation or treatment for adults who do not require a bed for assessment/treatment and who are not expected to require an overnight stay. This area is also known as Ambulatory Emergency Care (AEC).

We found evidence that there were restrictions, due to the capacity of the emergency zone, on the ability of the provider to provide prompt assessment of patients, diagnosis, care and treatment. Patients waited too long in the emergency zone and were sometimes accommodated inappropriately in the Seated assessment Area which was not designed or equipped to accommodate patients for extended and/or overnight stays. This meant the provider had not taken proper steps to ensure that patients were protected against the risks of receiving unsafe or inappropriate care or treatment.

The provider confirmed in an email to the Care Quality Commission dated 20 November 2014 that the ED declared a status of 'red' or 'black escalation' on 13 out of 14 days from 20 October 2014 to 2 November 2014. According to the definitions outlined in the trust's Full Capacity and Emergency Department Escalation Policy (June 2014) this meant that the department was "regularly unable to function as normal" and was "verging on unsafe for periods of time" or deemed "dangerous for a sustained period of time (more than two hours) and where normal care was not possible".

The enforcement action we took:

We issued a warning notice on 16 December 2014.