

Yeovil District Hospital NHS Foundation Trust

Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Requires improvement 

Are resources used productively?

Inadequate 

Combined quality and resource rating

Requires improvement 

Summary of findings

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Background to the trust

Background

Yeovil District Hospital opened in 1973, and the managing trust, Yeovil District Hospital NHS Foundation Trust, was awarded NHS foundation status in June 2006. The trust delivers services to a population of approximately 180,000 people, primarily from the town of Yeovil and the neighbouring villages and rural areas of South Somerset, North and West Dorset, and parts of Mendip.

The trust's workforce, of around 2,250 clinical and non-clinical staff, works primarily on the single hospital site, Yeovil District Hospital.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement 



What this trust does

The trust operates primarily from one hospital site, Yeovil District Hospital in the centre of the town of Yeovil. Patients receive outpatient and inpatient consultant services for a range of specialties. The trust also provides outpatient and diagnostic services in community hospitals in the surrounding area.

Yeovil District Hospital has 320 beds, 14 inpatient wards, and an integrated private patients' wing (profit from which is reinvested into the trust). The trust provides full emergency department services for adults and children, and critical care for adults. Patients are admitted for emergency and planned surgery, and a full range of medical care services. There are a range of outpatient services, services for older people, acute stroke care, cancer services and a full pharmacy service. Yeovil District Hospital is an accredited trauma unit as part of the Severn Trauma Network.

The trust provides comprehensive maternity services, including a midwife-led maternity unit, community midwifery antenatal care, postnatal care, and home births. The trust has a special care baby unit and children's services including emergency assessment, inpatient and outpatient care.

Diagnostic services include fully accredited pathology, CT scanning, MRI scanning, ultrasound, cardiac angiography and a respiratory laboratory. There are a wide range of therapy services, a frailty assessment unit, and an integrated service working with GPs and social services.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Summary of findings

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

We inspected four core services in December 2018 and a fifth in January 2019, and the 'well led' aspect of the trust in January 2019. The five core services were inspected at Yeovil District Hospital and were urgent and emergency services, medical care, maternity, services for children and young people, and end of life care.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at trust level. Our findings are in the section headed 'Is this organisation well-led?'

Prior to our inspection on site, we gathered information and data from the trust, NHS Improvement, and stakeholders (community organisations with an interest in healthcare provided by the trust and the clinical commissioning group). We held focus groups for different staff prior to the core service inspections as part of regular engagement meetings, and during the well-led inspection.

In 2017, CQC undertook a pilot inspection of this trust to test the methodology for our well-led inspections. Although the report from this inspection was not published, the trust received the report from us, and actions it should undertake from those things we found. The trust addressed these and produced an action plan against each undertaking. We will therefore report on the improvements the trust has made following both the well-led pilot inspection, and the comprehensive inspection we carried out in 2016.

Note that references in the report to the NHS staff survey are for the year 2017. During our inspection, the 2018 survey had been released in limited form by a third-party organisation engaged by the trust to produce early results. We noted the trust had significantly improved from an already strong position in several key areas. However, as the NHS full survey had not been released at the time of writing this report, we have used the 2017 results as this has national comparison data.

At our last comprehensive inspection of the trust in March 2016 (the report published in July 2016) we rated the trust overall as requires improvement, with requires improvement ratings for safe, effective, responsive and well led. We rated the trust good for caring.

We considered all the information we held about the trust when deciding which core services to inspect and based our inspection plan on the areas considered to be the highest risk.

What we found

Overall trust

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

Safe and well-led were requires improvement, with effective, caring, and responsive rated as good. The rating of well-led at core service level was good overall, but the rating for trust management, specifically around financial governance, was requires improvement. This led to a combined overall rating for the trust of requires improvement. Safe and well led remained as requires improvement, and caring remained good. The other key questions of effective and responsive improved from requires improvement to good. In maternity services, caring was rated as outstanding, and in urgent and emergency care (A&E) responsive was rated as outstanding.

Summary of findings

We rated **well-led** at the trust as requires improvement because:

- There was a significant failing of financial governance and the board collectively taking ownership of those areas of concern the trust could control and influence. There was a lack of assurance of financial scrutiny by the board. The board were unable to collectively or consistently articulate or explain the financial problems the trust was facing or the deterioration in the financial position emerging in the latter part of this financial year. The board assurance framework did not rate the financial risks at a sufficient level to match the degree of their seriousness. NHS Improvement rated the trust as inadequate for its use of financial resources.

However:

- Beyond the significant financial challenge, the trust's leadership team had the experience, capacity, capability and integrity to lead the organisation. Leaders were highly visible, approachable and supportive to their staff. The leadership team recognised there were challenges to high quality care and sustainability, although this did not extend to a resolution of the serious financial issues.
- There was an interconnected vision and strategy for the quality of care and services for patients and the local population. The trust was working with local healthcare partners to achieve the priorities for delivering good quality sustainable care, but failing to make inroads and play its part in a system-wide solution to the financial problem.
- The culture of the organisation was strong and centred on people who use services. Staff felt positive and proud to work for the organisation. The leadership team modelled and encouraged compassionate, inclusive and supportive relationships among staff, who felt respected, valued and supported. There was an emphasis in the trust on the safety and wellbeing of staff. Equality and diversity were promoted within the organisation. There were structures, processes and systems of accountability to operate a governance system designed to monitor the service and provide assurance of safe and quality care.
- The operational performance at the trust was meeting most of the national targets or standards for treating patients. It was performing better than the England average in all measures. The trust engaged in a variety of ways with the public and local organisations to plan, manage and deliver services.
- There was a strong culture of reporting incidents to learn and improve. There were systems to improve the service and performance with a focus on continuous learning and quality improvement projects. There was innovation and development through research.
- **Urgent and emergency services** (also known as accident and emergency services or A&E) improved from requires improvement to good overall. Safe, effective and well-led improved from requires improvement to good. Caring remained as good, with responsive improving significantly from requires improvement to outstanding. In safe, we found people were protected from harm by sufficient numbers of staff, a safely run department, and a team willing to learn and improve. Care was delivered effectively to give patients good outcomes. The caring of patients was delivered with kindness and empathy. Our rating of responsive described the department's service as outstanding. The service was one of the top in England at meeting the four-hour standard to see and treat patients. Patients were treated as individuals and meeting their needs was part of the values which drove staff. Well-led had improved with a renewed commitment to the service, its governance and improvement.
- **Medical care** was rated overall as good overall. This improved from a rating of requires improvement at our last inspection in 2016. Safe remained as requires improvement but responsive and well-led improved to good. Effective and caring remained as good. In safe, we were concerned about risk assessments and responding to deteriorating patients. There were some issues with cleanliness, tidiness and equipment checking. Patients' records were not always maintained well enough. However, other aspects of safe had seen improvements. Effective care was provided to give patients good outcomes. Caring was provided with kindness, and patients and those who cared for them were

Summary of findings

valued as central to the care provided. The service met the needs of people who used it, and responsive was rated as good. There had been considerable work to get people into and out of hospital in the best way possible, although some referral times needed to be improved. The service was well-led and this area rated as good. The management had the skills and experience to lead and govern the quality and safety of care.

- **Maternity services** were rated overall as good. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. Safe, effective, responsive and well-led were rated as good. Caring was rated as outstanding. In safe, training, safeguarding, infection risk and medicines were managed safely. Equipment and premises were generally well-maintained, although the premises were ageing and some areas not ideal. The windows were susceptible to leaking in the rain and the lift was at risk from breaking down at times. There were mostly safe levels of staff as recommended by national guidance. Care was effectively provided in line with national guidance and women had good outcomes. Staff were competent and their performance was monitored. Caring was rated as outstanding as feedback from women and their partners was consistently excellent. Women were treated with dignity and respect and emotional support. The service was responsive to the needs of women and their partners. Services were planned to give choice and were available when needed. Managers in the service had the skills and experience to provide a good, high-quality service. There was a positive culture and staff were well supported.
- **Services for children and young people** improved from requires improvement at our last inspection in 2016 to good overall. Safe stayed as requires improvement. Effective remained good as did caring and responsive. Well-led improved from requires improvement to good. Safe remained as requires improvement as we were concerned about the overall safety of the environment with the necessary admission of children with mental health problems where there were no beds available to them in specialist mental health services. Not all staff had updated their mandatory training and some patient records needed to be better. However, staff knew how to protect children from abuse and there were enough staff to support them. Incidents were managed well and the service was willing to learn. Care was effective and children and young people had good outcomes. Caring was provided with kindness and compassion to both children, young people and their families. The service was responsive to meet the needs of the population. Well-led had improved with managers who had the skills to run a service with a recognised commitment to children and young people. There was a positive culture and shared values.
- **End of life care** was rated overall as good. This improved from a rating of requires improvement at our last inspection in 2016. Safe dropped one rating to requires improvement due to issues with recording of mental capacity assessments and decisions around resuscitation. Not all risk assessments were being completed and there was no policy or standard operating procedures for the use of syringe drivers. However, staff were well-trained, kept patients safe, most patients' records were good, and there was a safe level of staff. Effective remained good with patients receiving good outcomes and care and treatment based upon national guidance. There was good multidisciplinary working. Caring was good, with staff providing compassionate and emotional support. Responsive remained as good with the service committed to meeting the needs of the population and caring for them as individuals in the last phase of their lives. Well-led had improved to good with renewed leadership. The governance of the service had improved, although there remained some work to do.
- On this inspection we did not inspect surgery, critical care, or outpatients. The ratings we gave to these services on the previous inspection in 2016 are part of the overall rating awarded to the trust this time.
- Our decisions on overall ratings take into account, for example, the relative size of services and we use our professional judgement to reach a fair and balanced rating.

Our full Inspection report summarising what we found and the supporting Evidence appendix containing detailed evidence and data about the trust is available on our website – www.cqc.org.uk/provider/RA4/reports.

Summary of findings

Are services safe?

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

There remained issues with the completion of patient records, including risk assessments, and mental capacity assessments in both medical care and end of life care. Records did not provide assurance of the appropriate response to deteriorating patients and not all were completed to the required standard. The pressures on children's services from patients with mental health problems led, at times, to risks to the safety of the ward and the wellbeing of other children. Not all mandatory training had been updated by staff.

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

Are services effective?

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

Patients received care that was mostly in line with national guidance. Outcomes for patients were good. There was a multidisciplinary approach to patient care, with input from staff with different skills and expertise to provide better outcomes. Staff were competent in their roles and their performance was regularly reviewed.

However, the palliative care service was not provided across all seven days of the week. Not all malnutrition screening and pain management was recorded well. Not all staff understood their roles and responsibilities for assessing and recording a patient's mental capacity.

Are services caring?

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

Staff were kind and caring to their patients. They supported them to get better, or cared for them to the best of their ability when they were at the end of their life. Staff were compassionate to children, young people and their families. The emergency department staff looked after people with kindness, often under difficult circumstances and high-pressure situations. They supported their families as well. Staff in the maternity services provided the women and their partners they cared for with outstanding kindness and compassion.

Are services responsive?

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

The trust had met almost all the performance targets for seeing patients on time. This included an outstanding performance by the emergency department in meeting almost all the four-hour standard and being one of the top performers in the country. The trust was taking significant and effective action to get patients into and out of hospital as soon and safely as possible. Patients were treated as individuals and care provided to meet different needs.

However, not all referrals to treatment in medical care were being arranged within the target time due to high demand on services.

Are services well-led?

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

At trust level, there were significant failings in financial governance and concerns with risk management of financial matters. There was too much emphasis within the trust of discussing the financial problems as failings in external factors, rather than the emphasis being placed on controlling what could be achieved internally. However, well-led in the core services had improved from requires improvement to good. Some areas needed further strengthening, but staff

Summary of findings

were looking at incidents, complaints, audits and safety information to ensure the service was safe and of good quality. There was great and improved morale among the staff who felt they were well supported throughout the organisation and in their teams and services. There was good engagement with other providers, stakeholders and the public to hear other viewpoints and experiences. The trust and staff were committed to improvement, innovation and change.

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also accounted for factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

See the Ratings tables section below for the detail.

Outstanding practice

We found examples of outstanding practice in urgent and emergency services, medical care, maternity, end of life care, and trust-wide.

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

Areas for improvement

We found areas for improvement including 13 breaches of four legal requirements that the trust must put right. We found 62 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

Action we have taken

We issued requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of legal requirements at a trust-wide levels, in urgent and emergency care, medical care, services for children and young people, and end of life care. We did not issue any requirements in maternity services.

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

What happens next

We will make sure that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

We found the following outstanding practice:

Trust wide

- There was an outstanding example at the trust of a handbook produced for all staff on all matters relating to their employment. This had been written in straightforward language by the human resources department, with a focus on it being accessible for everyone who worked at the trust.

Summary of findings

- The trust had an outstanding service for recruiting and supporting overseas workers.
- There was an arrangement for staff to pay for their parking costs at the trust dependent upon their income. Availability was linked to staff with caring responsibilities.
- An outstanding staff wellbeing service, which included a concierge service, an errand service, weekly tea rounds, international staffing celebrations and multiple staff groups and activities. This was fully supported by the executive team.
- Following criticism in our 2017 pilot report around support for equality and diversity, the trust had implemented supportive and innovative work for staff now coming together as the ethnic minorities network.

Urgent and emergency services

- The emergency department's consistent achievement of the national standards in relation to the time patients spent in the emergency department, the time they waited for treatment to begin and the time they waited for an inpatient bed.
- Engagement and work the department undertook with the local nursing homes to improve patient discharge and prevent unnecessary hospital admissions.
- The department's decision to calculate its performance against the number of patients waiting more than 12 hours from the time the patient arrived at the department, rather than from the decision to admit.
- The department's commitment to improving services by promoting training, research and innovation.

Medical care

- The service managed patient flow through the hospital very well. Staff explored all options for safe discharge of patients in a patient-centred way. The service had developed innovative pathways such as the Home First service that supported patients to return home as soon as they were medically fit with support from the therapy team provided at home. Occupational therapists and social workers first identified and met patients while they were in hospital and continued to care for the patient in their own home once discharged. In some circumstances, we were told social workers and therapists could arrange to be at the patient's home to meet them immediately after discharge.
- The oncology service had put together a business case for a 'prehab' initiative to help patients take control of aspects of their care prior to beginning formal treatment. Staff explained how patients had reported feeling out of control following diagnosis, with very little control over what was happening to them besides deciding on their treatment pathway. The 'prehab' initiative was designed to help patients prepare for their treatment by improving activity and nutrition which had proven links to better outcomes for some types of cancers.
- The stroke team had set up a 12-week post-stroke clinic, Aspire (acute stroke prevention, rehabilitation and education), 12 years ago. The clinic gave physical, emotional and social support to patients, carers and family members, which was delivered by ex-patients who volunteered in the clinic. Due to the success of the Aspire clinic, two local community hospitals used the same model. Evidence of patient outcomes has been used for a staff member's doctoral thesis.

Maternity

- The home birth team held monthly informal 'meet and greet' meetings, where women and their partners could meet all members of the team and other mums and dads who were considering a home birth, or who had already experienced a home birth. This allowed women and their partners to ask any questions and discuss any concerns.

Summary of findings

- Women were encouraged to be vaccinated against influenza and whooping cough. The service had introduced a 'Flu & Brew' drop in session, where women were invited to come to the maternity unit to receive their vaccination, have a cup of tea, and meet midwives and other mums-to-be. Sessions were publicised verbally by midwives, there were posters in the unit and details were posted on social media.
- A series of live interactive education sessions took place, known as 'Mat Chat', focusing on a range of subjects, including infant feeding, healthy diet and postnatal depression. These were recorded and available to view any time on the trust's website.
- Complaints were used as training opportunities for staff. At the time of our inspection, the service was arranging for two complainants to come and speak with groups of staff about their experience. This would allow staff to hear first-hand how these women felt about the care they had received.
- There was an enhanced recovery programme for women undergoing planned caesarean section. A booklet entitled 'caesarean section and enhanced recovery', set out useful information for women undergoing this procedure. Staff documented each step of the woman's progress on this pathway, using the 'enhanced recovery programme for caesarean section record, which contained prompts and checklists for each stage of care. Post-operative women were encouraged to keep a diary to document their progress during recovery, including an assessment of their pain. These diaries were collected by midwives at the end of their postnatal period to evaluate the success of the programme.
- The support provided to women and their families who had lost a baby was exceptional. There was a specialist midwife who provided emotional and practical support to bereaved families. They supported high risk women through their pregnancies; this included pregnant women who had previously experienced the loss of a baby. The midwife supported women in labour and following a loss, working with families to ensure the precious time they spent with their babies was as they wanted. This included supporting them, for example, to bathe and dress their baby, and making babies footprints in clay. They liaised with funeral directors and supported families when they received their post mortem results. The midwife attended the local SANDs support group for families who had experienced the loss of a baby and worked with families and the group to look at ways that the experience of families could be improved. They were about to undertake training to be able to take consent for post-mortem, to prevent grieving families having to have further meetings. There was an excellent, self-contained bereavement room, sensitively located, decorated and furnished, where women and their partners could stay for as long as they needed to come to terms with the loss of their baby. We heard many moving accounts from bereaved parents, who expressed their gratitude for the support they received, which far exceeded their expectations.

End of life care

- Staff spoke of examples where they described care they demonstrated they had gone the extra mile to meet the needs of patients in their care and who were approaching the end of their life. These examples included enabling a theatre trip with the added touch of a gift for the patient presented at the theatre. The mortuary staff enabled viewing of a loved one when additional arrangements were required. Allied healthcare professionals stayed on at work to ensure discharge of a patient to their preferred place of dying.

Areas for improvement

These are actions the trust MUST take to comply with its legal obligations and actions a trust SHOULD take to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust MUST take to improve:

Trust-wide

Summary of findings

- Provide assurance of financial scrutiny and financial risk management through the trust board with a collective and consistent understanding of the major financial issues facing the trust.
- Review the corporate risk register to ensure all risks are given a priority to match their degree of seriousness. Produce a risk register which is accessible and uncomplicated. Replace the current board assurance framework with a more appropriate and accessible report actively used by the board to identify, monitor and mitigate key risks.
- Produce an effective internal communications strategy for the financial position that sets out actions the trust, and everyone in it, can take to support financial improvement. Extend this to conversations with the wider healthcare system while being able to show the trust is doing all it can to work to a resolution in the financial position.
- Seek support to ensure there is good awareness of the opportunities to access and use benchmarking data to drive improvement.
- Ensure all mandatory training is meeting trust targets.

Urgent and emergency services

- Store all confidential patient records safely and securely.

Medical care

- Check resuscitation equipment every day or as is required by trust policy.
- Complete and escalate early warning scores appropriately.
- Maintain fully accurate records of patient care and complete fluid balance charts in line with trust policy. Complete resuscitation paperwork in line with trust policy and national guidance.

Services for children and young people

- Ensure the environment of ward 10 is suitable and safe for all children and young people who are admitted for care and treatment. Prevent children and young people from having access to areas of the ward which are potentially harmful to them.
- Safeguard children and young people at all times by monitoring and assessment to reduce the risk from self-harm.

End of life care

- Improve processes for mental capacity assessment and ensure documentation is completed in line with trust policy and national guidance. Include decisions about resuscitation and treatment escalation plans to ensure these are completed in line with trust policy and national guidance.
- Review processes for safe administration of medicines through a syringe driver, including infection prevention and control measures.

Action the trust SHOULD take to improve:

Trust-wide

- Review the scope and membership of the financial resilience and commercial committee to consider incorporating operational performance within its remit.
- Develop a set of written and meaningful objectives for the non-executive directors.
- Set out in a single easy to interpret document the business case development and approval process and implement post implementation reviews for larger business case investments.

Summary of findings

- Consider how the freedom to speak up guardian and guardian of safe working hours annual reports are presented to the board so it hears from and can directly question those staff who are in those roles.
- Look at the role of the trust's governors to check it is being fulfilled in line with expectations and national guidance.
- Review the compensation arrangements for junior doctors who work extra hours so they are consistent.
- Produce an action plan for the junior doctors based on NHS Improvement's 'eight high impact actions' audit tool.
- Produce action plans which are specific to the individual and specific requirements of the various equality and diversity standards.
- Audit services against the Accessible Information Standards to determine compliance or actions to be taken and publish the results.
- Present the board with assurance of training in safeguarding which has a good level of detail.
- Revise the complaints annual report to focus on learning and improvement, and not focus on numbers such as response times. Follow the requirements of trust policy in both content and how the report is approved.
- Update the trust website to be clear on the trust's requirements and actions under the General Data Protection Regulation 2018.
- Prevent unauthorised access to any confidential patient records and leave none unaccompanied in any area of the hospital or beyond.
- When publishing reports on learning from death, have improved emphasis on learning and improving outcomes.

Urgent and emergency services

- Introduce a screening tool to assess the risk of abuse in children.
- Implement specific cleaning schedules.
- Improve staff compliance with cross-infection processes including being bare below the elbow and complying with hand hygiene rules.
- Review doors on side rooms to check they can be fully shut to reduce cross infection risks.
- Introduce a process to be able to monitor those patients waiting for computer tomography scans.
- Store all equipment such as medical gases safely and securely.
- Improve the department's environment for patients arriving by ambulance.
- Look at how to increase the capacity of the department, such as the resuscitation area, to meet increasing demand and overcome current constraints.
- Identify and implement systems to support receptionists in the identification of patients at risk of deterioration.
- Review and risk assess the lack of one registered children's nurse present per shift.
- Improve the quality and completion of the records and monitor compliance including the recording of the holistic needs of patients.
- Resolve the issues with staff not recording the amount of morphine wasted.
- Review the lack of a paediatric emergency medicine consultant in the department.
- Develop the structures and systems of accountability to support the service.

Summary of findings

- Support adherence to national guidance and effective practice of audits and improve patient outcomes.
- Increase the number of qualified nurses who have received an appraisal in the last 12 months in line with the trust's target of 90%.
- Improve compliance with NHS England's seven-day services priority standards.
- Determine those staff who require level three adult safeguarding training and improve training completion compliance.
- Improve the overarching governance process around risks and ensure those of the highest level are safely addressed and managed.
- Introduce specific or set methodology for mortality and morbidity reviews, as recommended by the Royal College of Physicians.
- Improve audit processes so that data collected to participate in Royal College of Emergency Medicine audits is of a sufficient quality.

Medical care

- Have staff consistently complete malnutrition risk assessments.
- Improve staff awareness of the Mental Health Act 1983 and the Mental Capacity Act 2005.
- Look to improve referral to treatment times.
- Store all equipment in a safe, hygienic and organised way.

Maternity

- Continue to closely monitor incidents of postpartum haemorrhage and perineal trauma (third and fourth degree tears) and take preventive action to reduce the risk of harm.
- Continue to closely monitor perinatal mortality and detection rates for small-for-gestational-age babies.
- Take prompt action to address maintenance issues in the maternity unit, to ensure that services are not disrupted, and to ensure the safety of staff and patients.
- Provide further training and guidance to staff in relation to the frequency of patient observations and the documentation of modified early obstetric warning system scores for postnatal women on Freya ward. Undertake regular audits to ensure good practice is embedded.
- Continue to audit record keeping standards to ensure that good practice is embedded.
- Continue to have effective on-call supervisory arrangements to prevent unnecessary temporary closure of the maternity unit.
- Continue to take steps to have an effective system of version control for policies and guidelines, to prevent duplication and the risk that staff may consult out of date guidance.

Services for children and young people

- Review the equipment and facilities on the children's ward so that all areas are accessible for patients without full mobility.
- Fully inform staff of the procedures to make equipment safe for use. For example, the monitoring of the milk fridge on ward 10.

Summary of findings

- Have care plans consistently followed to meet the assessed care needs for all patients.
- Have all records containing personal and confidential information stored securely at all times.

End of life care

- Maintain thorough cleaning of the mortuary and ensure cleaning documentation is maintained to demonstrate compliance.
- Improve assessment of patients' hydration needs.
- Monitor when side rooms were not available for patients nearing the end of their life to enable the service to know if most patients were able to be accommodated in this way at the end of their life.
- Develop processes to identify patients in their last 12 months of life in line with national guidance.
- Consider auditing of bereavement services against national bereavement standards.
- Review processes for refresher mortuary training for porters.
- Continue to explore plans to implement seven-day services for end of life care to meet national standards, including a review of staffing levels and recruitment to reach establishment.
- Review risk assessments for all patients nearing the end of life to ensure these are completed and reviewed regularly.
- Develop processes to demonstrate how audits are being used to improve services.
- Review processes to identify, mitigate and improve oversight of risks within end of life services and develop a risk register.
- Review processes to identify incidents relating to end of life services to identify learning and service improvement opportunities.
- Develop and evolve the governance of the end of life steering group by adopting a standardised agenda to encompass all relevant topics are discussed at each meeting.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led as requires improvement because:

- There was a significant failing of financial governance and the board collectively taking ownership of those areas of concern the trust could control and influence. There was a lack of assurance of financial scrutiny by the board. The board were unable to collectively or consistently articulate or explain the financial problems the trust was facing or the deterioration in the financial position emerging in the latter part of this financial year. There was insufficient scrutiny of the relationship between operational performance and its financial impact. Business case proposals were not effectively managed. The board assurance framework and the corporate risk register did not rate the financial risks at a sufficient level to match the degree of their seriousness.

However:

Summary of findings

- Beyond the financial challenges, the trust's leadership team had the experience, capacity, capability and integrity to lead the organisation. The board were a group of individuals with different strengths and skills, providing collective leadership, although without clinical input from the non-executive directors. There was an emerging programme of board development and programmes running for development in senior leadership. However, the non-executive directors did not have a written set of objectives to follow and achieve. Leaders at all levels were highly visible, approachable and supportive of their patients and staff. The leadership team recognised there were challenges to high quality care and sustainability, although this did not extend to a resolution of the serious financial issues.
- There was a clear interconnected vision and strategy for the quality of care and services for patients and the local population. The trust was working with local healthcare partners to achieve the priorities for delivering good quality sustainable care, but failing to make inroads and play its part in a system-wide solution to the financial problem.
- The culture of the organisation was strong and centred on people who use services. Staff felt positive and proud to work for the organisation. The leadership team modelled and encouraged compassionate, inclusive and supportive relationships among staff, so they felt respected, valued and supported. There was an emphasis in the trust on the safety and wellbeing of staff. Equality and diversity were promoted within the organisation and most staff we met felt they had equal treatment. The trust and its staff recognised the need to be able to speak-up, and had good arrangements for the role of the speak-up guardian. However, the board did not hear from the guardians directly. There were mechanisms for providing staff at all levels with the development they needed, including appraisals and career development conversations.
- There were structures, processes and systems of accountability to operate a governance system designed to monitor the service and provide assurance of quality and safe care.
- There was reporting upon the number and reporting of complaints and how they were managed. However, the annual report to the board committee focused more on the data around complaints rather than the quality of the response or learning.
- The operational performance at the trust was meeting most of the national targets or standards for treating patients. It was performing better than the England average in all measures.
- There was a clear understanding of the importance of timely, accurate, detailed and relevant information. Most of the systems used at the trust were deemed, through internal and external audit and assurance, to be reliable, and the quality of data was good.
- The trust engaged in a variety of ways with the public and local organisations to plan, manage and deliver services. There was a strong culture of reporting incidents to learn and improve. The trust had implemented the required systems and publications to show it learned from death. There were systems to improve the service and performance with a focus on continuous learning and quality improvement projects. There was innovation and development through research.

Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating (www.cqc.org.uk/provider/RA4/Reports).

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↔ Apr 2019	Good ↑ Apr 2019	Good ↔ Apr 2019	Good ↑ Apr 2019	Requires improvement ↔ Apr 2019	Requires improvement ↔ Apr 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Ratings for Yeovil District Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Apr 2019	Good ↑ Apr 2019	Good ↔ Apr 2019	Outstanding ↑↑ Apr 2019	Good ↑ Apr 2019	Good ↑ Apr 2019
Medical care (including older people's care)	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↑ Apr 2019	Good ↑ Apr 2019	Good ↑ Apr 2019
Surgery	Requires improvement Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Critical care	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Maternity	Good Apr 2019	Good Apr 2019	Outstanding Apr 2019	Good Apr 2019	Good Apr 2019	Good Apr 2019
Services for children and young people	Requires improvement ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↑ Apr 2019	Good ↑ Apr 2019
End of life care	Requires improvement ↓ Apr 2019	Good ↑ Apr 2019	Good ↔ Apr 2019	Good ↔ Apr 2019	Good ↑ Apr 2019	Good ↑ Apr 2019
Outpatients	Good Jul 2016	N/A	Good Jul 2016	Good Jul 2016	Good Jul 2016	Good Jul 2016
Overall*	Requires improvement ↔ Apr 2019	Good ↑ Apr 2019	Good ↔ Apr 2019	Good ↑ Apr 2019	Good ↑ Apr 2019	Good ↑ Apr 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Yeovil District Hospital

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Key facts and figures

Yeovil District Hospital has 320 beds, 14 inpatient wards, and an integrated private patients' wing (profit from which is reinvested into the trust). The trust provides full emergency department services for adults and children, and critical care for adults. Patients are admitted for emergency and planned surgery, and a full range of medical care services. There are a range of outpatient services, services for older people, acute stroke care, cancer services and a full pharmacy service. Yeovil District Hospital is an accredited trauma unit as part of the Severn Trauma Network.

The hospital provides comprehensive maternity services, including a midwife-led maternity unit, community midwifery antenatal care, postnatal care, and home births. The trust has a special care baby unit and children's services including emergency assessment, inpatient and outpatient care.

Diagnostic services include fully accredited pathology, CT scanning, MRI scanning, ultrasound, cardiac angiography and a respiratory laboratory. There are a wide range of therapy services, a frailty assessment unit, and an integrated service working with GPs and social services.

Summary of services at Yeovil District Hospital

Good  

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

- There were systems and processes to keep patients safe and safeguarded from abuse. There was a proactive approach to safeguarding and prevention of harm. Staff had received up-to-date training. Staffing levels were planned and with staff with the right skills to keep patients safe. There were effective handovers so staff knew about the patients they were caring for. Medicines were used and provided safely. They were well managed. Lessons were learned when things went wrong, and staff were confident about reporting incidents.
- Patients had good outcomes, and there was a strong culture of doing what was right for patients. Care was delivered in line with national guidance and legislation. There were good assessments of patients' needs, including pain relief, hydration and nutrition. Staff were trained and their performance regularly reviewed. They were supported to gain new and improved skills to develop their practice and experience. Staff worked together to ensure care and treatment was effective.

Summary of findings

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

However:

- Some staff had yet to update their mandatory training in line with trust targets. Not all resuscitation equipment was checked as required. There were some areas where infection prevention and control were not as strong as they should be.
- Not all patients' medical records were completed as well as they should have been. There were gaps around assessing patients' mental health, risk assessments and responding to the needs of deteriorating patients. The paperwork documenting resuscitation discussions was not always completed in line with trust policy.
- There were issues with the environment in the children's ward which impacted on patients. A business plan to resolve much of this had yet to be approved. Some specialist training around eating disorders for staff looking after children had yet to be provided. There was limited access to therapy for children over the weekend. The processes for safe administration of medicines through a syringe driver were not sufficient to guide staff.

Urgent and emergency services

Good  

Key facts and figures

The emergency department at Yeovil District Hospital NHS Foundation trust provides care for the local population of Somerset 24 hours a day, seven days a week. It is a designated level one service with full resuscitation facilities. The emergency department comprises of three resuscitation spaces, seven majors' cubicles, nine minors' cubicles and a six bed clinical decisions unit.

The department is a designated trauma unit but is not a designated major trauma centre. More severely injured patients going to the nearest major trauma centre in Bristol if their condition allows them to travel directly. Otherwise, they are stabilised at Yeovil prior to transfer.

The emergency department has a dedicated area for children and young people. Children are admitted to the paediatric unit which has its own secure waiting area for children and parents or guardians.

Ambulatory Emergency Care is co-located with the emergency department and receives all ambulatory GP referrals into the hospital as well as caring for patients with a number of conditions on an outpatient basis who would otherwise require an inpatient stay.

Activity and patient throughput

From July 2017 to June 2018 there were 52,213 attendances at the trust's urgent and emergency care services.

(Source: Hospital Episode Statistics)

Urgent and emergency care attendances resulting in an admission

The percentage of emergency department attendances at this trust resulting in an admission increased slightly in 2017/18 compared to 2016/17. In both years, the proportions were higher than the England averages.

(Source: NHS England)

We inspected the whole core service and looked at all five key questions. During our inspection, we observed care in the clinical environment and spoke with 34 members of staff including nurses, volunteers, healthcare assistants, porters, doctors and clinical leads. We also spoke with 10 patients and two relatives and carers. We reviewed six patient records.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

Summary of this service

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

- We rated responsive as outstanding, and safe, effective, caring and well-led as good.
- The service had improved in providing safe care. Patients were risk assessed and triaged in a timely manner. Changes had been made following our previous inspection to address safety concerns.
- To be effective, services were provided in line with evidence-based practice. Staff were competent and induction and competency frameworks had been introduced. Patients suffering pain were well managed within guidelines and protocols.

Urgent and emergency services

- There was good care provided to patients. Staff were committed to giving the best care to patients, and frequently went above and beyond. The emotional needs of patients and relatives were recognised and addressed.
- The department was outstanding in its response to delivering its services. Services were planned and developed based on demand and patient need. The organisation was achieving the national targets for seeing, treating and discharging patients. People were treated as individuals and their needs were met.
- The leadership team for the frontline service had the skills and experience to carry out their roles. There had been improvements with governance arrangements to bring this closer to staff in frontline leadership roles. There was good engagement with stakeholders and partners to improve and coordinate services. There were no barriers to innovation and development.

However:

- We were not assured the service was meeting the requirements to provide safe care at all times in all areas. There were issues with cross infection processes and the environment for ambulances on arrival at the department.
- The service was not achieving all national patient outcomes.
- There were areas of the governance structure which needed to mature and become embedded in the department. The governance arrangements and vision and strategy were under review and development at the time of our inspection.
- The department needed to strengthen their audit and risk management processes.

Is the service safe?

Good ● ↑

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff were clear about their roles and responsibilities and information was received and shared with other organisations.
- The service generally controlled infection risk well. Areas were clean, tidy and well cared for. Cleaning audits showed good compliance.
- The service had adapted the premises to meet demand and had suitable equipment and looked after them well. Action had been taken since our last inspection with a department redesign to increase capacity. New staff were trained and inducted in the use of equipment.
- Staff assessed and acted on risk assessments for each patient. Patients were triaged in line with national standards, and patients arriving by ambulance were assessed and transferred to the care of the department in a timely way.
- The service followed best practice when prescribing, giving, recording and storing medicines. Medicines were stored securely; most controlled drugs were looked after safely and there were systems to continuously monitor medicines refrigerators' temperatures remotely.
- The department had enough nursing and medical staff, with the right mix of qualifications and skills, to keep patients safe and provide the right care and treatment. Since our last inspection, there had been an increase in consultant on site presence. Junior doctors spoke highly of the support they received.
- The service managed patient safety incidents well. Incidents were reported, investigated and learning was shared throughout the department.

Urgent and emergency services

However:

- Mandatory training, including safeguarding, was not completed by all staff and compliance was below the trust's target of 90% in every subject except safeguarding adults level one for nursing staff.
- Most records were completed well, but our review of them did not provide complete assurance. We found areas inconsistent completion of risk assessments. Not all records were stored securely.
- Screening tools for staff to assess the risk of abuse in children had been changed, resulting in the removal of safeguarding prompts to help staff identify those at risk of abuse.
- The environment used for ambulances on arrival was not suitable and patients awaiting CT scanning were not observed.
- Medical gases and other equipment were not always stored securely.
- Not all staff observed cross infection prevention procedures. Medical staff were observed to not be bare below the elbow. Hand hygiene audit results for the department were variable.
- Ampoules of morphine were not disposed of correctly, with the wastage not always recorded.

Is the service effective?

Good  

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. There were clinical pathways for conditions which had been reviewed and were in date.
- Staff assessed patients' food and drink needs to help improve their health. Staff had access to dietary and nutritional supplements. Children presenting with diarrhoea and vomiting were encouraged to re-hydrate.
- Staff assessed and monitored patients regularly to see if they were in pain. Pain was assessed during all aspects of care. Pain was assessed with pain tools available to support patients with communication needs.
- The service made sure staff were competent for their roles. Since our last inspection a clear induction and competency framework had been introduced. Staff were trained in caring for patients with a variety of different needs.
- Staff with different skills worked together as a team to benefit patients. Staff and external organisations reported a collaborative relationship with the department that worked for the good of the patient and wider health system.
- National priorities to improve the population's health were supported. Support was given to patients to manage their own health, including smoking and alcohol dependence.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care.

However:

- The trust was not meeting all NHS England's seven-day services priority standards.
- The department was not meeting all royal college of emergency medicine standards, including for sepsis.

Urgent and emergency services

Is the service caring?

Good ● → ←

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

- There was a visible patient-centred culture. Staff cared for patients with compassion. Patients were respected and valued as individuals and feedback from patients was consistently positive. Staff recognised and respected the totality of people's emotional needs.
- Managing the emotional needs of patients was valued by staff and embedded in the care they provided. Staff provided emotional support to patients to minimise their distress. Patients valued their relationships with the staff and we heard of examples where staff went 'the extra mile' for them when providing care and support.
- Patients and those close to them were active partners in their care. Staff involved patients and those close to them in decisions about their care and treatment. Staff recognised and understood patients' communication needs and demonstrated creativity in overcoming obstacles to providing patient care.

Is the service responsive?

Outstanding ☆ ↑↑

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

- The needs of local people were central to the planning and delivery of tailored services within the department. The department had been reviewed and changes made in response to patient need and the demands the department was facing. Patients were streamed and assessed to ensure they were transferred to the most suitable area for their needs and to help reduce unnecessary hospital admissions.
- The involvement of other organisations and the wider hospital system was integral to how the service was planned to meet the needs of the local population. The department actively involved and worked with other members of the healthcare system, and decisions about pathways and improving flow were a system-wide collaborative decision.
- The service took account of patients' individual needs. There had been a proactive approach to understanding the needs and preferences of different groups of patients and identifying and meeting their individual needs. This included patients living with dementia and frequent attenders. The department provided care and treatment in a way which promoted equality for the different patient groups.
- People had access to the service in a way and a time which suited their personalised needs. Action had been taken to ensure patients had timely access to treatment, support and care. The department was achieving significantly better results when compared to the national average for access and flow.
- The department was not only achieving national standards with regards to treatment and response times but also exceeding these standards. Flow was maintained through the department and hospital through constant review and teamwork.
- Systematic effective changes had been made to improve flow and to minimise the length of time people had to wait for care, treatment or advice. Changes included the construction of an additional triage room, an eye assessment room and the construction of a children's specific waiting area.

Urgent and emergency services

- The service treated concerns and complaints seriously, investigated them, learned lessons from the results, and shared these with all staff. There was evidence to demonstrate where improvements had been made because of learning from complaints.
- The department actively worked to try and become the department which received the most compliments in the hospital. At the time of our inspection the department was the third highest receiver of compliments within the hospital.

Is the service well-led?

Good ● ↑

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

- The leadership had the capacity and capability to deliver high-quality, sustainable care. The changes and improvements in the department in the last two years were driven by a team committed to providing a sustainable and safe service. There was now a greater and improved leadership presence in the department.
- There was a clear vision, strategy and set of values for the service. The department had focused on addressing operational pressures and meeting standards. This had been achieved and the department was in the process of developing a new vision and strategy.
- Managers across the trust promoted a positive culture which supported and valued staff, creating a sense of common purpose based on shared values. There had been a shift in culture since our last inspection, and staff spoke of a supportive and respectful culture.
- There were effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. Mortality and morbidity was reviewed to assess for areas of improvement. The department benchmarked itself against national standards and other organisations.
- The department analysed, managed and used information well to support its activities. There was an improved and valuable set of data available to the department. The validity of data collection was reviewed and altered to help monitor performance.
- The department engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Services had been developed and processes changed based on staff and patient input. The department reached out to other healthcare organisations to improve services and outcomes for all.
- The department was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. We heard about and were shown multiple examples of service development which had occurred since the previous inspection. Innovation had saved money and increased performance.

However:

- The systems used to improve the quality of the service and to safeguard high standards of care needed to mature and become fully embedded. Time shortage and operational pressures were a factor in staff not being able to attend meetings.
- The department needed to strengthen and improve their audit and governance processes to monitor and improve compliance and oversight of national standards.

Urgent and emergency services

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Medical care (including older people's care)

Good ● ↑

Key facts and figures

Medical care (including older people's care) includes a wide range of specialities which were managed by the trust's medicine clinical division.

Yeovil District Hospital has a total of 320 inpatient beds across fourteen wards, seven of which are medical wards, at the time of inspection

During our inspection we visited the following wards and units:

- Ward 9A (diabetes/endocrine, respiratory and general medical ward)
- Ward 9B (gastroenterology and general medical ward)
- Ward 8A (cardiology and general medical ward)
- Ward 8B (stroke, care of the elderly and general medical ward)
- Ward 7B (medically fit for discharge)
- Acute Cardiovascular Care Unit (ACCU)
- Emergency Assessment Unit (EAU), a short stay assessment unit
- Frailty assessment unit (FAU) and 12 frailty beds on ward 6B for stays of around 72 hours
- Queensway Treatment and Rehabilitation Unit

We inspected the service to review improvements following a rating of requires improvement overall at the last inspection. We inspected all five key questions. Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. Before we inspected we reviewed data provided by trust.

During the inspection visit, the inspection team:

- Spoke with 79 staff which included consultants, matrons, doctors, nurses, allied healthcare professionals and managers.
- Observed interactions between staff and patients and spoke with patients, relatives and carers.
- Reviewed 14 patient records and attended trust-wide bed management meetings.

Summary of this service

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

- We rated safe as requires improvement and effective, caring, responsive and well-led as good. Overall, we rated the service as good.
- The effectiveness of the service continued to be good. People received care and treatment that reflected current evidence-based guidance and achieved good outcomes. Performance in national audits met national standards most of the time.

Medical care (including older people's care)

- The care provided by staff continued to be good. People were supported, treated with dignity and respect, and were involved as partners in their care.
- The responsiveness of the service had improved. There were innovative services to meet the needs of the population. Staff cared for patients with additional needs well and care for patients living with dementia had improved.
- The management of the service had improved. We found the leadership, governance and culture supported the delivery of high-quality care. There were clear governance processes from ward level up to the trust board. The trust worked well with the local authority and external providers to deliver high quality services. Staff were engaged with quality improvement projects.

However:

- Systems and processes to keep people safe were not always followed in relation to the risk assessments for patients, responding to deteriorating patients and the quality of nursing records. Records were not always up-to-date in a way that kept people safe.
- Staff did not always understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff did not always follow the trust policy and procedures when a patient needed a mental capacity assessment.

Is the service safe?

Requires improvement ● → ←

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

- Care records were not always complete or clear with missing and incomplete assessments and charts.
- Staff did not always complete and update relevant risk assessments for each patient and appropriate actions to manage deteriorating patients were not always taken.
- Staff did not always complete daily checks on resuscitation equipment to ensure it was safe and ready for use.
- Consumable equipment stock rooms were not always clean or tidy and we saw equipment scattered on both floors and shelves.
- Not all medical staff were meeting the trust target for safeguarding training.

However:

- The trust provided mandatory training in key skills to all staff and had processes to ensure staff completed it. Most staff were compliant with their mandatory training updates, although not all courses were meeting the trust target.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection.
- The staffing levels had improved and the service had enough nursing and medical staff with the right qualifications, skills training and experience to keep people safe from avoidable harm and to provide the right care and treatment most of the time.
- The service managed patient safety incidents and used safety monitoring results well.

Medical care (including older people's care)

Is the service effective?

Good ● → ←

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff managed patients' nutrition and hydration to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain.
- The service made sure staff were competent for their roles.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- Staff with different skills and experience worked well together as a team to benefit patients.
- Staff were consistent in their approach to supporting people to live healthier lives.

However:

- Staff did not always complete malnutrition screening assessments consistently.
- Staff did not always understand their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff did not always follow the trust policy and procedures when a patient needed a mental capacity assessment.

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Staff were kind and caring, and showed respect to patients and their families and carers. All staff showed a patient-centred attitude and were sensitive to patient's needs.
- Staff provided emotional support to patients and families to minimise their distress. Patients had access to emotional and spiritual support.
- Staff involved patients and those close to them in decisions about their care and treatment. Doctors and nurses explained treatment plans clearly and patients had opportunities to ask questions about their care.
- Staff went the extra mile to support patients. When a married couple had been admitted to separate wards at the same time, staff accommodated them in a large side room which eased the stress and anxiety for one of the couple who was living with dementia.

Is the service responsive?

Good ● ↑

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

Medical care (including older people's care)

- The trust planned and provided services in a way that met the needs of local people. Services provided reflected the needs of the population served and gave flexibility, choice and continuity of care. The trust had developed innovative services, such as the Home First and red bag scheme, to help patients return home quickly and safely.
- Services were delivered, made accessible and coordinated to take account of the needs of different people, including those with protected characteristics set out in the Equality Act 2010 and those in vulnerable circumstances. Dementia care had improved since our last inspection.
- Systems to monitor patient flow through the hospital worked well. Staff co-ordinated and planned discharges effectively with a focus on finding the right support and care for the patient beyond the hospital environment.

However:

- People did not always have timely access to initial assessment, test results, diagnosis, or treatment. Referral to treatment times needed improvement.

Is the service well-led?

Good  

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

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. The culture was centred on the needs and experiences of patients.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care.
- There were positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- Services engaged with the wider health and social care networks to share and critique policies and plans.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Maternity

Good ●

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings with previous ratings.

Key facts and figures

The trust runs a rural maternity service which provides care to women and babies living in South Somerset and North Dorset. Consultant and midwifery-led care, including home birth, is provided to high and low risk women in hospital and community settings. Between April 2017 and March 2018, there were 1,402 babies delivered at the trust. Maternity services are run by the elective care unit, one of two strategic business units at the trust.

Maternity services are located across three floors of the women's hospital, a stand-alone building, adjacent to the main hospital.

Antenatal clinics and an ultrasound scanning department are located on the ground floor. Clinics include a multidisciplinary specialist diabetic clinic and a 'Next Birth' clinic. There are two lifts from this floor to access further maternity services.

On the first floor there is an early pregnancy assessment clinic, which provides early scans and consultation for women experiencing problems in pregnancy, from six to 18 weeks, as well as a dedicated unplanned pregnancy service. Jasmine ward, previously the gynaecology ward, is now the trust's escalation ward. The gynaecology theatre is also located on this floor. This is currently the 'second' maternity theatre for use in emergencies. However, there are plans to utilise this theatre for planned caesarean sections, which are scheduled twice weekly, allowing emergency procedures to take place in the maternity theatre, located on the labour ward.

On the second floor, the maternity ward, Freya ward, provides inpatient antenatal and postnatal care for women and their babies. There is a three-bed antenatal day care assessment unit, which provides antenatal care for women with complications of pregnancy, and vulnerable women, thus avoiding all but high risk antenatal admissions. There is a level one special care baby unit, which provides care for babies from 32 weeks old, who need extra support. The hospital is supported by the local New-born Emergency Stabilisation and Transport Team (NEST), which provides transport of sick new-born babies to neonatal facilities in the region.

On the third floor there is a labour ward and maternity theatre. The labour ward has eight individual rooms, six of which have an en suite bathroom and one of which has a birthing pool and birthing couch. One of the en suite birthing rooms is furnished with a double bed, where couples, who have lost a baby, can stay. Elective caesarean deliveries are undertaken twice a week as a minimum and urgent caesarean sections also take place here as they arise. The gynaecology theatre on level one serves as a second obstetric theatre, when required, for the most urgent caesarean sections.

There are five community midwifery teams, including a home birth team. In addition, there is a team specialising in the care of vulnerable women and women with complex needs.

The trust was awarded a UNICEF 'Baby-Friendly' accreditation in 2011, and reaccredited in 2017, and is currently working towards the gold award, 'Achieving Sustainability'.

The service is an 'early adopter site', chosen to work jointly with its neighbouring trust in Somerset, to test the model of care, set out in Better Births, as part of the national Maternity Transformation Programme.

Maternity

The Royal College of Obstetricians and Gynaecologists (RCOG) conducted a review of maternity services in September 2017. This was at the invitation of the trust, following an internal review of clinical governance arrangements, annual appraisal and validation, patient safety and performance issues.

We inspected all key questions during this inspection because we had previously rated maternity and gynaecology services as 'requires improvement' overall. At our last inspection in 2016 we rated the safe, responsive and well led key questions as requires improvement, and the effective and caring key questions as good. We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings directly with previous ratings.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

We visited Freya ward and the labour ward and spent time in the outpatient department. We spoke with approximately 25 staff, including midwives, maternity support workers, doctors, and managers. This included a focus group with community midwives.

We spoke with 10 women and looked at written feedback from women and their families, including complaints. We looked at women's records.

Prior to the inspection, we reviewed national and local data about this service.

Summary of this service

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings with previous ratings. We rated it as good because:

- We rated the caring key question as outstanding, and the safe, effective, responsive and well led key questions as good.
- Feedback from women and their families was consistently positive. We saw numerous examples where staff had 'gone the extra mile' and exceeded the expectations of women and their partners. Women told us they had formed a bond with their midwives and saw them as friends and advocates. Without exception, all the staff we spoke with, were most proud of the relationships they formed with women and their families.
- Support to women and families who experienced the loss of a baby was exceptional. There was a specialist midwife who provided emotional and practical support to bereaved families. There was an excellent, self-contained bereavement room, sensitively located, decorated and furnished, where women and their partners could stay for as long as they needed to come to terms with the loss of their baby. We heard moving accounts from a number of bereaved parents, who had written to express their gratitude for the support they received, which far exceeded their expectations.
- Care was centred on women and their needs and preferences. Women were empowered to make choices, based on good quality and unbiased information. The service supported women, identified as being at low risk of complications in labour, to give birth at home; feedback from women who chose this was very positive and the rate of homebirths was increasing.
- The service was committed to providing continuity of care, and women's feedback confirmed that this was valued by them. Staffing levels mostly supported this; the service operated an integrated model of midwifery care, where staff worked flexibly in hospital and community settings, according to workload, and to ensure, where possible, women received continuity of care. Midwives operated an on-call system so that they could respond to peaks in demand.

Maternity

- Women in vulnerable circumstances and those with complex needs were well supported throughout their pregnancy and postnatal period, by multidisciplinary specialist teams. This included teenagers, women with mental illness or a learning disability, women who were alcohol or substance-dependant, and women in difficult social circumstances.
- Women were encouraged and supported to look after their own and their babies' health. This included help to stop smoking, advice on healthy eating and exercise, and advice and practical support with breastfeeding. Women were supported to have skin to skin contact with their babies as soon as possible. The service monitored this and performed well.
- Women told us staff supported them to manage their pain in childbirth and they were provided with information and choice. Women who chose to have epidural pain relief in labour received this in a reasonable time.
- The service identified women at risk of complications in pregnancy and childbirth and monitored them closely. This included women with diabetes, women who had previously had a caesarean section and women who had previously lost a baby.
- High risk women received consultant-led care, with input from other specialist teams, including anaesthetists. Multidisciplinary handovers took place every day on the labour ward and women admitted as emergencies received prompt medical input. Midwives told us if they needed a medical opinion they could get this without delay.
- There were good working relationships between obstetricians and anaesthetists. Anaesthetists attended multidisciplinary ward rounds and assessed women for planned caesarean section in pre-assessment clinics. Women who underwent planned caesarean sections followed an enhanced recovery programme. There was excellent documentation, including a patient diary, to record each stage of the patient pathway.
- The service was committed to ensuring women had a voice in the way services were planned and delivered. They used a range of methods and media to connect with women, share information, educate them, and seek their views. Where the standards of care did not meet women's expectations, their views and feedback were listened to, learning was shared with them and they were invited to participate in that learning.
- The service used safety monitoring information and audits to provide assurance of patient safety and good patient outcomes. The service used a maternity dashboard to continuously monitor and benchmark its performance against national and local standards.
- When incidents occurred or patient experience or outcomes were not positive or as expected, the service took appropriate actions to address shortfalls and continued to monitor performance.
- There were effective structures and processes to support quality and safety. Processes interlinked to provide managers with a holistic view of safety and quality, including patient experience. There was a meetings structure, supported by a system of regular audit, which reported from ward to board. There were robust risk management arrangements and the maternity risk register was used appropriately and dynamically to monitor risk and its management.
- There was a learning culture, where safety was paramount and mistakes were openly discussed and seen as opportunities to improve safety. Staff were encouraged to speak up about concerns and improvement was everybody's responsibility. Staff's views were listened to and they were encouraged to participate in quality improvement projects and audits.
- There were safety systems and processes and staff were mostly up to date with training in these systems and processes. This included multidisciplinary training in maternity and neonatal emergencies. There were systems to identify and respond to changing risk, deteriorating health and medical emergencies. Systems to ensure the safety of patients in theatre were excellent, with clearly documented pathways, checklists and prompts.

Maternity

- Premises were accessible, comfortable, clean and bright, well equipped, and on the whole, well-maintained. Premises, as far as possible, supported women's choices in childbirth; there was a birthing pool on the labour ward, and labour rooms were equipped with birthing aids. Babies born in hospital were cared for in a secure environment, where access was restricted.
- Staff felt positive and proud to work for the maternity service. We observed good team working and respectful communication. Leaders were visible and supportive, highly respected and liked. Staff were supported to maintain their professional competence and to progress in their careers.

However:

- The trust was an outlier for postpartum haemorrhage in the National Maternity and Perinatal Audit 2017. An action plan was developed and included a review of the methods to measure blood loss, a review of clinical guidelines and staff education. We reviewed the records of a woman on the labour ward at the time of our inspection, who experienced postpartum haemorrhage. We judged this was managed appropriately and in accordance with the protocol.
- There had been a recent spike in postpartum haemorrhage and perineal trauma (third and fourth degree tears).
- In the 2017 MBRRACE audit, the trust's stabilised and risk-adjusted extended perinatal mortality rate (per 1,000 births) was up to 10% higher than the comparator group. The service had developed and completed an action plan in response to this concern and confirmed that all elements of NHS England's *Saving Babies' Lives* were in place. Internal audits continued to monitor performance.
- There were some maintenance issues in the women's hospital, which had the potential to cause disruption to the service or risk to patients. There were two maintenance issues, which were recorded on the maternity risk register. Lifts in the women's hospital had failed on a number of occasions and there was a risk of patient and/or staff entrapment. Leaking windows on the labour ward meant that some rooms may be taken out of use.
- Staff on the postnatal ward did not always follow guidance in relation to the recording of physiological observations for women who had undergone low risk vaginal deliveries. This was not routinely audited.
- Poor record keeping had been identified on the maternity risk register; recent audits and case notes reviews had identified some inconsistent practice. The service had established a documentation improvement group and produced new guidelines, with auditable record keeping standards. Staff education and regular audits had commenced to embed these standards.
- The maternity risk register identified there had been a significant number of policies and guidelines which were overdue for review. This had largely been addressed. However, there remained a few issues with version control and duplication of policies and guidelines, which meant staff could potentially refer to incorrect guidance.
- There had been three information governance breaches in the maternity service, which were classified as serious incidents, over the last year.

Is the service safe?

Good ●

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings with previous ratings. We rated it as good because:

- The service provided mandatory training in key safety systems and processes to all staff and made sure everyone completed it.

Maternity

- Staff told us they received effective training in safety systems and processes and told us this equipped them well. Mandatory training included maternity-specific training in maternity and neonatal emergencies and multidisciplinary training. Managers monitored training attendance rates, which were generally good.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Women were assessed during early pregnancy to identify those who were potentially vulnerable, including pregnant teenagers, women who had had their last child removed from their care, or victims of domestic violence. There was a complex care team; a team of midwives who provided care to vulnerable women from antenatal through to postnatal care. A named safeguarding midwife was responsible for liaison with multi-agency safeguarding team and was a source of advice and support for midwives.
- The service controlled infection risk well. Staff kept equipment and the premises clean. They used control measures to prevent the spread of infection. This had improved since our last inspection.
- Premises and equipment appeared visibly clean and records showed that cleaning schedules were adhered to. Staff observed good hand hygiene practice and encouraged others to do so. The service undertook regular audits of infection control to ensure standards were consistently met.
- The service had suitable premises and equipment and mostly looked after them well.
- Premises were generally well-maintained and equipped. Equipment was checked regularly to ensure it remained fit for purpose and records were kept. Babies born in hospital were cared for in a secure environment, where access was restricted.
- Staff completed and updated risk assessments for each patient, monitored their safety and asked for support when necessary. They mostly kept clear records.
- Staff assessed and recorded risks to women during their pregnancy and developed management plans to keep women safe. There were systems in place to identify and respond to changing risk, deteriorating health and medical emergencies and clear guidelines for escalating concerns. We saw these tools were used appropriately and well for post-operative women. Systems to ensure the safety of women in theatre and during transfer from theatre to the ward, were excellent, with clearly documented pathways, checklists and safety prompts.
- The service mostly had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm, and provide the right care and treatment.
- The maternity service had assessed its staffing requirements, using a nationally recognised planning tool; this had resulted in a recent uplift in midwifery staffing and the service was fully staffed. This followed a period of understaffing and, consequently, the recommended midwife to birth ratio was not consistently achieved.
- The service met the standard, recommended by the Royal College of Obstetricians and Gynaecologists, that obstetricians should be available to care for women and their babies, with complex medical or obstetric needs. The recommended 40 hours of consultant presence on the labour ward was consistently met. There was 24-hour anaesthetic cover, providing an epidural service, and there was a lead consultant anaesthetist for obstetrics.
- Staff kept records of patients' care and treatment. We found records were mostly clear, up-to-date and easily available to all staff providing care.
- We reviewed a small sample of women's records. Overall, we found they were clearly laid out and factual, with detailed and personalised care plans documented. Staff had mostly documented all appropriate risk assessments and management plans to address identified risks were clear. Records were well organised so that staff could easily access required information, and entries were consistently signed and dated.

Maternity

- The service followed best practice when prescribing, giving, recording and storing medicines. Patients received the right medication at the right dose at the right time.
- Medicines, including controlled drugs, were stored securely and at the right temperatures. Appropriate records were kept. Emergency medicines were available and in date. Concerns we raised at our last inspection, in relation to the preparation of medicines required in theatre, had been addressed. Recording of medicines was undertaken appropriately. Records were clear and complete and allergies were recorded.
- The service managed patient safety incidents well.
- Staff recognised incidents and reported them appropriately. They were encouraged to report incidents because they felt confident that concerns would be acted upon and they would receive feedback.
- Many staff we spoke with described a ‘no-blame culture’, where safety and learning were paramount. Leaders were proud of their safety track record, where there was a high level of reporting but a low level of harm.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring information well. The service collected safety information and shared it with staff, patients, and visitors. Managers used this to improve the service.
- The service used a national maternity safety thermometer to monitor safety performance over time. This was produced alongside a maternity dashboard, as recommended by the Royal College of Obstetrics and Gynaecology, which allowed safety to be benchmarked against other similar services.

However:

- The safety thermometer for the last three months (October to December 2018) showed a spike in postpartum haemorrhage and third and fourth degree tears. Both issues were being closely monitored (see Patient Outcomes).
- There had been two occasions in the last year when the maternity unit was temporarily closed to admissions. Both closures took place in September 2018 and were due to unsafe staffing/high patient acuity. Both incidents had been investigated; it was concluded that on both occasions, the closure had not been necessary. Considering these incidents, the on-call supervision arrangements had been reviewed and strengthened.
- There were some maintenance issues recorded on the maternity risk register, which had the potential to cause disruption to the service or risk to patients. Lifts in the women’s hospital had failed on several occasions and there was a risk of patient and/or staff entrapment. Leaking windows on the labour ward meant that some rooms may be taken out of use.
- Staff on the postnatal ward did not always follow guidance in relation to the recording of physiological observations for women who had undergone low risk vaginal deliveries. This was not routinely audited.
- Poor record keeping had been identified on the maternity risk register; recent audits and case notes reviews had identified some inconsistent practice. The service had established a documentation improvement group and produced new guidelines, with auditable record keeping standards. Staff education and regular audits had commenced to embed these standards.

Is the service effective?

Good 

Maternity

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings with previous ratings. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Care and treatment was protocol-driven; protocols followed national guidance and standards, including guidance issued by the National Institute for Health and Care Excellence and Safer Childbirth, issued by the Royal College of Obstetrics and Gynaecology (RCOG). Regular audits took place to monitor compliance with best practice guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Women told us they were given enough food and drink while in hospital. Most women were independent and encouraged to use kitchen facilities on Freya ward and the labour ward, where they could prepare and store food and drink.
- Women were given advice about what to eat and drink during pregnancy, prior to caesarean section and during their post-operative recovery.
- Women were supported to breastfeed or bottle-feed their babies.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service provided women with unbiased information about pain relief in labour. This included both written information (leaflets, website and social media) and verbal information provided at antenatal clinics and classes. Midwives told us they could access tools to assess pain in patients with communication difficulties. Women told us they were frequently asked about their pain and given timely pain relief. When women chose epidural analgesia for pain relief in labour they received it within a reasonable time.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service participated in national audits so that it could benchmark its performance and patient outcomes against other providers and identify areas for improvement. The service was making measurable improvements in response to these audits and local audits monitored progress.
- The service maintained a maternity dashboard, which reported monthly on clinical outcome indicators, as recommended by the Royal College of Obstetrics and Gynaecology. This was used to identify areas of concern and informed the internal audit and training programmes. For example, the service was planning audit and staff education in relation to third and fourth degree tears, which had increased over the last two months and was rated amber on the maternity dashboard.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and monitor the effectiveness of the service.
- Midwives told us they felt well supported with training and supervision. They were given protected time to undertake training and they were encouraged to develop their skills. The service had established a new system of clinical supervision for midwives; the trust was a pilot site for A-Equip (Advocating and Educating for Quality Improvement), prior to statutory clinical supervision ending in April 2017. Several senior midwives were being supported to undertake postgraduate and leadership qualifications.

Maternity

- Junior doctors had protected time for education; education sessions took place, weekly, led by each of the five consultants on a rotational basis. The clinical director had introduced an annual review of competence progression for speciality and associate specialist doctors, and supported some of them to obtain membership of the Royal College of Obstetrics and Gynaecology, which would allow them the opportunity to progress their careers further.
- Staff of different disciplines worked together as a team to benefit patients. Doctors, midwives and other healthcare professionals supported each other to provide good care. Doctors and midwives reported good working relationships with each other. Midwives told us if they needed a medical opinion, they could get this without delay. There was a multidisciplinary handover on the labour ward each day, attended by doctors, midwives and anaesthetists, where management plans were jointly agreed for high risk women.
- Services were available seven days a week. The service was working towards NHS England's seven-day services priority standards. This included the requirement for all emergency admissions to have a thorough clinical assessment by a suitable consultant as soon as possible. An audit undertaken in February 2018, showed that 89% of patients were reviewed by a consultant within 14 hours. Consultants led a ward round on the labour ward every morning, seven days a week, including bank holidays.
- Staff supported patients to lead healthier lives. Health promotion was a priority in all stages of the care of women and their babies. Women were provided with written advice and practical support in relation to healthy eating and exercise during pregnancy. The service ran education programmes, including interactive online parent education, an 'opt out' smoking cessation service, and provided specialist support to women, who were alcohol or substance-dependant. Women were encouraged to be vaccinated against influenza and whooping cough. Information and support was provided to women to encourage them to breastfeed their babies.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed trust policy and procedures when a patient could not give consent. Staff provided women with information to allow them to make informed choice about their care and treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care. Staff could access support from specialist teams to support them to facilitate the consent process and assess best interests.

However:

- The trust was an outlier for postpartum haemorrhage in the National Maternity and Perinatal Audit 2017. An action plan showed appropriate actions had been taken and this continued to be subject to close monitoring and further audit. New guidelines were being developed.
- In the 2017 MBRRACE audit the trust's stabilised and risk-adjusted extended perinatal mortality rate (per 1,000 births) was up to 10% higher than the comparator group. The service had developed and completed an action plan in response to this concern and internal audits continued to monitor performance.
- The maternity risk register identified there had been a significant number of policies and guidelines, which were overdue for review. This had largely been addressed. However, there remained a few issues with version control and duplication of policies and guidelines, which meant staff could potentially refer to incorrect guidance.

Is the service caring?

Outstanding 

Maternity

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings with previous ratings. We rated it as outstanding because:

- Staff cared for patients with compassion. Feedback from women and their partners was consistently excellent and confirmed that staff treated them with compassion and kindness. They told us they had formed a bond with their midwives and saw them as friends and advocates.
- Women told us they were treated with dignity and respect and their views were listened to. There were numerous examples shared with us, and posted on social media, where staff had 'gone the extra mile' to provide compassionate care and had exceeded women's expectations. This included staff working on after their shift had ended, or on their day off, to ensure continuity of care and a familiar face.
- Staff provided emotional support to patients to minimise their distress. Staff understood and responded to anxiety and distress. Support provided to women and families who experienced the loss of a baby was exceptional. There was a specialist midwife who provided emotional and practical support to bereaved families. They were awarded 'Midwife of the year' in October 2018 by the national Butterfly awards. The woman who nominated her said: "The support N gave me was out of this world. She attended (baby's) funeral and was with me every step of the way for (baby's) post-mortem results."
- There were numerous other examples of moving stories from women and their families who felt staff had 'gone the extra mile' to support them. "S has gone above and beyond her duties, doing home visits, giving me extra reassurance, and just being a real support to me during this time. She has been so supportive and 'real', acknowledging my situation, as many others don't know what to say to me to or how to approach me. I was fortunate to go into labour when S was on a study day. When she had finished this, she came to assist delivering my baby, working on as extra and then did our home visit on her day off."
- Staff involved patients and those close to them in decisions about their care and treatment. Women and their partners told us they were well informed and involved in decisions about care and treatment. Women told us they felt empowered to choose the birth that they wanted. Fathers told us they felt welcomed in the maternity unit and included in their partner's pregnancy and the birth of their child. The home birth team held monthly informal 'meet and greet' meetings, where women and their partners could meet all members of the team and other mums and dads who were considering a home birth, or who had already experienced a home birth. This allowed women and their partners to ask any questions and discuss any concerns.

Is the service responsive?

Good ●

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings with previous ratings. We rated it as good because:

- The trust planned and provided services in a way that met the needs of local people. They worked with commissioners and engaged with the local community to ensure that maternity services reflected the diverse needs of the population and were appropriately funded and resourced.
- Premises and facilities were appropriate for the services that were delivered. The women's hospital was bright, well-furnished and equipped. On the labour ward, there was a sensitively decorated bereavement room, which was equipped so that it was a self-contained facility, located away from the other rooms, where women who had lost their baby could stay, with their partners, for as long as they needed to come to terms with their loss.

Maternity

- Services were planned and delivered to provide flexibility, choice and continuity of care. Women received personalised care, centred on their needs and preferences. The service provided a huge range of good quality information to women, via a range of media, including live interactive chat on social media, to ensure they were informed to make choices about their pregnancy and childbirth. This included advice and practical support to breastfeed and to stop smoking. There was a successful home birth team, which supported low-risk women to give birth at home. Approximately five percent of women were supported to give birth at home.
- The service took account of patients' individual needs, including those with complex needs and those in vulnerable circumstances. A complex care team, staffed by midwives, supported women in vulnerable circumstances or those with complex additional needs. This included women with a learning disability, mental illness, women who were alcohol or substance-dependant, and women in difficult social circumstances. Midwives worked with women experiencing mental illness or low mood to develop wellbeing plans, helping them to identify triggers for low mood and self-help strategies. An interactive social media discussion in October 2018 focused on this subject, using the headline "it's okay not to be okay" and encouraging women, experiencing problems to speak to their midwife and seek support. The service supported women who experienced the early loss of a pregnancy, and women who had experienced loss in a previous pregnancy. There were arrangements in place to support women whose first language was not English.
- People could access the service when they needed it. Antenatal and postnatal care was readily and easily accessible. Clinics and classes were held in different locations, at different times of day, including the evening, to allow working parents to attend. The service monitored flow and efficiency to ensure women could be supported to give birth where they chose, unless complications prevented this.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff. Complaints were handled efficiently and effectively. Complainants were kept informed about the progress of their complaints. Responses were comprehensive, open and sensitively-worded, with apologies offered, where applicable.
- The service ensured that learning from complaints was shared and used to drive improvement. At the time of our inspection, the service was making arrangements for two complainants to come and speak with groups of staff about their experiences, which had not been entirely positive. This was being used as a training opportunity; for staff to hear first-hand how these women felt about the care they had received. This was outstanding practice.

Is the service well-led?

Good ●

We previously inspected maternity jointly with gynaecology, so we cannot compare our new ratings with previous ratings. We rated it as good because:

- Managers at all levels in the trust had the skills and abilities to run a service providing high quality sustainable care. Staff told us leaders were visible and accessible and they felt well supported by them and trust managers. The trust board had identified champions for maternity and breastfeeding. Staff in community teams felt they were an integrated part of the service. The clinical director and the head of midwifery worked well together, and demonstrated shared values and mutual respect. The head of midwifery was well supported by matrons, who were highly respected and liked by staff. The service was investing in staff to develop future leaders.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action, developed with involvement from staff, patients and key groups representing the community.

Maternity

- Although there was no formal written overall strategy for the service, there was detailed discussion and planning underway, as part of the local maternity system, to ensure sustainable and appropriate maternity service provision in Somerset. The service also aligned its vision to the national maternity transformation programme and was an early adopter site, with a neighbouring trust, and there were plans to take forward some of the recommendations made by the national Better Births review.
- Staff were familiar with the trust's values, which resonated with them, and they had produced their own set of pledges, which supported these values.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose, based on shared values.
- Staff felt positive, passionate and proud to work for the service. They described morale, and relationships with each other, and with other teams, as positive. We observed good team working and respectful communication. There was a real sense of team spirit and mutual support. Staff felt able to raise concerns, without fear of retribution.
- The trust used a systematic approach to continually improve the quality of its services and to safeguard high standards of care, by creating an environment in which excellence in clinical care would flourish.
- There were effective structures and processes to support quality and safety. Processes interlinked to provide managers with a holistic view of safety and quality, including patient experience. There was a meetings structure, supported by a system of regular audit, which reported from ward to board.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- Risk management was overseen and coordinated by an overarching, multidisciplinary risk management committee, which reported to the trust-wide governance and quality assurance committee, and ultimately, the trust board. This was supported by sub-committees, which oversaw clinical audit, labour ward activity, and poor and unexpected patient outcomes. There was a continuous assessment of risks, which were recorded on the maternity risk register, a dynamic document which identified how risks were being managed and mitigated.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronics systems with security safeguards. The service had access to information, which provided leaders with a holistic view of performance. This included information about risks and poor patient outcomes, and people's views.
- The trust engaged well with patients, staff and the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- Staff told us there was effective communication within the service and they felt well informed. They received regular written and face to face communication and felt their views mattered.
- The service used a range of methods to engage with and to capture feedback from women and their families and was committed to ensuring women had a voice in the way services were planned and delivered.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- Staff described an "enthusiastic" and "optimistic" culture, where continuous improvement was everybody's responsibility. Staff were encouraged and supported to get involved in projects and trials to drive improvement. The service had embraced quality improvement methodology and was participating in a range of projects designed to improve the care and outcomes for women and their babies.

However:

Maternity

- There had been three information governance breaches in the maternity service, which were classified as serious incidents, over the last year, and there was currently a focus on information security. There had been a 'deep dive' review of records storage and movement and new storage solutions had been put in place, alongside new records management standards, which were to be audited going forward. There was a wider piece of work, looking at digital solutions for patients' records

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

Services for children and young people

Good  

Key facts and figures

Yeovil District Hospital provides a service for children from birth to adolescence, which is accessible over a 24-hour period, seven days a week within ward 10 and the special care baby unit (SCBU) and through the hospital's emergency department.

Other paediatric services include:

Services include:

- Paediatric assessment unit
- Special care baby unit (eight bedded unit)
- Surgical services
- General paediatric outpatients (also a baby clinic, neurobehavioral clinic, spasticity assessment, echocardiography and diabetes)
- Specialist outpatients (cardiology, immunology, rheumatology, endocrinology, neurology, urology, paediatric surgery, clinical genetics, allergy, nephrology, cystic fibrosis and haematology/oncology, orthopaedics). Outreach clinics are provided by tertiary specialists.
- Onsite, local authority commissioned school facilities
- Community eating disorder service
- Generic community children's nursing service
- Access to the community COMPASS end-of life care service
- Paediatric dietetics
- Dedicated paediatric research nurse
- Children and young people's ward (24 bedded, including eight beds for young adults)
- Dedicated paediatric oncology room

The trust has a service level agreement with Somerset Partnership NHS Foundation Trust for mental health services.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available. During the inspection we visited ward 10, SCBU, outpatients, theatres and spoke with the community nursing team.

We spoke with 36 members of staff to seek their views of working for this trust and the provision of services to children and young people. The staff included paediatric consultants, a surgeon, anaesthetist, neonatologist, nurses, mid-grade doctors, ward managers, matron, administration staff, nursery nurses, dietitians, a play leader, senior management staff, infection control specialist nurse and ancillary staff. We also spoke with four members of staff from external organisations who worked closely with the service.

We spoke with five patients and ten family members during our inspection to seek their views of the service they were provided with.

Services for children and young people

Summary of this service

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

- The trust provided an effective, caring, responsive and well led service for children and young people.
- Staff safeguarded children and young people and were knowledgeable regarding the action to be taken where abuse was suspected.
- The control of infection was managed well and staff were knowledgeable about the prevention of cross infection and health related infectious diseases. Staff had access to appropriate equipment to meet the care and treatment needs of children and young people. The ward was decorated in a style to appeal to children and young people.
- The service had enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment. Staff worked well together as part of multi-disciplinary teams to meet the needs of children and young people and provide them with a seamless service.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised and were confident in reporting incidents.
- The care, treatment and support of children and young people promoted a good quality of life and was based on national guidelines and recommendations. The nutrition and hydration needs of babies, children and young people were assessed, monitored and met. Staff used appropriate tools to assess, monitor and manage the pain experienced by babies, children and young people. Parents and carers were included in the assessment of their child's pain.
- Staff were competent and skilled within their roles, they worked together well as a multi-disciplinary team to meet the needs of babies, children and young people admitted to the wards. The staff supported and encouraged patients and their families to live healthier lives and provided health promotion information and practical assistance. For example, the provision of leaflets and nicotine replacement therapy.
- Children and young people were consulted regarding their care and treatment. Parents and carers were included in discussions regarding care and treatment plans and their views listened to.
- Children, young people and their families and carers were treated with compassion, kindness, dignity and respect. There was a happy atmosphere on the ward and children and young people were engaged in activities relevant to their interests and ages. Staff offered emotional support and reassurance to children, young people and their relatives and carers to minimise their distress.

However:

- We rated safe as requires improvement. There were identified issues with the environment which impacted on the safety of children and young people who were admitted to the ward. These had not been addressed although the senior leaders had submitted a business plan which would reconfigure the layout of ward 10 and mitigate against many of the risks. This had yet to be approved.
- Not all staff had completed their mandatory training. For example, a number of medical staff had not completed safeguarding children training.
- Treatment and care plans were not always easy to locate within medical records.
- Staff were due to be provided with update training and guidance regarding the programme for the treatment of eating disorders in children and young people. This was because it had been identified that staff had not always followed the strict and complex regime for children and young people admitted for this care and treatment.

Services for children and young people

- There was a limited therapy service to the ward at weekends, for example from the physiotherapists.

Is the service safe?

Requires improvement ● → ←

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

- Not all staff had completed their mandatory training. For example, a number of medical staff had not completed safeguarding children training.
- Ward 10 provided care and treatment for babies, children and young people. A number of young people were admitted through the children and adolescent mental health service. At times their challenging behaviour had impacted upon the other children and young people as they all shared the same communal environment.
- Treatment and care plans were not always easy to locate within medical records. Individual patient records were up to date and signed at each entry.

However:

- Staff safeguarded children and young people and followed the trust policies and procedures where abuse was suspected.
- The control of infection was managed well and staff were knowledgeable about the prevention of cross infection and health related infectious diseases.
- Staff had access to appropriate equipment to meet the care and treatment needs of children and young people. The ward was decorated in a style to appeal to children and young people.
- The service had enough nursing staff, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment. Staff worked well together as part of multi-disciplinary teams to meet the needs of children and young people and provide them with a seamless service.
- Staff had access to information to enable them to deliver safe care and treatment to patients. Individual patient records were up to date and signed at each entry.
- The service followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately.

Is the service effective?

Good ● → ←

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

- The care, treatment and support of children and young people promoted a good quality of life and was based on national guidelines and recommendations. Policies, procedures and guidelines for staff were in line with national best practice recommendations such as the National Institute for Health and Care Excellence.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- The staff assessed, managed and monitored the pain experienced by babies, children and young people.

Services for children and young people

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles through the provision of role specific training and annual appraisals which reviewed the competency and training needs of staff.
- Staff worked well together, as part of multi-disciplinary teams, to deliver effective care and treatment.
- Care and treatment was available to children and young people seven days a week.
- Children, young people and their families were supported to live healthier lives. This included the provision of advice and support regarding healthy diets, stopping smoking and reducing alcohol intake.
- The service ensured consent to care and treatment was always sought in line with legislation and guidance. Verbal consent was obtained from children and young people or their parent/carer prior to care and treatment.

However:

- Staff were due to be provided with update training and guidance regarding the programme for the treatment of eating disorders in children and young people. This was because it had been identified that staff had not always followed the strict and complex regime for children and young people admitted for this care and treatment.
- There was a limited therapy service to the ward at weekends, for example from the physiotherapists.

Is the service caring?

Good ● → ←

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

- Children, young people and their families and carers were treated with compassion, kindness, dignity and respect.
- Staff spoke kindly and in an age appropriate way to children and young people. Staff always had a smile for children and young people and tried to make the ward feel like a fun environment.
- Staff offered emotional support and reassurance to children, young people and their relatives and carers to minimise their distress.

Is the service responsive?

Good ● ↑

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

- The trust planned and delivered services in a way which met the needs of local people. The trust performed better than other trusts for one question and about the same as other trusts for the remaining 10 applicable questions relating to responsiveness in the CQC Children and Young People's Survey 2016.
- The service took account of patients' individual needs. There were specialist nurses available in the trust for specific conditions and illnesses who supported staff and children and young people.
- Children and young people could access the service when they needed it.

Services for children and young people

- The service treated concerns and complaints seriously, investigated them and learned lessons from the results and shared these with the staff.

However:

- The care and treatment of children and young people with mental health care needs at times impacted on other patients on the ward.
- Information was not clearly identifiable to parents, patients or visitors regarding how to formally raise a complaint.
- Not all bathing facilities were accessible to children or young people who required assistance with mobility.

Is the service well-led?

Good ● ↑

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

- Managers had the right skills and abilities to run a service providing high quality and sustainable care. The clinical managers, consisting of a matron, consultant and ward manager/sister were an experienced team with a recognisable commitment to children, young people and their families and carers.
- The children's services at the hospital had a strategy to deliver effective, responsive and well led services. This strategy was being reviewed in line with a service wide strategy and vision across Somerset at the time of our inspection.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected or unexpected.
- Staff engaged with children, young people and their families and carers to seek their view of the service to drive improvement.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

End of life care

Good  

Key facts and figures

The trust provides end of life care at Yeovil District Hospital. End of life care encompasses all care given to patients who are approaching the end of their life and following death. It may be given on any ward or within any service in a trust. It includes aspects of essential nursing care, specialist palliative care, and bereavement support and mortuary services.

End of life care provided by the specialist palliative care team included multidisciplinary working with other members of staff within the hospital as well as working with external partners. This was to ensure effective end of life care that met the needs of patients.

Our inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During the inspection, we visited a variety of wards including medical wards, surgical wards and the critical care unit. We visited the mortuary and the hospital chapel.

We spoke with ten relatives and two patients receiving end of life care. We spoke with 47 members of staff including consultants, doctors, nurses, allied health care professionals, porters, health care assistants, mortuary staff as well as the chaplaincy staff and staff working in the bereavement service.

We reviewed eight patient records and 19 'treatment escalation plan and resuscitation decision' form. Before, during and after the inspection we reviewed data relating to end of life care at the hospital from the trust.

Summary of this service

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

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

- There were some concerns about infection prevention and control in the ageing mortuary estate, and the completion of risk assessments and documentation of decisions about resuscitation. However, the specialist palliative care team responded well to changes in patients' conditions.
- End of life care was delivered in line with national guidance. There were systems to monitor performance and there was good multidisciplinary care and support for the benefit of the patient. However, there was an inconsistent approach and documentation to support patients' mental capacity assessments.
- Care for patients approaching the end of their life was provided with compassion and respect. Staff sought to involve patients' next of kin. The bereavement service and chaplaincy services continued to support relatives after the death of a loved one.
- The specialist palliative care team were responsive and reviewed referrals promptly, although they were only available during the week in normal working hours.
- Leadership and governance processes had strengthened since our last inspection. The service had a vision and a strategy to achieve this. However, processes to identify risks and incidents relating to end of life care needed to be improved. The governance processes did not have sufficient structure.

End of life care

Is the service safe?

Requires improvement ● ↓

Our rating of safe went down. We rated it as requires improvement because:

- Staff did not always document decisions about assessment of mental capacity and resuscitation in line with their trust policy and national guidance.
- There was no specific policy or standard operating procedure for the administration of medicines through a syringe driver. Nursing staff did not adhere to aseptic non-touch techniques when setting up a syringe driver (a continuous infusion of medicines used in palliative care) in line with trust policy.
- In the mortuary, there were two wooden shelves which could pose an infection control risk to staff members. We also observed dried blood on the trolley which was used to move the deceased in and out of the refrigerated storage areas. Cleaning documentation was not consistently completed.
- Staff did not always complete and update risk assessments for each patient.

However:

- Staff received and completed mandatory training which was up-to-date.
- The trust had processes to safeguard vulnerable adults and children from abuse. All staff we asked were clear about their responsibilities and what actions to take if they needed to make a safeguarding referral.
- There were systems to prevent and protect people from healthcare associated infections in most of the areas we visited. We observed staff adhered mostly to national guidance to prevent the spread of infection.
- The specialist palliative care team identified and responded to the changing risks of patients.
- The service did not employ a specialist palliative care consultant, but there were enough medical staff throughout the trust, with the right mix of qualification and skills, to keep patients safe and provide the right care and treatment.
- With the exception of some risk assessments and evaluations, staff kept detailed records of patients' care and treatment. Records were clear, mostly up-to-date and easily available to all staff providing care. Individual care management plans for patients approaching the end of their life, were developed in line with national guidance.

Is the service effective?

Good ● ↑

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

- The service provided care and treatment based on national guidance. For example, the specialist palliative care team had worked with other healthcare providers to implement the national "Ambitions for Palliative and End of Life Care: National Framework for local action 2015/2020".
- There was a new programme of internal audits of end of life care introduced in January 2018. This enabled the service to use audit results to improve the service.
- The service reported on local performance measures to the trust's end of life steering group every quarter. This enabled the service to evaluate the care provided to patients nearing the end of their life.

End of life care

- The bereavement service had processes to ensure that following a death, all actions were completed in a timely manner to enable relatives to make funeral arrangements.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service collected information about all patient deaths to monitor and evaluate care of patients in their last phase of life.
- Staff working in the specialist palliative care team had the skills, knowledge and experience required for their role.
- Staff with different skills worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.

However:

- There was an inconsistent approach to the review of hydration needs of patients nearing the end of their life.
- The specialist palliative care team did not provide services seven days a week.

Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- The bereavement service provided supportive and compassionate care.
- Staff provided emotional support to patients to minimise their distress.
- Spiritual and religious support was offered to patients approaching the end of their life appropriate to their needs and preferences.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Most people approaching the end of life and their families felt sufficiently informed about what they wished to know and supported to make decisions about their care.

Is the service responsive?

Good ● → ←

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

- The trust planned and provided services in a way that met the needs of local people. This included a strategy to improve recognition of people in their last year of life to enable people to be involved in decisions about their care.
- We found that patients in their last phase of life received individualised care by staff in the ward areas where the patients were admitted to. The specialist palliative care team reviewed all patients as soon as possible when they received patient referrals.
- The chaplaincy service, the bereavement office and mortuary staff all supported bereaved relatives.

End of life care

- People could access the service when they needed it. The specialist palliative care team received referrals through an electronic referral system and staff told us the end of life service responded well to meet the needs of patients.

Is the service well-led?

Good ● ↑

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

- Since the previous inspection in March 2016, the trust had appointed a nurse consultant to lead the specialist palliative care team. Both the specialist palliative care team and ward staff spoke about the positive impact this role was having on the service.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- The specialist palliative care team were positive about their role and felt empowered to deliver end of life care to patients admitted to the hospital who was approaching the end of their life.
- Staff regarded end of life care a priority.
- Governance processes with the end of life service had been strengthened since our last inspection in March 2016, although there was further work to do. Risks were not clearly identified for this service.
- The service had developed audit tools to monitor and assess performance in line with national guidance and standards.
- The service was committed to collect, analyse, manage and use information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The specialist palliative care team engaged with staff working in different departments across the trust.
- We observed many service improvement initiatives since our last inspection in March 2016. There was a stronger leadership and delivery of end of life care at the trust had improved.

However:

- The service had underdeveloped systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The service did not have its own risk register which meant there was not an oversight of all risks and actions of how to mitigate against these.
- Incidents attributed to end of life of care were not clearly identifiable. This was because there was no easy way with the system the trust used to identify incidents relating to end of life care.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

This inspection was led by Alison Giles, Inspection Manager, and overseen by Mary Cridge, Head of Hospital Inspection. Two executive reviewers, Craig Black, Executive Director of Resources, and David Melbourne, Deputy Chief Executive and Chief Finance Officer, and one specialist adviser supported our inspection of well-led for the trust. Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.

The team for the core services inspection included an inspection manager, inspectors, and specialist advisers.