



Via email to: robert.woolley@uhbristol.nhs.uk

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Dear Robert,

CQC inspection of University Hospitals Bristol NHS Foundation Trust

Following the feedback meetings from both the core services and well led inspections, I thought it would be helpful to summarise what we talked about at those meetings. The meetings were attended by yourself, and members of your executive team, as well as myself with members of the CQC inspection teams.

This letter does not replace the findings in the draft report, and is not a definitive list of things we will report upon, but confirms what we fed back on 3rd May 2019, and 23rd May 2019. It is designed to provide you with a basis to start considering what action is needed now, rather than waiting for the draft inspection report.

An overview of our preliminary findings

The comments we made and preliminary findings we fed back included:

Thanking you for making us so welcome, working so hard to make the inspection as positive an experience as possible for everyone involved, and for providing information as and when we requested it. Thank you for ensuring our team had everything we needed; particularly supporting the demands we inevitably place on your staff. Particular thanks should be forwarded to Stuart Metcalf and Anna Horton in this regard.

Without exception, in all areas we visited, we found staff to be friendly, authentic, open and willing to talk with us; to share what they were most proud of and to be honest about their experiences of working for your organisation.

We provided high-level feedback for each core service:

Surgery

The team inspecting surgery found a service delivering truly person centred care, in a proud and positive manner. We saw exemplary provision for involving people in their care and gaining their consent. The team heard of really good examples of the

experiences of patients with learning difficulties that met with, and sometimes exceeded best practice. The discharge lounge was working well, and we saw the benefits of this.

Matrons were clearly visible and part of their teams, with the wider leadership within the surgery division also a clearly visible group.

We saw that learning from incidents was clearly embedded in the way of working and was part of the cultural fabric of the surgery division.

Children and Young People

The team inspecting services for children and young people found a service that excelled in involving children, young people and their families in the development of the service. We saw a holistic approach in the delivery of care to children and young people. A stand out was Mark – a head nurse within the children and young people’s service who was clearly so passionate about making a difference to the experiences of young people.

Provision for children in the eye hospital – despite the environmental challenges was found to be very positive. Another positive experience was the work being done around transition services for children and young people which the team inspecting this core service found impressive.

We did discuss the incident whereby the father of a child was permitted to sleep in an empty bed on a children’s ward. However, following discussions at the time of the incident we were satisfied this was not standard practice. We understand that immediate actions were taken as a result to mitigate the risk of this happening again.

Maternity

The team inspecting maternity services had an overall positive experience. Maternity was inspected in its own right at this inspection as opposed to being attached to gynaecology in line with the updated methodology. We found positive examples of multidisciplinary working, and health promotion.

The BIRCH team were impressive, and we heard of good examples of this integrated team working well.

We discussed an issue with you with regards the temperature of rooms in which medicines were stored – both in the foetal medicine unit, and the midwife led unit. This meant that the medicines in these rooms were being stored at temperatures above the recommended levels.

Urgent and Emergency Care

The inspection team enjoyed a wide and varied inspection of urgent and emergency care. We explained that as a core service, findings from all three emergency departments would be reported on collectively under this heading. We also explained that it is likely, if they were being reported separately, they would achieve different ratings.

Whilst flow continues to be a challenge, it was well understood throughout the departments. The emergency department teams in all three departments were proactive, strong and dynamic. By teams we mean all members; we were equally impressed with porters, admin staff, housekeepers, non-registered nursing staff as well as the registered nurses and medics. The inspection team saw a “flat” model of working which appeared very successful at encompassing the “team feel” we observed.

Emergency care in the eye hospital “just works” in the words of the inspectors. Despite the environmental challenges, emergency care being delivered out of the eye hospital clearly worked for those patients requiring it.

We were highly impressed with the empathy displayed by all staff involved in the delivering of urgent and emergency care. The demographic of the patient group at the trust is undeniably challenging beyond that of other hospitals in the area. However, staff were genuine, patient and authentic with what could be particularly challenging situations, and there was no sign of any “fatigue” or “front” to this behaviour.

We did raise some concerns with you – both during our inspection and at feedback. We were pleased with the speed with which actions were taken in response to feedback given during the inspection.

We did raise with you some concerns about medicines – specifically PGDs in the emergency department, time breaches, as well as provision of services for CAMHS patients. We will of course evaluate the effects of these on the report as a whole.

Well Led

The selection of places to visit for the tour was interesting, and met the brief very well. Additionally, the use of the education centre for the course of both inspections has been incredibly positive; it is a lively building with great facilities – it was good to see it so well used.

There was a consistency of positive feeling across the leadership team and focus groups, with the exception of consultants. Those with whom we spoke were not in a good place. We recognise we only saw a small amount of the total number, and the picture painted therefore may not be entirely accurate, but there is clearly some work to be done with this group.

We saw no signs of complacency across the leadership group we met with – there was pride in a job being done well, but a clear desire to develop and move forward in a changing climate.

The values of the organisation were clearly demonstrated by the leaders we met at all levels. Middle grade doctors spoke of supportive leadership from consultants.

Our conversation with Jeff Farrar was interesting and enjoyable. There is clearly a desire to be aware of what is happening in the trust, and to make himself available – which is also rolling out across the NED group. The NEDs are an effective and articulate group of people, amongst the best that we have encountered. The governors are also an effective group who are respected and valued.

We have not learnt anything as part of the well led inspection that as a trust you are not already aware of.

BAME group issues – we recognise the intentions are there, and that the concerns with this group of staff are not new to you. There is work to do in this area, but we are assured that this is a priority area of work.

Work around learning from deaths was a real highlight – particularly the focus on dignity and recognising sources of important information within the trust, for example the bereavement team. Research and development was another positive example of

how the organisation is striving to move forward and remain valid in a changing climate. The inclusivity in this field of work is impressive.

Some roles were highlighted to us through the course of both inspections – for example the guardian of safe working hours was described as passionate, and was highly regarded by the junior doctors we met. Ann Frampton’s lead on QI is exceptional – this has progressed markedly since the last inspection.

Overall what has been clear during this well led inspection is the sense of pride as opposed to arrogance; that there is a warmth and authenticity within the organisation that supports a desire to improve.

We would like to take this opportunity to thank you once again for the arrangements that you and your team made to support the inspection, and for the excellent cooperation we experienced from you and your staff throughout.

If you have any questions about this letter, please do not hesitate to contact me. You can write to the address above, or contact details are shown below the signatures.

Yours sincerely



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