University Hospitals Bristol NHS Foundation Trust

Quality Report

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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?	Good
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

University Hospitals Bristol NHS Foundation Trust is an acute teaching trust located in Bristol and providing services to people in Bristol, the surrounding area and across the South West and beyond. It is one of the largest NHS trusts in the country and, although it has a number of locations, its main services are concentrated on one site in the centre of the city. This one site contains seven hospitals: the Bristol Royal Infirmary, Bristol Royal Hospital for Children, Bristol Heart Institute, Bristol Oncology and Haematology Centre, St Michael's Hospital, Bristol Eye Hospital and The University of Bristol Dental Hospital. The trust also provides services from the South Bristol Community Hospital and the Central Health Clinic, both of which are located within the city of Bristol.

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 March and July 2014. Concerns had also been raised about the trust. Our inspection was carried out in two parts: the announced visit, which took place on 10, 11 and 12 September 2014; and the unannounced visit, which took place on 21 September 2014.

Overall, University Hospitals Bristol NHS Foundation Trust has been judged as requiring improvement. The trust provided services that were effective and caring. Improvements were needed in the safety and responsiveness of services and also in some aspects of leadership. The team made judgements about 12 services over three sites. Nine of the services were judged as good and three judged to be requiring improvement; these were medical care, surgery and outpatients at the Bristol main site.

Our key findings were as follows:

- Every service at each location was found to be caring. We observed caring staff providing kind and compassionate care and treatment. We saw many very positive interactions between patients and staff. There was evidence that staff regularly 'go the extra mile' in providing care.
- Patients and relatives we spoke with were complimentary about the care that was received. Patients had a good understanding of their care. Both patients and relatives told us that they felt involved and were treated with dignity and respect.
- People were receiving care, treatment and support that achieved good outcomes.
- The board, executive team and senior leadership team demonstrated a shared sense of understanding of risks and challenges and also shared priorities for improvement.
- Staff talked with real pride about their colleagues and about the services that they provided. Staff in all areas and at all levels talked about great teamwork. They described an open culture where they were encouraged to raise incidents and complaints.
- The hospitals were clean, tidy and well maintained, even in areas where building work was being undertaken close by. There were some exceptions, for example in the fracture clinic, where late-running building work had led to a crowded and unsafe environment. This was reported during the inspection and action was taken.
- There were issues with the flow of patients into and through the trust. This was having an impact on the ability of the accident and emergency (A&E) service to respond in a timely way to the needs of patients. Not all patients were being cared for in the most appropriate place and not all patients were supported to leave hospital when they were ready to do so. The occupancy rates in all the hospitals, with the exception of maternity services, were consistently high.
- The pressures on the A&E department caused by an increase in demand were significant and were related to the issues described above.
- The percentage of patients whose operation was cancelled and who were not treated within 28 days was consistently higher than the England average.

Summary of findings

Patients often went to theatre without an allocated bed having been identified. At times, patients, including critical care patients, had to remain in the recovery area overnight.

- Mortality rates were within expected ranges and there were no indicators flagged as a risk or an elevated risk.
- Outpatient services were struggling to meet the demand on their capacity and were not meeting the 18-week referral-to-treatment targets. There were long waiting times for people in clinics, with inconsistency in the information provided about those waits.
- There were some shortfalls in staffing. Within theatres, staffing fell below recognised guidelines and wards were not always fully staffed to their establishment as bank and agency staff could not be recruited. There was frequent use of temporary staff within the urgent and emergency services and occasions when these services were forced to manage without a full complement of nursing staff. In a number of services within the Bristol main site, there were innovative solutions in place to ensure safe staffing levels.
- Records were generally found to be kept well. However, in outpatient services there were issues with missing patient notes and records were not stored appropriately in order to maintain confidentiality.
- There was generally good infection control although not all staff followed trust policies in this area consistently.

We saw several areas of outstanding practice. These included the following:

- Teamwork in the A&E department was exceptional. Staff at all levels were committed, motivated and engaged. They worked very well with each other across all job roles and staff grades. They were cohesive and demonstrated excellent teamwork within their departments and with other departments.
- The maternity service (St Michael's Hospital) was an impressive and highly functional unit. Staff worked hard together to provide excellent services to the local population and, as a regional referral unit, to the wider population of the South West and South Wales. Teams and individuals were highly flexible and the team was creative in finding ways to manage and mitigate the risks of working with a lower than optimal midwife-to-birth ratio. Multidisciplinary working within St Michael's Hospital, the local community and regional partners was well established, with the welfare of the mothers, babies and their families at the heart of the services provided.
- The children's hospital had outstanding safeguarding procedures in place. The safeguarding team had links in every department where children were seen. The trust considered child safeguarding issues in relation to adult patients in the Bristol Royal Infirmary: for example, A&E consultants checked all overnight admissions for safeguarding concerns. Weekly multidisciplinary meetings were held and there were clear links to the safeguarding board.
- The arrangements for young people to transition from children's to adult services, for example within oncology, were very good. The trust had a transition group that involved young people. This group highlighted and promoted good practice in order to replicate it in all areas.
- The trust had a paediatric faculty of education. This had been put in place to support the development and retention of staff. Specialist courses, accredited by the University of Plymouth, were on offer up to and including at master's degree level. Courses included paediatric critical care. All the staff spoken with by the inspection team were highly complimentary about this. The trust planned to allow access to the courses to children's nurses from other organisations.
- In addition to the statutory child death review processes a process to review any death of a child had recently been implemented. A full review and debriefing of the case occurred within 24 hours of a child's death (whether expected or not). Parents were involved in the reviews and kept informed of progress.
- The specialist palliative care team was passionate about the service it provided and demonstrated excellent team working. The team facilitated weekly end of life multidisciplinary meetings with other professionals to discuss patients' care. In addition, the consultants regularly attended seven different condition-specific multidisciplinary meetings that were held every week.
- The specialist palliative care team was innovative and adapted to local needs and national policy by

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continually developing and evaluating tools and training to promote good end of life care for patients. The team shared its knowledge and learning within the trust and published its research. The team's responsiveness, support and skill were highly regarded by colleagues throughout the trust. The team was established in wider palliative care networks, including the local hospice and clinical commissioning group.

- The trust had direct access to electronic information held by community services, including GPs. This meant that hospital staff could access up-to-date information about patients, including details of their current medicines. There was evidence that this was improving the quality of care.
- The computerised patient record system in adult critical care was an excellent innovation. This had been developed by the critical care unit and alerted the consultant and nurses if a patient's safety and wellbeing were compromised.

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 and through the trust. This includes improving access to services, including A&E services, and ensuring that patients are cared for in the most appropriate place and that they are supported to leave hospital when they are ready to do so.
- Take action to ensure that staffing levels meet the needs of patients at all times in both wards and theatres.
- Ensure that staff are able to attend mandatory training, particularly annual resuscitation training, in order to care for and treat patients effectively.
- Work with partner organisations to ensure that people with mental health needs receive prompt and effective support from appropriately trained staff to meet their needs.
- Continue to improve patient flow through the Bristol Royal Infirmary to ensure that patients arriving at A&E by ambulance do not have to queue outside the department because there is no capacity to accommodate them.
- Ensure that the discharge process starts at an appropriate stage of a patient's care, so that discharges are not delayed due to the unavailability of care packages.
- Improve the flow of patients to reduce, as far as possible, the need for night-time moves and to reduce the number of patients nursed in areas other than specialist wards.
- Ensure that patients whose surgery is cancelled have their nutritional needs met.
- Ensure that the A&E department's observation ward provides same-sex accommodation so that patients' dignity is protected.
- Ensure that the privacy and dignity of patients who remain in the recovery areas overnight are maintained.
- Ensure that all resuscitation and safety equipment is checked regularly and that this is recorded and audited.
- Ensure that all medicines, including controlled drugs and fluids, are stored safely and appropriately.
- Ensure that records accurately reflect the time at which medicines are administered and taken.
- Ensure that fire exits are clear and accessible.
- Ensure that patient records are stored securely, maintaining confidentiality, and are available to clinicians when required.
- Ensure that appropriate risk assessments are in place when building work is undertaken in areas used by staff and patients.

Please refer to the location reports for details of areas where the trust SHOULD make improvements.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to University Hospitals Bristol NHS Foundation Trust

University Hospitals Bristol NHS Foundation Trust comprises eight hospitals and is one of the largest NHS trusts in the country. It is an acute teaching trust and became a foundation trust in June 2008.

The trust had 1,085 beds and employed 8,442 staff. In the financial year 2013/14, the trust had an annual turnover of £554 million and reported a £6 million income and expenditure surplus. After adjustments for technical items, a net deficit of around £5 million was declared. The trust had a healthy cash position at the end of the year. This was the 11th successive year of reported surplus for the trust. The trust was undertaking a significant building programme designed to upgrade and replace old accommodation and was making an investment in this of around £170 million.

The trust provided services to three distinct populations. Acute and emergency services were provided to the local population of around 300,000 in south and central Bristol. Specialist regional services were provided to a population of around 2.2 million in Bristol, North Somerset, Bath and North East Somerset, South Gloucestershire and Wiltshire. Specialist services were also provided across the whole of the South West, South Wales and beyond to a population of around 6 million.

The 2010 Indices of Deprivation showed that Bristol was the 79th most deprived local authority out of 326 local authorities. Life expectancy for men, at 78 years, was close to the England average of 78.5 years. Life expectancy for women, at 82.6 years, was very slightly better than the England average of 82.5 years. Bristol was significantly worse than the England average for the proportion of children living in poverty, levels of violent crime, long-term unemployment and educational attainment. There were significant variations in levels of deprivation within the city of Bristol and there were areas of prosperity within the city and the immediate surrounding area. Census information showed that 16% of Bristol's population was non-white, with 6% declaring their ethnic origin as Black, 5.5% as Asian and 3.6% as mixed race.

We inspected all of the hospitals that make up University Hospitals Bristol Main Site:

- Bristol Royal Infirmary
- Bristol Royal Hospital for Children
- Bristol Heart Institute
- Bristol Oncology and Haematology Centre
- St Michael's Hospital
- Bristol Eye Hospital
- The University of Bristol Dental Hospital.

We also visited South Bristol Community Hospital and the Central Health Clinic.

At the time of this inspection, there was a relatively stable executive team. The chief executive had been in post since 2010 and the chair since 2006. The chief nurse was the most recent appointment and had joined the trust in January 2014. There was a full complement of non-executive directors, some of whom had been in post since 2008 and some of whom had been appointed within the last 12 months. There were two non-executive board observers who had been appointed to enable continuity and an ordered succession when non-executives reached the end of their term.

We inspected the trust 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 March and July 2014. Concerns had also been raised about the trust. Our inspection was carried out in two parts: the announced visit, which took place on 10, 11 and 12 September 2014; and the unannounced visit, which took place on 21 September 2014.

Our inspection team

Our inspection team was led by:

Chair: Michael Wilson, Chief Executive, Surrey and Sussex NHS Foundation Trust

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Head of Hospital Inspections: Mary Cridge, Care Quality Commission

The team of 51 included CQC inspectors and a variety of specialists. These included two consultant surgeons; two consultants in paediatric cardiology; a consultant neonatologist; a consultant in obstetrics and gynaecology; a consultant intensivist; a consultant geriatrician; a consultant in emergency medicine; a consultant in sexual health; a chief nurse; two associate directors of nursing; specialist nurses in paediatrics, medicine, surgery and theatres, and end of life care; a midwife; a human resources specialist; a specialist in complaints; and two experts 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?

The inspection team inspected the following eight core services at the University Hospitals Bristol Main Site:

- Accident and emergency
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and family planning
- Services for children and young people
- End of life care
- Outpatients.

The team also visited South Bristol Community Hospital and the Central Health Clinic.

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the trust. These included the clinical commissioning group (CCG), the Trust Development Authority (TDA), NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), Royal Colleges and the local Healthwatch.

We held a listening event in Bristol on 3 September 2014 where 35 people shared their views and experiences of services provided by the trust. Some people who were unable to attend the listening events shared their experiences via email or telephone. The team also took account of information that had been shared by patients, the parents and families of patients and people supporting patients during a series of communications and meetings during 2014.

We carried out the announced inspection visit between 10 and 12 September 2014 and the unannounced visit on 21 September 2014. We held focus groups and drop-in sessions with a range of staff in the hospitals, including nurses, midwives, junior doctors, consultants, physiotherapists, occupational therapists, administrative staff, healthcare assistants and support workers, non-executive directors and biomedical scientists. We also spoke with staff individually, as requested.

We talked with patients and staff from across the hospitals, including ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment. We interviewed the chair and the chief executive, and met with a number of executive and non-executive directors, senior leaders from the clinical divisions and managers.

What people who use the trust's services say

In the NHS Friends and Family Test, the trust consistently scored above the England average. It was also achieving a good response rate to the survey, better than that in many other trusts. The overwhelming majority of

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respondents said that they would be extremely likely to recommend the trust as a place to receive treatment. This was consistently the case across accident and emergency, maternity and inpatient services.

In the CQC adult inpatient survey in 2013, the trust performed in line with other trusts in all 10 areas covered by the questions. The scores had not improved or deteriorated significantly from the 2012 results.

In the CQC survey of women's experiences in maternity services, the trust's performance was in line with other trusts in all areas.

The National Cancer Patient Experience Survey was designed to monitor national progress on cancer care. The trust was generally performing in line with other trusts, although it was in the bottom 20% nationally in 15 of the 60 questions relating to acute hospital care i. These areas tended to relate to communication with patients; patients understanding their treatment and potential side effects; and patients being involved in decisions about their care.

The trust's own information, as reported in the Quality Report for 2013/14, showed that over 97% of patients reported that the care they received from the trust was good, very good or excellent.

The overwhelming majority of feedback from patients, relatives and carers received during the inspection was similarly very positive. This does not negate the validity of the less positive experiences that individuals have reported to the team or the trust.

Facts and data about this trust

The University Hospitals Bristol NHS Foundation Trust had 1,085 beds and employed 8,442 staff. The trust provided district general hospital services to the local population of around 300,000 in central and south Bristol. The trust also provided a range of specialist services across the South West and in parts of Wales, serving a population of around 6 million. Specialist services included cardiac care, children's services, bone marrow transplantation, cancer and haematology services.

In 2013/14 the trust had 72,000 inpatient admissions, dealt with 57,000 day cases and provided approximately 618,000 outpatient appointments in 2013/14. During the same year, the emergency departments dealt with 115,000 attendances.

With the exception of St Michael's Hospital (the maternity service), the trust had consistently high bed occupancy; this regularly reached over 88% and was recorded as 90.3% between January and March 2014 (the latest figure available). It is generally accepted that when occupancy rates rise above 85%, they can start to affect the quality of care provided to patients and the orderly running of the hospital.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? Overall, we rated the safety of the services in the trust as 'requires improvement'. For specific information please refer to the individual reports for the University Hospitals Bristol Main Site, South Bristol Community Hospital and Central Health Clinic. It was clear that safety was a priority for the trust at every level. The team found that there was a good understanding of risks to patients. There were systems in place to report, investigate and learn from incidents. The team made judgements about safety across 12 services at three locations. Of those, nine were judged to be good and three required improvement. This means that the trust delivers safe care to a good standard but does not do so consistently in all services. Improvements were needed within surgery, medical care and outpatient services. There were staff shortages in medical and surgery services that were having an impact. Wards were not always fully staffed to their establishment if bank or agency staff could not be recruited. There were some issues with the safe storage of medicines and also with the checking of equipment. The team found that the environment was generally clean, tidy and well maintained despite the ongoing building work. The exception to this was in some outpatient clinics, where there were shortfalls in the monitoring of a safe environment and where building work was being carried out without sufficient account being taken of patient safety.	**Requires improvement**
Are services at this trust effective? Overall, we rated the effectiveness of the services in the trust as 'good'. For specific information please refer to the individual reports for the University Hospitals Bristol Main Site, South Bristol Community Hospital and Central Health Clinic. All services were found to be effective with the exception of surgery at University Hospitals Bristol Main Site, where some improvement was needed in order to consistently meet national standards in all areas. This judgement means that people received care, treatment and support that achieved good outcomes, promoted a good quality of life and was based on the best available evidence. There was evidence of good multidisciplinary working throughout the trust. This was important because it helped to ensure that a patient's care and treatment was coordinated and there was good	**Good**

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continuity of care. A notable example of this was within the children's hospital, where the recent centralisation of all children's services had improved the multidisciplinary working on emergency trauma cases. Staff spoke of good working relationships and easy access to other specialist advice when required.

Are services at this trust caring?

Good

Overall, we rated caring by staff in the trust as 'good'. For specific information please refer to the individual reports for the University Hospitals Bristol Main Site, South Bristol Community Hospital and Central Health Clinic.

Throughout the hospitals, in all services we observed caring staff providing kind and compassionate care and treatment. We witnessed positive interactions between patients and staff. Patients and relatives we spoke with were complimentary about the care that was received. Patients had a good understanding of the care they were receiving. Patients and relatives told us that they felt involved in their care and were treated with dignity and respect.

A range of services to support the emotional needs of patients and relatives was available throughout the trust. This included multi-faith spiritual spaces in a number of hospitals within the main site.

The team met some patients who had had a less positive experience; these situations were dealt with swiftly. The team also heard of some exceptional cases of care, including the granting of wishes for a patient at the end of their life and the inspired and caring approach taken with an elderly couple with dementia who had been injured in a car crash.

Are services at this trust responsive?

Requires improvement

Overall, we rated the responsiveness of the services in the trust as 'requires improvement'. For specific information please refer to the individual reports for the University Hospitals Bristol Main Site, South Bristol Community Hospital and Central Health Clinic.

There were a number of areas that needed to be addressed to improve the responsiveness of services provided by the trust. Some of the issues needed a multi-agency approach if improvements were to be made and sustained. The trust was dealing with high demand for its services and this was impacting, in particular, on urgent and emergency services, surgery, medical care, critical care and outpatient services. There were issues with the flow of patients through the hospital. This meant that patients waited too long in accident and emergency and were not always cared for on the most appropriate ward for their condition. It also meant that patients were moved between wards, sometimes at night, for reasons other

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than medical need. The team also found that patients were not always supported to leave hospital when they were medically fit to do so; this was because they were waiting for social care arrangements for their care to be assessed or put in place. This situation also meant that the number of operations being cancelled was unacceptably high.

The team found that outpatient services were struggling to meet the demand for their services and they were not meeting the 18-week referral to treatment targets. There were long waiting times for people in clinics, with inconsistency in the information provided about those waits.

The trust had recognised the need to improve its responsiveness to people who made complaints about their care and treatment. The trust had had a backlog of complaints since November 2013; this was being managed actively and more staff were being recruited. The board had reviewed the complaints service against the recommendations from the national review of NHS complaints and had made changes. These included improving the sharing of information on the numbers of complaints, themes and actions taken with staff at all levels. Improvements were also being made to link complaints and incident-reporting processes in order to capture all risks and to ensure appropriate investigation. The trust had invited feedback from commissioners on complaint responses and had taken steps to improve the tone of responses. The trust was providing action plans, together with responses, so that people could see what action was being taken and could hold the trust to account for that.

Are services at this trust well-led?

Requires improvement

We rated the overall leadership of the trust as 'requires improvement'. For specific information please refer to the individual reports for the University Hospitals Bristol Main Site, South Bristol Community Hospital and Central Health Clinic.

There were many very positive aspects to the leadership of this large and complex organisation with its eight hospitals, all with their individual identities and cultures. The team saw many examples of good leadership at ward, department, service and divisional level. All services were judged to be 'good' in the well-led domain with the exception of maternity, which was judged 'outstanding', and surgery, medicine and outpatients, which were judged as 'requires improvements'.

The improvements needed in leadership in outpatients were significant. The scale of the outpatients service, with approximately 600,000 first and follow-up appointments in the 12 months leading

up to the inspection, made it the largest interface between patients and services. While there was good local leadership in places, it was inconsistent. In addition, staff, including some senior staff, felt isolated. Administrative staff in some clinics were under very significant pressure and there seemed to be a lack of meaningful engagement with them. There was also inconsistency in the management and monitoring of the service. The management arrangements, sitting within different divisions and services, meant that there was no clear oversight of outpatients as a service.

The judgement for leadership in surgery needs to be viewed in the context of the whole service requiring improvement. The pressures caused by the issues with the flow of patients through the trust had a significant impact on this service. Staff spoke about an open culture and there was evidence of good leadership with moves and changes being well managed. That said, the variability and inconsistency of communication with staff and the lack of visibility of senior leadership were issues.

The issues in outpatients and surgery have impacted on the judgement of the leadership of the trust as a whole. There was no doubt that the trust's senior leadership were aware of the areas that needed improvement and they had plans in place or under discussion for improvement.

The team had some concerns about the pace of some improvement work, particularly where that work impacted on staff wellbeing and development. For example there had been a delay in agreeing the new workforce and organisational development strategy. There was also a concern about the pace of action that was designed to address some of the issues identified following two years of mixed staff surveys in which bullying had been identified as an area needing attention. The trust had an ambitious and significant work programme and had recently strengthened the governance and oversight of workforce priorities. Whilst strands of this work were at different stages it had not had a significant impact at the time of the inspection.

Vision and strategy for this service

- The trust described its mission and values as follows

"Our mission is to provide exceptional healthcare, research and teaching every day.

In pursuit of this mission we will be guided by the following four values:

- Respecting everyone

- Embracing change

- Recognising success

- Working together."

- The trust listed 17 strategic aims across the three core business areas of clinical services, research and teaching, plus three further supporting aims. Within clinical services, the aims included efficiency and effectiveness, being a major specialist provider, delivering to high standards and providing excellent patient experience. The aims in relation to research covered developments, collaboration and governance. The aims relating to teaching and learning referred to personal and organisation development. The supporting aims referred to sustaining financial surplus, improving the environment for patients, and improving the trust's governance and information systems. The trust has a separate set of quality objectives and priorities for improvement contained in and reported through the trust quality report. These objectives focused on patient care and covered areas such as reducing hospital acquired healthcare infections, reducing medication errors, and ensuring that patients were treated with kindness and understanding.
- Staff across the trust demonstrated an awareness of the trust's vision and values and talked about what they meant in terms of their own role and work area. The values were embedded in the recruitment and appraisal processes. Staff described how values were discussed at team meetings and how they were challenged to hold themselves and others to account.
- At the highest level there was a clear understanding of the trust-wide vision of providing the best care every day. Underneath that, the level of understanding varied. Staff understood the strategy in terms of their hospital and their service, but again this varied. Some staff had a clear understanding of both the trust-wide and service-level strategy, for example in accident and emergency and maternity. Some staff were very attuned to the service-level strategy because of the scale of changes; this was the case in surgery, where services were moving between providers and being reconfigured. There were some services where awareness of the service-level strategy was considerably less evident: for example, in outpatients awareness was very variable between different clinics.

Governance, risk management and quality measurement

- The current management structure of the trust had been in place since July 2005. At that time, it moved from 13 clinical directorates to five clinical divisions and a sixth trust services division that contained all the trust-wide corporate services.

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The divisions were led by senior teams that included a senior clinician, nurse and manager. Each division also had a safety adviser. There were clear lines of responsibility and accountability from board to ward. There were well-established frameworks and structures for risk management and quality measurement. There were clear reporting procedures, with departmental and specialty meetings reporting through to divisional and, ultimately, trust level. The trust had conducted an in-depth review of its arrangements against the recommendations of the Francis Report (Mid Staffordshire NHS Foundation Trust Public Inquiry) and had identified some areas for action, for example around communication with staff.

- There were good corporate systems and processes in place to support the unitary board. Subcommittee structures were clear and aligned to trust priorities. Changes were being made to the schedule of meetings to improve the flow of discussions leading up to board meetings. The Quality and Outcomes Committee, a subcommittee of the board, gave detailed scrutiny to quality reports. The non-executive directors on this subcommittee had raised questions about a potential gap in the information available to them. Specifically, they felt that they were not sighted on variations in quality and performance between divisions. Discussions about how to address this were under way at the time of the inspection.
- It was apparent in all services that quality, performance and risks were discussed. Staff were aware of risk registers and knew how to raise a risk to be included. Wards and departments had their own risk registers that fed into the divisional and corporate registers. In some areas, for example accident and emergency and maternity, staff were very engaged with risk and quality. There were some areas where this was not working so well: for example, there were inconsistencies in monitoring and managing the quality of outpatient services across the various divisions.
- Ward performance was reported on dashboards. These were highly visible and mostly up to date throughout the hospitals. However, there were places where persistent poor performance had not been addressed. For example, antibiotic compliance on ward 5b had been below the accepted threshold for eight of the last nine months reported. This indicated that not all identified issues were dealt with in a timely way and awareness of an issue did not always result in improvement.

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Leadership of service

- The leadership of the organisation appeared stable and assured. The chair had been in post since June 2006 and the chief executive since 2010, having been a board member since 2002. It was clear that the chair and chief executive worked well together. The chair articulated a strong and authentic sense of moral purpose, describing the role of the trust in terms of serving the needs of patients and their families. This approach was respected by executives and non-executive members alike and had been influential in setting a tone for the leadership team.
- There was a shared understanding of challenges and risks among the executive and non-executive members of the board. There was also a shared sense of ambition for the trust together with an energy and passion for improvement. The non-executive members, strengthened by recent appointments, were providing effective scrutiny and challenge. The non-executive members described their concern for and focus on the workforce and for giving staff engagement a much higher priority than it had had in the past.
- The profile of executive and non-executive members within the trust did not appear to be high but there seemed to be a consensus that this was not an issue. The non-executive members were clear that, in their view, it was the impact of good decisions that mattered rather than being recognised by staff. There were regular executive walkabouts, often with a focus on safety, but in a trust of this size it was recognised that these would have limited impact in terms of raising members' profiles.
- The executive leadership team, which had been strengthened by the relatively recent appointments of the chief nurse and the director of workforce and organisational development, gave a consistent view of the agenda for the trust, the successes and the challenges. There was appropriate acceptance that sound financial management provided the means to deliver and improve care. The leadership team was characterised by a sense of calm authority and focus.
- It was clear that the leadership of the trust had identified the issues that needed to be dealt with and had plans in place. There was evidence, for example in accident and emergency, that improvements in performance could be delivered. The focus of the plans, at every level, was on the quality and safety of care.

- Priority had been given to improving the handling of complaints, both in terms of the timeliness and quality of responses. There was also a determination to disseminate lessons and to be able to evidence how learning from complaints was driving improvements. The trust had also invited external scrutiny. Although some improvements had been seen, this was still a work in progress.
- Embracing change was one of the trust values so there was an expectation that change would be managed well. Change did appear to be well managed in many areas and staff talked about how aspects of the move into the new buildings and the reconfiguration of services had been handled very well. However, the overall picture to emerge was that the scale of change was becoming an issue, particularly in terms of effective involvement of and communication with staff. There was evidence that significant changes were being introduced without staff being aware of them. For example, the new learning management system was being launched less than a month from the time of the inspection but the team found that managers at a range of grades were unaware of it. A significant proportion of the staff spoken with by the team believed that access to training was budget-driven and was unaware of any learning strategy or plan.
- The chair had involved the trust governors in a meaningful way, actively involving them and including them at board meetings. As a group, the governors appeared to take their role very seriously and displayed a real patient focus.

Culture within the service

- It was clear that staff identified with their immediate team and the hospital where they worked rather than with the trust as a whole organisation. Each hospital had its own identity and culture. However, there were some common themes across services and hospitals and within the corporate services that were genuinely trust-wide. The trust values were known throughout and were well regarded. Staff talked about the values “feeling real”. Staff talked with real pride about their colleagues and about the services that they provided. Staff in all areas and at all levels talked about great teamwork. They described an open culture where they were encouraged to raise incidents and complaints. Staff spoke consistently about the priority given to the quality and safety of care and about wanting to make the patient experience as good as it could be. This attitude and approach was reflected in the judgements of ‘good’ for caring in every service at all locations. The majority of

staff with whom the team spoke described feeling valued and well supported, but this was not universal. In some places, for example the very busy outpatient clinics, some staff felt as if they were under siege and unsupported.

- Due to the challenges of running such a large and complex service, there was a sense that the trust had a culture of performance management and what might be termed 'command and control' rather than truly devolved leadership and accountability. While there was clear devolvement to divisions, further devolvement within the divisions was less clear. There were examples of very senior clinical and non-clinical leaders being involved in relatively minor decisions on staffing. The Breaking the Cycle initiative, which had aimed to free leaders and managers to address the challenges of patient flow, had demonstrated that middle managers, given the freedom and autonomy, could make a real difference. The focus on delivery, data and cost was impressive and had enabled the trust to deliver what was and continued to be a very challenging transformational agenda. However, this had perhaps been at the cost of some of the more people-focused aspects of the culture. There was evidence that this was changing, with the board being very concerned about two years of mixed staff survey results. The trust had an ambitious and comprehensive workforce and organisational development strategy but it was still in draft at the time of the inspection.
- There was a sense within the trust that it had been under exceptionally high levels of external scrutiny for a number of years; this was evident among some of the executive team and in particular locations such as the children's hospital. This external scrutiny was continuing with the Independent Review of Children's Cardiac Services in Bristol, which was getting under way at the time of the inspection. The trust was cooperating fully with the Review.

Public and staff engagement

- The trust had published a Patient Experience and Involvement Strategy and had had a programme of work in place since 2010 aimed at getting the views of patients through surveys and analysis of complaints. The updated strategy referred to developing better measures of patient experience, sharing patient feedback and using it to drive change, and seeking improvements in engagement and involvement with patients and the wider community. The board received patient stories as the first main item on the public part of the agenda and the anecdotal feedback was that these were having a real impact.

- Members of the executive team explained that one of the trust's quality objectives for 2014/15 was to refresh and renew its approach to patient and public engagement, particularly in areas of the organisation where this had yet to be fully embraced culturally. These plans were at an embryonic stage. The trust was not yet at a stage where participation was fully embedded and where it was driving core strategy.
- The trust had had a staff experience and engagement plan in place since May 2013. At the time of the inspection, the trust did not have a staff engagement strategy in place but was about to agree one. The strategy was included in an overall workforce and organisational development strategy that was being submitted to the board. The staff engagement element of that strategy demonstrated an ambition for all staff to be engaged in the way in which services were run. Early priorities had been identified; these included improving two-way communication, holding listening events, conducting staff surveys and pulse checks, focusing action on reducing work-related stress, bullying and harassment, and strengthening partnership working with staff representatives and trade unions. The strategy had the potential to address the areas of concern identified in the last two published staff surveys, but, given the early stage, it was not possible to judge any impact.
- The lack of an overall strategy on staff engagement meant that staff experience of this was very reliant on the effectiveness of local leadership and management. This was reflected in the team's discussions with staff across the different hospitals and services. In some places, staff did not feel engaged beyond their immediate team; in other places, for example in the maternity and children's hospitals, staff felt informed of and involved with wider developments.

Innovation, improvement and sustainability

- The trust worked collaboratively with local partners on research and innovation. Bristol Health Partners involved the trust and its partner universities (the University of Bristol and University of West of England) and NHS trusts in the region (North Bristol NHS Trust and Avon and Wiltshire Mental Health Partnership NHS Trust) together with the three local clinical commissioning groups and the local authority. The aim of Bristol Health Partners was to improve health and services, working through health integration teams that included patients and members

of the public. This was described by the chief executive as "a real success" and it had been recognised with the award of a formal Collaboration for Leadership in Applied Health Research and Care by the National Institute for Health Research (NIHR).

- The trust had a clear strategy and policy on research and innovation and provided accessible information to health professionals and members of the public about the work under way, including information about performance. The trust had a long-established reputation nationally and internationally for research that had transformed care. Examples included the trust's work on sudden infant death syndrome and cooling babies to prevent brain damage. More recently, research leading to significant developments and improvements in health outcomes had included developments in coronary bypass surgery on beating hearts, a focus on fatigue in patients with rheumatoid arthritis, and techniques for reducing high blood pressure in cases of resistant hypertension.
- The trust was proud of its connection to the University of Bristol and its medical school. The relationship was described to the team as having developed significantly. At the time of the inspection, a strategic review of the medical school was under way.
- Staff across the trust told us that innovation was encouraged and welcomed. During the meetings, focus groups and interviews held during the inspection, there was a consistent theme of a continuous focus on improving the safety and quality of care. Staff in some areas felt that the pressure of work meant that any participation in research had to be in their own time, and some felt that innovation would be supported only if it led to cost savings. Staff were proud to be associated with published research; an example was in maternity, where staff described how they had helped to move practice forward. Some innovations had been presented at national conferences, for example the development of specialised simulation babies to support the training of renal staff in undertaking renal dialysis on babies.
- The trust had a clear plan for improvement under the umbrella heading 'Transforming Care'. The areas identified for improvement included: delivering best care; improving the flow of patients through the hospital; delivering best value; renewing the hospitals; building capability; and improving partnerships. The trust's quality reports, which detailed progress and

challenges to the improvement, had been praised by external partners including commissioning groups, Healthwatch and local overview and scrutiny committees for the accessibility and transparency of the information provided.

Overview of ratings

Our ratings for University Hospitals Bristol Main Site

	Safe	Effective	Caring	Responsive	Well-led	Overall
Accident and emergency	Good	Not rated	Good	Requires improvement	Good	Good
Medical care	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity and family planning	Good	Good	Good	Good	Outstanding	Good
Services for children and young people	Good	Outstanding	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Requires improvement	Not rated	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Central Health Clinic

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients	Good	Not rated	Good	Good	Good	Good
Overall	Good	Not rated	Good	Good	Good	Good

Our ratings for South Bristol NHS Community Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall

Overview of ratings

Medical care	Good	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Our ratings for University Hospitals Bristol NHS Foundation Trust

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

Outstanding practice and areas for improvement

Outstanding practice

- Teamwork in the accident and emergency (A&E) department was exceptional. Staff at all levels were committed, motivated and engaged. They worked very well with each other across all job roles and staff grades. They were cohesive and demonstrated excellent teamwork within their departments and with other departments.
- The maternity service (St Michael's Hospital) was an impressive and highly functional unit. Staff worked hard together to provide excellent services to the local population and, as a regional referral unit, to the wider population of the South West and South Wales. Teams and individuals were highly flexible and the team was creative in finding ways to manage and mitigate the risks of working with a lower than optimal midwife-to-birth ratio. Multidisciplinary working within St Michael's Hospital, the local community and regional partners was well established, with the welfare of the mothers, babies and their families at the heart of the services provided.
- The children's hospital had outstanding safeguarding procedures in place. The safeguarding team had links in every department where children were seen. The trust considered child safeguarding issues in relation to adult patients in the Bristol Royal Infirmary: for example, A&E consultants checked all overnight admissions for safeguarding concerns. Weekly multidisciplinary meetings were held and there were clear links to the safeguarding board.
- The arrangements for young people to transition from children's to adult services, for example within oncology, were very good. The trust had a transition group that involved young people. This group highlighted and promoted good practice in order to replicate it in all areas.
- The trust had a paediatric faculty of education. This had been put in place to support the development and retention of staff. Specialist courses, accredited by the University of Plymouth, were on offer up to and including at master's degree level. Courses included paediatric critical care. All the staff spoken with by the inspection team were highly complimentary about this. The trust planned to allow access to the courses to children's nurses from other organisations.
- A process to review any death of a child had recently been implemented in addition to the statutory child death review processes A full review and debriefing of the case occurred within 24 hours of a child's death (whether expected or not). Parents were involved in the reviews and kept informed of progress.
- The specialist palliative care team was passionate about the service it provided and demonstrated excellent team working. The team facilitated weekly end of life multidisciplinary meetings with other professionals to discuss patients' care. In addition, the consultants regularly attended seven different condition-specific multidisciplinary meetings that were held every week.
- The specialist palliative care team was innovative and adapted to local needs and national policy by continually developing and evaluating tools and training to promote good end of life care for patients. The team shared its knowledge and learning within the trust and published its research. The team's responsiveness, support and skill were highly regarded by colleagues throughout the trust. The team was established in wider palliative care networks, including the local hospice and clinical commissioning group.
- The trust had direct access to electronic information held by community services, including GPs. This meant that hospital staff could access up-to-date information about patients, including details of their current medicines. There was evidence that this was improving the quality of care.
- The computerised patient record system in adult critical care was an excellent innovation. This had been developed by the critical care unit and alerted the consultant and nurses if a patient's safety and wellbeing were compromised.

Outstanding practice and areas for improvement

Areas for improvement

Action the trust MUST take to improve

- Take action, with others as needed, to improve the flow of patients into and through the trust. This includes improving access to services, including A&E services, and ensuring that patients are cared for in the most appropriate place and that they are supported to leave hospital when they are ready to do so.
- Take action to ensure that staffing levels meet the needs of patients at all times in both wards and theatres.
- Ensure that staff are able to attend and carry out mandatory training, particularly annual resuscitation training, in order to care for and treat patients effectively.
- Work with partner organisations to ensure that people with mental health needs receive prompt and effective support from appropriately trained staff to meet their needs.
- Continue to improve patient flow through the Bristol Royal Infirmary to ensure that patients arriving at A&E by ambulance do not have to queue outside the department because there is no capacity to accommodate them.
- Ensure that the discharge process starts at an appropriate stage of a patient's care, so that discharges are not delayed due to the unavailability of care packages.
- Improve the flow of patients to reduce, as far as possible, the need for night-time moves and to reduce the number of patients nursed in areas other than specialist wards.
- Ensure that patients whose surgery is cancelled have their nutritional needs met.
- Ensure that the A&E department's observation ward provides same sex-accommodation so that patients' dignity is protected.
- Ensure that the privacy and dignity of patients who remain in the recovery areas overnight are maintained.
- Ensure that all resuscitation and safety equipment is checked regularly and that this is recorded and audited.
- Ensure that all medicines, including controlled drugs and fluids, are stored safely and appropriately.
- Ensure that records accurately reflect the time at which medicines are administered and taken.
- Ensure that fire exits are clear and accessible.
- Ensure that patient records are stored securely, maintaining confidentiality, and are available to clinicians when required.
- Ensure that appropriate risk assessments are in place when building work is undertaken in areas used by staff and patients.

Please refer to the location reports for details of areas where the trust SHOULD make improvements.

This section is primarily information for the provider

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	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises The provider had failed to ensure that service users and others were protected against the risks associated with unsafe or unsuitable premises. Regulation 15(1)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Not all fire exits were clear and accessible. The fracture clinic was not a safe environment in which patients were to wait for and receive treatment. Patients and others were not protected from the risks associated with the ongoing building work.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 16 HSCA 2008 (Regulated Activities) Regulations 2010 Safety, availability and suitability of equipment The provider had failed to ensure that service users and others were protected from the risks of the use of unsafe equipment by ensuring that equipment is properly maintained and suitable for its purpose and is available in sufficient quantities. Regulation 16 (1)(a) and (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

Compliance actions

The trust had not ensured that all resuscitation and safety equipment was checked regularly and available for use in the event of an emergency.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records The provider had not ensured that records in respect of service users' care and treatment were kept securely and could be located promptly when required. Regulation 20(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Patient records in outpatient clinics were not always stored securely and were not always available to clinicians when required.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing The provider had failed to consistently safeguard the health, safety and welfare of service users, because they did not ensure that, at all times, there were sufficient numbers of suitably qualified, skilled and experienced staff employed for the purposes of carrying on the regulated activity. Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. There were not always sufficient numbers of suitably qualified, skilled and experienced staff employed on surgical wards and in operating theatres.

This section is primarily information for the provider

Compliance actions

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 13 HSCA 2008 (Regulated Activities) Regulations 2010 Management of medicines The provider had failed to protect services users against the risks associated with the unsafe use and management of medicines, by means of the making of appropriate arrangements for the obtaining, recording, handling, using, safe keeping, dispensing, safe administration and disposal of medicines used for the purposes of the regulated activity. Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Medicines were not always stored securely in critical care areas and on medical and surgical wards. Records of medicines administration on surgical wards were not always maintained to accurately reflect the time at which medicines were administered.

Regulated activity	Regulation
Surgical procedures Treatment of disease, disorder or injury	Regulation 14 HSCA 2008 (Regulated Activities) Regulations 2010 Meeting nutritional needs The provider had failed to ensure that service users were protected from the risks of inadequate nutrition and dehydration, by means of the provision of a choice of suitable and nutritious food and hydration, in sufficient quantities to meet service users' needs. Regulation 14(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Patients whose surgery was cancelled did not always have their nutritional needs met.

This section is primarily information for the provider

Compliance actions

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services The provider had failed at times to plan and deliver care to patients needing emergency care, surgical care and medical care to meet their needs and ensure their welfare and safety. Regulation 9(1)(b)(i) and (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Patients arriving by ambulance at the Bristol Royal Infirmary A&E department were frequently delayed because the department did not have the capacity to accommodate them. This delayed their assessment, care and treatment and compromised their dignity and wellbeing. Patients in the Bristol Royal Infirmary A&E department with mental health needs did not receive prompt and effective support to meet their needs from appropriately trained staff. The discharge of medical and surgical patients was not always planned effectively in order that they could leave hospital in a timely manner when they were fit to do so. Medical and surgical patients were not always nursed on the appropriate ward for their needs or medical condition. Some surgical patients were moved to an appropriate ward at night; however, this disturbed patients' sleep and could cause confusion and disorientation leading to patient safety incidents.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services

This section is primarily information for the provider

Compliance actions

Treatment of disease, disorder or injury	The provider had failed at times to plan and deliver care to patients needing emergency care, surgical care and medical care to meet their needs and ensure their welfare and safety. Regulation 9(1)(b)(i) and (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. Patients arriving by ambulance at the Bristol Royal Infirmary A&E department were frequently delayed because the department did not have the capacity to accommodate them. This delayed their assessment, care and treatment and compromised their dignity and wellbeing. Patients in the Bristol Royal Infirmary A&E department with mental health needs did not receive prompt and effective support to meet their needs from appropriately trained staff. The discharge of medical and surgical patients was not always planned effectively in order that they could leave hospital in a timely manner when they were fit to do so. Medical and surgical patients were not always nursed on the appropriate ward for their needs or medical condition. Some surgical patients were moved to an appropriate ward at night; however, this disturbed patients' sleep and could cause confusion and disorientation leading to patient safety incidents.

Regulated activity	Regulation
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting staff

This section is primarily information for the provider

Compliance actions

The provider had failed to have suitable arrangements in place to ensure that all staff were supported to receive appropriate training to enable them to deliver care and treatment to service users safely and to an appropriate standard.

Regulation 23(1)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Not all staff on medical wards were able to attend and carry out mandatory training, particularly annual resuscitation training, in order to care for and treat patients effectively.