

# Dorset County Hospital NHS Foundation Trust

## Inspection report

Dorset County Hospital  
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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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Good 

# Summary of findings

## Combined quality and resource rating

Good 

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

Dorset County Hospital NHS Foundation Trust provides acute services from Dorset County Hospital, a hospital which was completed in 1997. It provides a full range of district general services, which include accident and emergency services and critical care. The hospital has around 400 beds (including 32 maternity beds and eight critical care beds), seven main operating theatres and two day-surgery theatres.

The trust provides services in the community through links with five community hospitals in Weymouth, Portland, Bridport, Blandford Forum and Sherbourne.

Acute hospital services are provided to a population of around 250,000 people, living within Weymouth and Portland, West Dorset, North Dorset and Purbeck. Alongside this, the trust provides renal services for patients throughout Dorset and South Somerset, serving a total population of around 850,000 people.

The wide geographical spread of the community means the trust provides services including outpatients, day surgery, and renal dialysis at five other NHS locations. It serves an area with a higher than average elderly population and lower than average proportion of school-aged children.

The trust employs around 2,800 staff.

## Overall summary

Our rating of this trust improved since our last inspection. We rated it as **Good**  

## What this trust does

The trust provides full emergency department services including critical care (the hospital has trauma unit status). 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.

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

Diagnostic services include fully accredited pathology, liquid based cytology, CT scanning, MRI scanning, ultrasound, cardiac angiography and interventional radiology. There are a wide range of therapy services and an integrated service with social services to provide a 'virtual ward' enabling patients to be treated in their own homes.

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

# Summary of findings

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.

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 five core services in July 2018 and the 'well led' aspect of the trust in August and September 2018. The five core services were inspected at Dorset County Hospital and Weymouth Community Hospital. They covered Urgent and Emergency Services, Maternity, End of Life Care, Outpatients, and Diagnostic Imaging.

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.

Our last inspection of the trust was in March 2016 and the report published in August 2016. At that inspection 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 improved. We rated it as good because:

Effective, caring, responsive and well-led were rated as good and safe as requires improvement. Apart from safe, for which the rating stayed as requires improvement and caring which remained good, the other key questions improved from requires improvement to good. We took all ratings into account in deciding overall ratings other than those for diagnostic imaging which we do not include in the overall ratings.

- We rated well-led at the trust as good. There was effective, experienced and skilled leadership, a strong vision for the organisation, and embedded values. The leadership had the capacity and capability to deliver high-quality sustainable care. Leaders understood the challenges to quality and sustainability and they were visible and approachable. There was a clear vision for the trust and strong values. The strategic plans fitted with local integration plans for Dorset county, and the strategy was aligned to the wider health and social care economy. Staff felt valued and supported and positive and proud to work for the organisation. There were cooperative and supportive relationships throughout the trust. There was good governance and structures to assess the care provided and give assurance around quality. There were processes for managing risk, issues and performance. Information and data

# Summary of findings

was of good quality. The views of people using the service were considered, as were those of staff and stakeholders. The trust was strong on continuous improvement and innovations. However, the trust needed to review and improve how it gave assurance around learning from preventable deaths. The arrangements for the Freedom to Speak-up Guardian did not reflect the recommendations of the National Guardian's office. The responses to complaints and how the trust demonstrated to those who complained that it learned from their issues needed improvement.

- Urgent and emergency services (alternatively known as accident and emergency services or A&E) improved from requires improvement overall at our last inspection in 2016 to good in 2018. At our previous inspection, safe and well-led were requires improvement with the other key questions rated as good. Safe remained this time as requires improvement with issues with patient triage times, paediatric nursing levels, some mandatory training, and completion of records. There were also some unresolved issues with the room used for assessment of mental health patients. However, staff protected patients from avoidable harm, most areas were being kept clean, incidents were addressed, and there were good staffing levels and skill mix in the nursing teams. The other key questions were rated as good, with well-led improving from requires improvement to good. There were strengthened arrangements for leadership, priorities were well understood, and there was a strong culture. However, there were some issues with governance of risks, some need for improvement in IT systems, and a lack of engagement with the public around the way services were designed and run.
- Maternity services were rated as good. We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. Safe was rated as requires improvement with all the other key questions rated as good. In safe we found not all staff had updated their mandatory training, not all equipment was cleaned correctly, medicines were not always managed well, and there were issues with the levels of nitrous oxide, which had not been addressed since our previous inspection. There was an inconsistent approach to the use of safety guidelines and there were some issues with emergency planning and untoward events. However, incidents were well managed, there were good staffing levels, patients were protected from avoidable harm, there were comprehensive birth plans for women, and staff were given time to undertake specialist midwifery training. The other key questions were rated as good.
- End of life care was rated overall as good. This improved from a rating of requires improvement at our last inspection. Safe improved to good, effective remained requires improvement, caring and responsive stayed as good, and well-led improved significantly from inadequate to good. In effective, resuscitation decisions or mental capacity assessment and decisions were not always well recorded, and care planning was not always completed as required. However, otherwise, the service provided care in line with national guidance, staff were competent and there was good multidisciplinary working.
- Outpatients was rated as good overall. We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings. Safe was rated as good. Effective we do not rate. Caring and responsive were good, although well-led was rated as requires improvement. In well-led the governance systems were not always effective for assurance purposes, and there was no coordinated approach to service improvement. We had some concerns about infection control at the physiotherapy clinic in Weymouth Community Hospital, and clinic letters were significantly delayed. Neither of these areas had improved since our last inspection. However, the services had good managers, there was a positive culture, and good engagement with patients, the public and staff.
- Diagnostic imaging was rated as good overall. We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. Safe, effective, caring and well-led were rated as good. Responsive was rated as requires improvement. In responsive, handovers were not as good as they should be, and reporting times for patients attending A&E were poor. However, the service met the individual needs of patients and some reporting times were good.

# Summary of findings

- On this inspection we did not inspect medical care, surgery, critical care, or services for children and young people. 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.

## Are services safe?

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

- Mandatory safety related training rates did not meet the target of 85%.
- Some staff in the maternity service did not always follow infection prevention and control practices when cleaning patient equipment.
- Equipment checks and stock replacement was not undertaken to a consistent level.
- Medicines storage and management of waste arising from the use of pain relief gas was not maintained to a sufficient standard in maternity.
- In diagnostic imaging services, there were no staff trained to level three child protection in line with national guidance.
- In the emergency department, the median time from arrival to initial assessment was worse than the overall England median for the period from December 2017 to March 2018, although its performance during the reporting period, improved from 16 minutes down to 11 minutes.
- For children's care, staffing levels in the accident and emergency department did not meet the expected standards.
- Staff did not always complete patient records to a consistent standard in the accident and emergency department and in end of life care services.
- Although the service had made some safety improvements to the room for patients with mental health needs in the emergency department, there were remaining safety risks and a lack of risk assessments, particularly regarding ligature points and safety of furnishings.

However:

- The services managed patient safety incidents well. Staff recognised incidents and reported them appropriately. 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 pharmacy team were constantly looking at innovative ways to improve and promote medicine safety as well as ensuring patients received the right medicines.
- There were embedded practices for keeping people safe and protected from avoidable harm. Staff understood their responsibilities to safeguard vulnerable people and used risk assessments and observational tools to protect patients from abuse. The service worked well with other agencies to achieve this. Staff had training on how to recognise and report abuse and they knew how to apply it.
- In most areas, the service managed infection prevention and control risks well. There was a clear process for ensuring equipment and the premises were cleaned effectively. Control measures were used to prevent the spread of infection.
- Skill mix and caseloads of the specialist palliative care team were planned and reviewed to ensure people always received safe care and treatment. Urgent medical attention and advice could be sought and provided at different times of the day including out of hours.

# Summary of findings

## Are services effective?

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

- Care and treatment was delivered in line with legislation, standards and evidence-based guidance.
- The services monitored the effectiveness of care and treatment and used the findings to improve them. They generally compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers monitored competence through appraisals, sharing learning and providing support for development.
- 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.
- Patients in the accident and emergency department had a detailed assessment of their physical and mental health needs, which included the need for pain relief, nutrition and hydration. Treatment and care was planned and delivered in line with professional standards and guidance.
- The accident and emergency department took part in national and local audits to monitor the effectiveness of adherence with best practice and patient outcomes. Actions were taken where local audit results identified the need for improvements.
- Staff providing treatment and care had the right skills and experience to do so and had on-going access to development opportunities. They had access to clinical support and had their performance reviewed.
- There was good multidisciplinary work and arrangements for patients to receive ongoing care. An assessment of patients' needs and the referral or discharge arrangements was well established, and involved other clinical input as required.
- Staff understood the principles of consent was and followed correct practices.

However:

- Staff did not always make timely entries in patient records or there were gaps in records for care and treatment. Resuscitation decisions were still not always recorded appropriately and in line with national guidance. Best interest decisions and mental capacity assessments were not always carried out and documented where expected for patients receiving end of life care.
- Diagnostic waiting times for investigations were below national standards, and the reporting of images was not always completed as the trust required.
- Not all staff had received timely appraisals in line with trust policy.
- There were significant delays and no longer-term plan for the timely completion of clinic letters following attendance in the outpatients' departments.

## Are services caring?

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

- Staff cared for patients with compassion. Observations and feedback from patients confirmed staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Staff showed awareness of the emotional impact a patient's care, treatment or condition would have on their well-being.

# Summary of findings

- Staff involved patients and those close to them in decisions about their care and treatment. They explained procedures in a way they could understand.

## Are services responsive?

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

- The trust planned and provided services in a way that met the needs of local people.
- The maternity service worked hard to provide continuity of care and support on transition between antenatal, labour and birth and postnatal care during hospital stay. This was reflected in the integrated working patterns of midwives across the community and onto the unit.
- There was good access to emergency and urgent care. People attending the department received care personalised to their needs, and accounted for their choices and decisions. The triage process focused on assigning patients to the right area and included consideration of 'fitness to sit' while waiting to be reviewed.

However:

- The physical environment of some areas presented limitations and challenges to managing increasing demand.
- Patients on occasion waited for up to 12 hours for a mental health assessment in the emergency department.
- The trust policy was ambiguous about response times for complex complaints, and it was therefore unclear as to whether complaints were followed up within an appropriate timeframe.
- Patients could not always access outpatient services as quickly as would be expected. Some services did not meet the national target for referral to treatment time.
- Handover from other services did not always provide the radiology service staff with all the clinical information required for the staff to meet all the patients' needs.

## Are services well-led?

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

- The trust had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Staff felt supported and valued in their role by their managers.
- There were systems for performance management of staff through the annual appraisals which were aligned to the trust's values. There were processes and procedures for managers to follow if staff did not meet performance expectations
- The governance arrangements across most areas provided assurance that quality was central to the delivery of care to patients.
- The service leads acted to proactively identify risks to the service which could impact on the quality for the care required. Staff took responsibility to ensure risks were minimised wherever possible without compromising the quality of care.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged with patients seeking feedback to improve the quality of the services provided.
- There were good systems of accountability from pharmacy management to support governance and management of medicines throughout the trust.

# Summary of findings

- Medicines safety risks were identified, actioned and shared appropriately within the trust and with external partners. Learning actions from medicines incidents and audits were shared and reviewed by service leads.
- Medicines optimisation was thought of as part of an integrated system across the county, with the pharmacy department working closely with other providers to ensure patients received safe and effective medicines support.

However:

- The outpatient department lacked a coordinated approach for the governance of risk management and quality improvement. It did not always demonstrate how this service learned from activities such as audit or measuring against similar services.
- The IT systems were not always easy for staff to use, and information across the different systems could not always be linked.

## 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 or parts of them not inspected this time. We took all ratings into account in deciding overall ratings other than those for diagnostic imaging which we do not include in the overall ratings. Our decisions on overall ratings also considered factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings

## Outstanding practice

We found examples of outstanding practice in diagnostic imaging, and urgent and emergency service. We also found outstanding practice in the trust-wide inspection of the well-led question.

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

## Areas for improvement

We found areas for improvement including 11 breaches of five legal requirements that the trust must put right. We found 39 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 the trust-wide level, and with emergency and urgent care.

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.

# Summary of findings

## Outstanding practice

We found the following outstanding practice:

### Trust wide

The laminated pocket-sized cards given to all new staff with key elements of safeguarding and mental health support. The laminated cards produced for patients within the learning disability community to help them with, for example, coming to an A&E department, and being able to explain any pain they were feeling. The laminated pages produced for the ward staff to be able to find important information on patient safety.

Working with the Dorset Friendship Club. This was a Dorset county group for people with a learning disability to help them make friends and get specific support. Work with this club had led to the opportunity to bring groups of people with a learning disability to the hospital to talk about specific clinical subjects. For example, a group of around 20 people had come to hear about cardiology, which could be a clinical issue in the community. This involved them having a blood pressure test and given some helpful advice. A diagnostic imaging visit was being planned to endeavour to help reduce anxiety around hospital tests.

People with learning disabilities acting as 'mystery shoppers' had been invited to come to the hospital to tell the trust what it felt like for them, or how the website catered for them. This had led to some changes and developments in line with their feedback, including signage and information being improved.

The community and multidisciplinary working for patients and others to protect them from abuse, or help to avoid admission to hospital.

The establishment of a sex-worker clinic.

### Urgent and emergency services

The use of a designated tracker role in the urgent and emergency care service (A&E).

### Diagnostic imaging

Introduction of the cerebral palsy integrated pathway.

The work of the primary and acute care systems (PACS) team to improve the process of sharing image data information across boundaries and between different systems.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is 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

- Ensure the requirements around learning from death are complied with. This includes publishing the trust policy, publishing through board assurance papers a report which explains mortality for the public audience, and completing structured judgement reviews and investigation reports to a high standard in good time for learning to be meaningful.

#### Urgent and emergency services

# Summary of findings

- Ensure staff are up to-date with their mandatory training.
- As with the previous inspection, ensure the room used for mental health assessments has a full and regular risk assessment. Ligature points must be removed, along with other items posing a potential risk to peoples' safety.

## Maternity

- Ensure staff are up to-date with their mandatory training.
- Clean all equipment in line with trust policy and national standards.
- Manage all medicines in line with the manufactures guidelines and store them safely.
- Reduce the exhaled levels of nitrous oxide used for pain relief to a safe level.

## End of life care

- Ensure best interest decisions and mental capacity assessments are carried out and documented. This related to gaining consent for the trust's 'Allow a Natural Death' form for patients who are unable to give such consent because they lack the capacity to do so; therefore, acting in accordance with the Mental Capacity Act 2005.

## Outpatients

- Clinic letters be typed and shared with the patient's GP in a timely manner.
- Systems and processes are effective to monitor governance and risk in the outpatient service.
- All staff complete mandatory training appropriate to their role.

## Action the trust SHOULD take to improve:

### Trust-wide

- Develop a system to provide evidence of senior executive visibility at all trust sites and teams.
- Promote equality and diversity by asking staff to consider the timing of meetings such that they suit all those wanting or required to attend.
- Consider why some staff do not feel able to or want to report instances of bullying, abuse or harassment.
- Review the arrangements for the Freedom to Speak-Up Guardian so they come into line with the recommendations of the National Guardian's office. This is to include assurance to the trust board.
- Publish the required information for the Equality Delivery System 2 (EDS2).
- Produce and publish the latest Workforce Race Equality Standard.
- Include the estates team within the governance reporting framework.
- Review the process for complaints to improve the timeliness of responses, but also how these responses might be perceived by patients.
- Provide assurance to the board that complaints and incidents are used to improve patient care.
- Continue with performance results being one of the highest priorities for the trust to improve upon.
- Become compliant with all the Accessible Information Standards.
- Update the trust website around data protection information for the public so it shows current legal requirements.
- Build on the work of the Patient and Public Engagement team with a strategy for future developments in this area.

# Summary of findings

## Urgent and emergency services

- Consider how the environment in the department could be further improved to meet the increasing demands.
- Improve visibility in the waiting room and children's play area.
- Give patients their medicines on time.
- Review the needs of people with hearing difficulties to consider the provision, for example, of a hearing loop facility.
- Provide staff with the required Mental Capacity Act training and Deprivation of Liberty Safeguards training within the required time frames.
- Consider how to meet the needs of people are reviewed in the emergency department such as through provision of distraction tools for individuals with dementia.
- Look to involve members of the public in developing emergency department services.

## Maternity

- Investigate complaints within what are agreed timeframes.
- Complete all actions identified during governance meetings within a specific timeframe
- The service should ensure a consistent approach to providing in-date and accessible safety guidelines to staff.
- The service should ensure all the appropriate staff can access emergency grab boxes.
- The community service should ensure women's records are stored securely during transportation.
- The service should ensure yearly appraisal are completed for all staff.

## End of life care

- Improve compliance with standards of patient records. Records should always be clear, up-to-date and available to all staff providing care.
- Complete treatment escalation plans accurately to reflect the wishes of the patient regarding future care and treatment.

## Outpatients

- Maintain infection control practices at Weymouth physiotherapy department in line with trust policy.
- Embed national safety standards throughout all outpatient services.
- Meet the national referral to treatment times and be sure patients have timely access to care and treatment.
- Document and share all learning and recommendations from audits.
- Make provision for adequate seating for bariatric patients in all outpatient services.
- Review health and safety risks at Weymouth sexual health services to be sure premises are safe and suitable for use.

## Diagnostic imaging

- Improve compliance with mandatory training for staff.
- Improve compliance with staff appraisals being undertaken annually.
- Fully support staff during their induction period.

# Summary of findings

- Reduce the times for patients waiting for diagnostic imaging investigations to meet national standards.
- Improve the reporting times for some investigations. Particularly those required by the emergency department.

## 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.

Our rating of well-led at the trust improved. We rated well-led as good because:

- The leaders had the skills, knowledge and integrity to run the organisation. There was strong support and constructive challenge among the leadership team and the trust board. The leaders were visible and approachable and they understood the challenges the trust faced.
- Patient care, quality and sustainability were central features of the vision and strategy. Staff understood the vision and values, and been involved in their development.
- There was a strong culture in the organisation. Staff felt valued and supported. The 2017 NHS Staff Survey had excellent and improved results for culture. Staff were proud to work for the organisation and the care they delivered. They were supported with cooperative and appreciative relationships. Staff felt safe to raise concerns, although not all were reporting incidences of abuse, bullying and harassment.
- There was strong financial governance and a culture of financial integrity.
- There were structures, processes and systems of accountability to deliver good quality sustainable services. All levels of governance interacted with each other appropriately.
- Board committees had good terms of reference and were clear in their responsibilities and accountabilities. The board had a strong focus upon patient safety and quality care.
- There were comprehensive assurance systems around performance. There was a systematic programme of internal audit and risk management.
- There was a clear understanding of performance, although not all standards and targets were being delivered due to system pressures and increased demand over a difficult winter and beyond.
- There were positive and collaborative relationships with external stakeholders and partners. There was a strong ethic to deliver services in an integrated care system with partners in the county of Dorset.
- There was commitment to learning, improvement and innovation. This extended to a strong programme of research and development.

However:

- The trust needed to review and improve how it gave assurance around learning from preventable deaths.
- The arrangements for the Freedom to Speak-up Guardian did not reflect the recommendations of the National Guardian's office.
- The responses to complaints and how the trust demonstrated to those who complained that it learned from their issues needed improvement.

## Summary of findings

- There were risks to how data was managed under differing systems.

## 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/RBD/Reports](http://www.cqc.org.uk/provider/RBD/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 →← Oct 2018	Good ↑ Oct 2018	Good →← Oct 2018	Good →← Oct 2018	Good ↑ Oct 2018	Good →← Oct 2018

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 Dorset County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↑ Oct 2018	Good ↑ Oct 2018
Medical care (including older people's care)	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Surgery	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Critical care	Good Aug 2016	Good Aug 2016	Good Aug 2016	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016
Maternity	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018	Good Oct 2018
Services for children and young people	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
End of life care	Good ↑ Oct 2018	Requires improvement ↔ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↑↑ Oct 2018	Good ↑ Oct 2018
Outpatients	Good Oct 2018	Not rated	Good Oct 2018	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018
Diagnostic imaging	Good Oct 2018	Not rated	Good Oct 2018	Requires improvement Oct 2018	Good Oct 2018	Good Oct 2018
<b>Overall*</b>	Requires improvement ↔ Oct 2018	Good ↑ Oct 2018	Good ↔ Oct 2018	Good ↔ Oct 2018	Good ↑ Oct 2018	Good ↔ Oct 2018

\*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.

# Dorset County Hospital

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## Key facts and figures

Dorset County Hospital is the single site acute hospital run by Dorset County Hospital NHS Foundation Trust. The hospital provides acute and some community services to a population of around 250,000, living within Weymouth and Portland, West Dorset, North Dorset and Purbeck. Services are also provided for renal patients throughout Dorset and South Somerset to a total population of 850,000.

Dorset County Hospital has approximately 400 beds including 32 maternity beds and eight critical care beds. There are seven main theatres and two theatres used for day surgery. Full emergency department services including critical care (the hospital has trauma unit status) are provided. A full range of services are available including; acute and elective (planned) surgery and medical treatments, outpatients, services for older people; acute stroke care; cancer services and pharmacy services. The hospital has comprehensive maternity services including a midwife-led birthing service, community midwifery support, antenatal and postnatal care. There is a level one special care baby unit and children's services include emergency assessment, inpatients and outpatients.

There is access to diagnostic imaging services, including CT and MR scanning, ultrasound, cardiac angiography interventional radiology, and pathology. The hospital has a wide range of therapy services. It is integrated with social services to provide a 'virtual ward' enabling patients to be treated in their own homes.

There were 97,296 emergency attendances to the Dorset County Hospital in the year February 2017 to January 2018. A total of 50,900 inpatient admissions took place in the same period. Also in this period, the hospital had 307,195 first and follow-up outpatient appointments.

During the inspection, we spoke with over 40 patients, several relatives, and over 100 members of staff in various roles. We reviewed over 50 sets of patient records. We observed care being delivered and attended safety briefings and handovers.

## Summary of services at Dorset County Hospital

**Good**  

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

- Staff treated people with the kindness, dignity and respect. Individualised, person centred care was delivered by a workforce who recognised and valued their responsibilities towards people using the hospital. Teams were well integrated and took a multidisciplinary approach to ensure people's needs were met.

# Summary of findings

- There was a strong culture of doing what was right for patients, for keeping them safe and involving them in decisions which affected their treatment and care. Patients and relatives spoke highly of staff and the standards and quality of care. They were informed of investigations and treatment plans, and how these would affect them.
- Services were planned and arranged to meet the general and specific needs of local people. Staff carried out a range of risk assessments and safely managed these in line with national and professional guidance. The trusts safeguarding arrangements assisted in keeping vulnerable people safe and protected them from avoidable harm.
- The systems and processes available to support staff in their clinical practices were well organised and structured. Professional guidance was easily accessible and used to inform decision making around patient needs.
- The arrangements for reporting, investigating and learning from incidents was supported by a positive culture of improving patient care. Further, the trust used safety monitoring, audit results and patient outcome information to drive improvements in services.
- Although parts of the hospital environment appeared worn, they were in generally visibly clean. Most staff followed infection prevention and control procedures and routine standards of cleanliness and hygiene were maintained.
- Leaders had the skills, knowledge, experience to oversee services. We found improvements had been made in the leadership of maternity and end of life services since the last inspection. A non-executive with responsibility for end of life care had been appointed to the trust board.
- Staff had the skills, knowledge and experience to deliver effective care and treatment. Staff were encouraged and supported to access training and development opportunities.
- Departments planned and reviewed staffing levels and skill mix so people received safe care and treatment. Where professional recommendations for staffing at particular grades were not met, there were arrangements to minimise possible risks.
- The trusts vision and values were understood by staff. Local service objectives had been developed and staff committed to achieving these.
- There were effective governance arrangements within departments and information was communicated upwards through various committees to the board. Information was shared with staff in an open and transparent manner, which helped staff to feel valued and respected.

However:

- Mandatory safety related training rates did not meet the target of 85%.
- Staff did not always make timely entries in patient records with respect to their care and treatment. There were gaps in the recording of information which indicated the patients' overall health and wellness status. Best interest decisions and mental capacity assessments were not always carried out and documented where expected.
- Infection prevention and control practices related to cleaning of patient equipment were not always sufficiently acted upon.
- The physical environment of some areas presented limitations and challenges to the provision of optimum facilities and managing increased capacity.
- There were some difficulties with computerised systems, which impacted on accessibility and ease of use for patient records.
- Complaints were not always followed up within the required timeframe.
- Equipment checks and stock replacement was not undertaken to a consistent level.

# Summary of findings

- Medicines storage and management of nitrous oxide was not managed to a sufficient standard in maternity.
- The reporting of images was not always completed as the trust expected.
- Patients could not always access outpatient services as quickly as would be expected. Some services did not meet the national target for referral to treatment time.
- There were systems to support governance but these were not always effective for the outpatient services.
- While there were processes to manage risk and performance issues for the outpatient service, these did not always ensure sufficient oversight and mitigation of key risks to the department.
- Some outpatient areas had plans for improvement and a strategy supporting development, there was no overarching strategy for the whole outpatient service.
- There was no system for quality assurance through audit in the outpatient's departments. There was no clear evidence of learning from audit which had led to changes in practice.

# Urgent and emergency services

Good  

## Key facts and figures

Urgent and emergency services are provided at the emergency department (ED) at Dorset County Hospital in Dorchester. Between February 2017 and January 2018, 97,296 people attended the ED. Since April 2018 up to the time of inspection there had been 48,000 attendances, of which 8,000 were children or young people.

The ED is open and accessible to adults, children and young people 24-hours a day, 365 days a year. The ED is recognised as a trauma receiving service.

We undertook our inspection over two days on 6 and 7 August 2018. The inspection was announced (staff knew we were coming) to ensure that everyone we needed to talk to was available.

During this inspection we spoke with 14 staff from a range of clinical and non-clinical roles and of varying grades. We spoke with 10 patients and two relatives. We reviewed six adult and six children's patient records, as well as six for patients attending the department with mental health related concerns. A further 12 records were reviewed specifically to look at completion by medical staff. We made observations of staff interactions, their practices, equipment and the environment. We looked at documentary information accessible within the department and provided by the trust.

## Summary of this service

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

- Since the last inspection improvements had been made following a change in the leadership arrangements. This had benefitted the department with greater support and focus on risk management, service delivery, quality and performance. A flat leadership structure helped to foster a well-integrated team, which worked together in a mutually respectful manner for the benefit of patients.
- The culture was enabling and encouraged inclusivity and participation. Staff were supported to develop and grow, and their contributions were valued.
- The staff had worked hard to address some of the areas previously identified as having the potential for improvement. This included having oversight and continuous monitoring of the environment, adherence with infection control practices and national targets.
- The emergency department had enough staff with the right qualifications, skills, experience and training to keep patients safe from avoidable harm and abuse, and to provide them with the care and treatment they needed. All staff understood their responsibilities to safeguard patients from avoidable harm, abuse and neglect.
- Staff were provided with supervision opportunities and were encouraged with professional development. Training and access to professional guidance and other experts within the multidisciplinary team helped staff to promote safe and effective treatment and care. Most people's needs under the control of ED staff were met.
- Well-developed systems and processes were embedded in the practices of staff regarding risk assessment, and treatment and care reflected professional standards. Monitoring of performance, patient outcomes and quality of the services provided enabled staff to reflect on practice and to improve.
- There were reliable systems for reporting incidents, for investigating and learning from these. People were made aware when an error or mistake occurred in an open and transparent manner.

# Urgent and emergency services

- The quality and standards of patient care were reported positively by people we spoke with. We observed many examples of kind and caring staff interactions, and people were given information and were involved always.
- Services were organised to provide appropriate access, treatment according to need and ease of flow thereafter. Peoples individual needs were assessed and addressed in a safe and effective manner.

However:

- Greater attention was needed for aspects of patient record completion, to ensure entries were made in a timely manner. The completion of mandatory training subjects was not always achieved, and complaints sign off did not always happen within the trusts timescale.
- Professional standards were not always met for the availability of consultant cover and paediatric nurse provision. Performance targets were not consistently met and there was work to be done around some of the results from national audits.
- Some improvements were needed to the environment to help enhance the delivery of services, this included the mental health assessment room, size of the resuscitation areas, and visibility of waiting areas.
- Apart from the patients' complaints process, the department had not involved patients in contributions to the discussion about departmental improvements.

## Is the service safe?

**Requires improvement**   

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

- The median time from arrival to initial assessment was worse than the overall England median for the period from December 2017 to March 2018, although its performance during the reporting period, improved from 16 minutes down to 11 minutes.
- Between April 2017 to February 2018 the trust reported 123 'black breaches' where patients waited over an hour from ambulance arrival at the emergency department until they were handed over to the emergency department staff.
- While there was no evidence of the safety of patients being compromised, the department was not meeting the Royal College of Emergency Medicine recommendations that consultants should provide 16 hours of emergency cover seven days per week. Consultant cover remained below the standard, although their time on site had increased to six-hours as a minimum at weekends.
- Some of the mandatory safety training completion rates did not meet the trusts target of 90%, particularly for medical staff working in the department.
- Patient records were not always completed to a consistent standard. We found there were delays in making entries in some records, including for patients who had left the department. Observational assessments had not always been recorded, and action was not always taken when information suggested the need for escalation.
- At the previous inspection we found the relatives room was used for assessment of mental health patients, despite it being unsuitable for this. While some safety improvements had been made to the room, we remained concerned about the number of outstanding risks and lack of risk assessments, particularly regarding ligature points and furnishings.

# Urgent and emergency services

- For children's care, staffing levels did not meet the Royal College of Paediatrics and Children's Health (RCPCH) standards of having a minimum of two children's nurses in the ED 24 hours a day, seven days per week. However, there was access to the ward paediatric team and other mitigations had been arranged.

However:

- The trust scored "better than" other trusts for one of the five Emergency Department Survey questions relevant to safety scored "about the same" as other trusts for the remaining four questions.
- There were clearly defined and embedded practices for keeping people safe and protected from avoidable harm. Staff received mandatory training and understood their responsibilities to safeguard vulnerable people. They used patient risk assessments and observational tools to ensure the safe delivery of treatment and care.
- Although the fabric of the department still appeared tired in parts, most areas in which care was provided were visibly clean. Since the last inspection formal monitoring and oversight of risks related to the environment and staff adherence to infection prevention and control practices had been improved.
- There was a formal system for reporting, investigating and learning from incidents. Where improvements were needed these were acted upon.
- Staff had access to technical equipment and medicines to enable them to respond to the needs of patients. Improvements had been made to the way equipment was cleaned and managed since our previous inspection.
- Staffing levels and skills mix was organised to ensure the safe delivery of treatment and care.

## Is the service effective?

**Good**   

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

- People had a detailed assessment of their physical and mental health needs, which included the need for pain relief, nutrition and hydration. Treatment and care was planned and delivered in line with professional standards and guidance.
- The department took part in national and local audits to monitor the effectiveness of adherence with best practice and patient outcomes. Actions were taken where local audit results identified the need for improvements.
- Staff providing treatment and care had the right skills and experience to do so and had on-going access to development opportunities. They had access to clinical support and had their performance reviewed.
- There was good multidisciplinary work and arrangements for patients to receive on-going care. An assessment of people's needs and the referral or discharge arrangements was well established, and involved other clinical input as required.
- Consent was understood by staff and correct practices were followed.

However:

- Staff did not always record a pain score for patients in their records.
- Results from national audits suggested that some of the desired standards were not met. This included sepsis, and consultant sign off following patient treatment.

# Urgent and emergency services

- Between April 2017 and March 2018, the trust's unplanned re-attendance rate to A&E within seven days was worse than the national standard of 5% and worse than the England average
- Training in the mental capacity act and deprivation of liberty was slightly below the trusts target of 90%, although there remained time to complete this.

## Is the service caring?

**Good** ● → ←

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

- The trust's urgent and emergency care Friends and Family Test performance (% recommended) was better than the England average from April 2017 to March 2018.
- Patient treatment and care was focused on meeting individual needs in a dignified and respectful manner. Staff engaged with patients and their relatives in a polite and caring manner, ensuring their immediate and on-going needs were identified and addressed as swiftly as possible.
- We observed staff who were attentive, sympathetic and compassionate in their mannerisms. They provided emotional support and reassurance when caring for individuals.
- Patients and relatives spoke highly of staff and were satisfied with the standards of care. They were informed of investigations, treatment and involved in discussions and decision making.

However:

- Staff did not always acknowledge the patient as they arrived in the department by ambulance.

## Is the service responsive?

**Good** ● ↑

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

- The Royal College of Emergency Medicine recommends patients should wait no more than an hour from time of arrival to receiving treatment. The trust met and exceeded the standard for the entire 12-month period from April 2017 to March 2018.
- The trust scored "about the same as" other trusts for all three Emergency Department Survey questions relevant to the responsive domain in 2016. Questions related to privacy, dignity and length of time in the department.
- From June 2017 to May 2018 the trust exceeded the Department of Health's 95% standard for emergency departments of patients being admitted, transferred or discharged within four hours of arrival. However, this was when including the results of the urgent care centre.
- There was good access to emergency and urgent care. People attending the department received care which was personalised to their needs, and took into their choices and decisions. The triage process focused on assigning patients to the right area and included consideration of 'fitness to sit' while waiting to be reviewed.
- On-site service arrangements enabled staff to undertake tests and deliver the required treatment. Referral processes for patients with on-going needs were organised, and there was access to a short stay observational unit while arrangements were made.

# Urgent and emergency services

- Flow within the department and onwards to wards was well managed through the coordinator, tracker role and site manager. The trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was notably better than the England average during the period of June 2017 to May 2018.
- Some specialist expertise was available within the department or could be arranged for patients who had additional needs. There was access to translation services, special needs support and patient advice and liaison services.
- There were very few complaints and those received were responded to through the correct channels. Information from complaints was shared with staff.

However:

- Patients on occasion waited for a mental health assessment. Out of hours this could be upwards of 12 hours.
- Complaints were not always closed off within the expected timeframe.

## Is the service well-led?

Good  

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

- The leadership within the department had improved since our last inspection because of changes in the arrangements of the senior role holders. The matron was now the designated leader for nursing services and a separate manager had responsibility for business related activities. As a result, there were strengthened arrangements for quality, governance and risk management.
- The medical, clinical and business leaders had the right experience, capability and integrity to ensure the department functioned and delivered on quality and performance. Leaders were visible, approachable and operated in a manner which promoted mutual respect, shared contributions and inclusivity.
- There was shared understanding of the departments priorities, risks and how these were mitigated. Opportunities to engage with staff through daily briefings and formal meetings enabled discussion of performance, complaints, incidents and learning. Information was collected and used to inform the well-structured governance processes.
- Staff reported a culture which was open, honest and empowered them to raise matters or bring forward suggestions and ideas. When things went wrong staff and those involved received feedback and an apology was provided to the relevant person.

However:

- Some risks were not always clearly identified and addressed as fully as would be expected; such as those related to the room used for mental health assessments.
- There were no formal processes to engage with members of the public as a means of considering ways of improving services.

## Outstanding practice

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

# Urgent and emergency services

## Areas for improvement

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

# Maternity

**Good** 

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

## Key facts and figures

Dorset County Hospital provides maternity services to women and their families living within Weymouth, Portland, West Dorset, North Dorset and Purbeck. There were 1,675 births from January 2017 to December 2017.

Inpatient maternity services are provided on the maternity unit which has 33 beds and includes a day assessment unit, 17 single rooms for labouring and giving birth a pool room and antenatal rooms which contained a mixture of single rooms and three bedded rooms.

Midwives work in small community teams and rotate into the maternity unit regularly (as an integrated workforce).

There is dedicated home birth team with a homebirth rate of 7-9% significantly above the national average. In line with the Better Births Project for Dorset the trust has received funding for an on-site midwife-led birthing unit.

Specialist services provided include, a bereavement team, a smoking cessation midwife, a high-risk midwifery team, a teenage pregnancy team, clinics for diabetic women and perinatal mental health support.

## Summary of this service

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

We rated the service as good because:

- The service used safety monitoring results well and to improve the service. Staff collected safety information and shared it with staff, patients and visitors. Since our last inspection the midwife to birth ratio had improved and consistently met national guidelines.
- Managers investigated incidents and shared any lessons learned. Staff knew what incidents to report and how to report them. The duty of candour remained well embedded across the service.
- The service had enough staff with the right qualifications, training and experience to keep people safe. Staff worked together as a team to benefit their patients.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service had dedicated safeguarding leads who supervised staff regularly.
- The service provided care and treatment based on national guidance, monitored its effectiveness and used the findings to improve their services, this had improved since our last inspection.
- Staff cared for patients with compassion and involved patients and those close to them in decisions about their care and treatment. Staff provided emotional support to patients to minimise their distress.
- The trust planned and provided services in a way that met the needs of local people. Since our last inspection the service consistently met its target of 90% of women booked by 12 weeks antenatally.
- Leaders had the skills, knowledge, experience and integrity to lead the service. This had improved since our last inspection and managers across the service promoted a positive culture that supported and valued staff.

# Maternity

However:

- While staff were updated in areas specific to maternity, some of the mandatory training in key skills did not always meet trust targets.
- Procedures related to the cleaning of equipment and storage of medicines were not always followed by staff.
- Premises were not always safe for the staff and families who used them as exhaled nitrous oxide levels remained unsafe. Although an action plan had been decided on, this had remained a risk since our last inspection.
- There was an inconsistent approach to the use and display of safety guidelines and policies on the unit. This was confusing for staff as the most up to date information was not always displayed.
- While the service planned for emergencies and staff understood their roles if one should happen, not all the necessary staff could access the emergency grab boxes and policies should this be required.
- While staff kept appropriate records of patients' care such as risk assessments and treatment plans, security of records in the community could not be assured.
- Not all staff had received yearly appraisals to provide support and monitor the effectiveness of the service.
- Complaints were not always investigated in a timely manner or in line with the services complaints policy.

## Is the service safe?

### Requires improvement



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

We rated safe as requires improvement because:

- The service provided mandatory training in key skills to all staff. However, staff working in the maternity unit did not always meet trust targets.
- The service did not clean all their equipment correctly or have systems to show certain equipment had been cleaned. The service could not be assured that the cleaning of the birthing pool and equipment was adequate or in line with hospital policy.
- Greater attention was required with medicines management as the service did not always keep their medicines safely or in line with manufacturers' instructions.
- Premises were not always safe for the staff and families who used them. Exhaled nitrous oxide levels remained unsafe and this had not been resolved since our last inspection.
- There was an inconsistent approach to the use and display of safety guidelines and policies on the unit. This meant staff may not respond effectively and consistently in the case of an emergency.
- While the service planned for emergencies and staff understood their roles if one should happen, not all the necessary staff could access the emergency grab boxes should this be required. Child abduction scenarios did not occur and staff found it difficult to locate the abduction policy on the trust intranet so swift action should an abduction occur was not assured.
- The security of health records in the community could not be assured.

However:

# Maternity

- The service managed safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave honest information and suitable support to those involved.
- Safety monitoring results were used to improve services. Staff collected safety information and this was shared with people using the service.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- There were embedded practices for keeping people safe and protected from avoidable harm. Staff understood their responsibilities to safeguard vulnerable people and used risk assessments and observational tools to protect patients from abuse. The service worked well with other agencies to achieve this. Staff had training on how to recognise and report abuse and they knew how to apply it.
- Women had comprehensive birth plans and risk assessments which were reviewed regularly. This included booking in, discharge and onwards under the care of the community midwives.
- Midwifery and medical staff were given protected time to complete training in skills specifically required for maternity.

## Is the service effective?

**Good** 

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

We rated effective as good because:

- The service provided care and treatment based on national guidance and monitored evidence of its effectiveness. Since our last inspection, the service used the 'Sepsis six' care bundle, monitored maternal pulse consistently before commencement of the cardiotocograph and had a schedule for audits.
- The service contributed to national and local audits to monitor their effectiveness.
- The multidisciplinary team worked together to the benefit of women using the services. Doctors, nurses and other healthcare professionals supported each other to provide good care across community and inpatient services.
- Staff had access to up-to-date, accurate and comprehensive information on women's care and treatment. Records were well written with regularly updated risk assessments and care plans.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support women experiencing mental ill health and the service now had access to a perinatal mental health team based on the unit.

However:

- Staff did not always have an opportunity to have their performance reviewed and to identify training and development needs.

# Maternity

## Is the service caring?

**Good** 

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

We rated caring as good because:

- Staff cared for women using the service with compassion. Feedback from women confirmed that staff treated them well and with kindness.
- Staff involved women and those close to them in decisions about their care and treatment. Relationships between staff, patients and relatives were supportive, respectful and caring.
- Staff provided emotional support to patients to minimise their distress. Staff understood the impact that a women's care, treatment or condition had on their wellbeing and on those close to them, both emotionally and socially.

## Is the service responsive?

**Good** 

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

We rated responsive as good because:

- The trust planned and provided services in a way that met the needs of local people and reflected the better births recommendations.
- The service worked hard to provide continuity of care and support on transition between antenatal, labour and birth and postnatal care during hospital stay. This was reflected in the integrated working patterns of midwives across the community and onto the unit
- People could access the service when they needed it. Waiting times from treatment were and arrangements to admit, treat and discharge patients were in line with good practice. Since our last inspection the service consistently met its target of 90% of women booked by 12 weeks antenatally.
- Services were delivered and coordinated to meet people's individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Complaints were not always investigated in a timely manner.

## Is the service well-led?

**Good** 

# Maternity

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

We rated well-led as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Leaders had the skills, knowledge, experience and integrity to lead the service. They understood the challenges to quality and sustainability and could identify actions needed to address them.
- The trust engaged well with women, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. This included a midwife led birthing unit, which was being developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the service promoted a positive culture, which supported and valued staff, creating a sense of common purpose based on shared values. Staff were proud of where they worked of what they did and this was evident in all the staff we spoke with
- The trust collected, analysed, managed and used information well to support all its activities.
- The trust was committed to improving services by learning from when things went well and when they go wrong, promoting training, research and innovation.

However:

- While the service had effective systems for identifying risks, planning to eliminate within time specific frames was not always identified.
- The service should ensure all actions identified during governance meetings are given and completed within a specific time frame.

## 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

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 hospital. It includes aspects of essential nursing care, specialist palliative care, bereavement support and mortuary services. The trust had 758 deaths from March 2017 to February 2018.

The specialist palliative care team delivers a weekday service, with out of hours advice being supplied by a local hospice care provider. The hospital has no specialist palliative care beds, having developed links with the local hospice to provide these facilities.

All staff at the hospital provide end of life care. The trust had a hospital specialist palliative care team, cancer nurse specialists and an end of life facilitator for patients needing symptom management, psychological, social and spiritual support. Support was provided to help patients live a normal as possible life until death and offers support to help family and carers cope during the patient's illness and in their own bereavement.

The palliative care team provide care Monday to Friday 9am to 5pm. Outside those times a 24-hour on-call telephone advice service was provided by both hospital palliative care nurses and hospice medical staff as part of an on-call rota. From November 2017 to April 2018, 296 referrals were made to the end of life care team, of which 17% of patients were diagnosed with cancer and 83% had a non-cancer diagnosis.

During this inspection we spoke with 26 staff of all grades, we also spoke with three patients who were receiving end of life care and two relatives. We reviewed 15 sets of patient records and visited various wards and departments. 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:

- The trust provided mandatory training in key end of life skills to all new staff at induction and at regular updates. There were enough staff with the right skills and experiences to ensure the delivery of care. Staff had access to professional development, were competent for their roles, and had opportunities for a review of their performance. Appraisal rates exceeded the trust target.
- Medical staffing levels had improved since the last inspection in March 2016.
- Equipment availability had improved since the last inspection. There was greater oversight of competence for the use of specialised equipment.
- There was good multidisciplinary working. The specialist palliative care team worked closely with the local hospice and there was access to clinical expertise within the hospital.
- Leadership of the end of life care was much improved following out last inspection in March 2016. The trust had clear statement of vision and values for end of life care.

However:

- Mandatory training rates for the end of life team did not meet the trust target.

# End of life care

- Staff did not always keep appropriate records of patients' care and treatment. Records were not always clear, up-to-date and available to all staff providing care. This included documentation of mental capacity assessments and or best interest decisions.

## Is the service safe?

**Good**  

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

- The trust provided mandatory training in key end of life skills to all new staff at induction. The specialist palliative care team were trained in the safety systems, processes and practices needed to deliver safe care.
- All wards and departments inspected were visibly clean. The design, maintenance and use of facilities kept people safe. Staff followed infection prevention and control procedures and routine standards of cleanliness and hygiene were maintained.
- Skill mix and caseloads of the specialist palliative care team were planned and reviewed to ensure people always received safe care and treatment. Urgent medical attention and advice could be accessed at different times of the day including out of hours.
- There was a positive reporting culture within the trust.
- The trust had an improved oversight of competence for the use of syringe drivers.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medication at the right dose at the right time. there was timely and appropriate prescribing of anticipatory medicines.

However:

- Mandatory training rates for the end of life team did not meet the trust target.
- Staff did not always keep appropriate records of patients' care and treatment. Patient records and treatment escalation plans were not always completed correctly or within a timely way.

## Is the service effective?

**Requires improvement**   

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

- Resuscitation decisions were still not always recorded appropriately and in line with national guidance.
- For patients who lacked mental capacity to consent, written records did not always show mental capacity assessments or best interest decisions had been completed or documented to comply with legislation.
- The trust had completed an annual audit on hydration as a quality standard for care of the dying adult for 2017/18. Four of the indicators had improved but three remained below the national average.
- The trust's documentation audit showed completion of holistic assessments in the last 24 hours of life did not meet the national average. End of life care planning records were not always completed to assure patients were receiving the care they required. Entries in care documentation was not always in a logical order.

However:

# End of life care

- The service provided care and treatment which was usually in keeping with national guidance and were reflected in the trusts policies and end of life strategy.
- The service ensured staff were competent for their roles. Appraisal rates exceeded the trust target.
- There was evidence of good multidisciplinary working.

## Is the service caring?

Good   

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

- Patients confirmed the staff treated them well and with kindness. Staff spoke sensitively to patients and relatives so they understood their care, treatment and condition.
- Staff cared for patients with compassion, respect and dignity equally in life and following their death.
- After death staff ensured the spiritual and cultural wishes of the deceased person and their family and carers were honoured.
- Relatives were supported to access help and external services following their bereavement.

## Is the service responsive?

Good   

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

- Different religious beliefs surrounding dying, death and funeral arrangements were observed by all staff.
- The specialist palliative care team worked closely with the local hospice and there was access to mental health, learning difficulties and dementia expertise for staff to access.
- There was a fast track discharge service for patients at the end of life who wished to leave the hospital to die in their preferred place.
- There was good access to spiritual support through the chaplaincy service.
- End of life care only had two complaints. One was completed on time and the other was still under investigation.

However:

- Patients' end of life care plan – last days, were not always completed with the required level of detail.

## Is the service well-led?

Good   

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

# End of life care

- Leadership of the end of life care had improved following our last inspection. The director of nursing and a non-executive director had responsibility for end of life care at board level and understood the end of life care issues. A new clinical lead for end of life care had been appointed and was due to start in September 2018 and this would strengthen the end of life leadership further.
- The trust had an active and suitably led end of life care group. Patient safety incidents and learning from their investigation was managed through this group and information was shared across all specialities.
- The trust had clear statement of vision and values for end of life care contained within their 2017-20 strategy. Monitoring and progress of the strategy was reported on at the end of life care group meeting.
- Staff told us they enjoyed and took great pride in caring for end of life patients and were aware of the end of life strategy. Staff were aware of improvements which had taken place since our previous inspection. They saw these as positive recognitions of the importance of the service.
- End of life care had a clear governance framework, which ensured responsibilities were identified from the trust board, directors through to ward staff. Performance measurements were monitored and addressed through the divisional and organisations' dashboard.
- Staff usually had access to accurate and comprehensive information on patients' care and treatment and could access electronic notes for the local hospice.
- The end of life care team and the bereavement officer provided practical information and advice for relatives when bereaved.
- The clinical engineering department had applied for funding from NHS England for a trial of a system to track syringe drivers. This would link up with electronic prescribing to help prevent drug errors.

## Areas for improvement

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

# Outpatients

Good 

## Key facts and figures

The trust had 289,502 first and follow up outpatient appointments from March 2017 to February 2018.

There are between 650-800 different clinics with nearly 100 specialties each week on the main site of the trust and in-reach services to the rural areas through community hospitals/centres including Weymouth, Blandford, Bridport, Yeatman and Lyme Regis.

The site at Dorset County Hospital has the following separate outpatient department areas: medical/surgical, ear nose and throat/Maxillofacial, women's health, orthopaedics, ophthalmology, haematology/oncology, dermatology, paediatrics and audiology. The cardiology service holds consultant appointments in medical and surgical outpatients but also undertakes outpatient diagnostic tests such as echocardiograms in the cardiology department.

There is a mixture of consultant led, nurse led and allied health professional clinics including one stop clinics and multi-professional clinics. While most are face-face, some are telephone clinics. The trust has introduced telephone advice clinics for GPs in paediatrics and dermatology.

The trust provides a sexual health service in Weymouth and other rural locations. The service provides genitourinary medicine (GUM) clinics for patients in Dorset, with 700 to 800 GUM appointments a month. The service has recently been commissioned to join with two other NHS trusts to provide an integrated sexual health service across Dorset. The service saw children and young people from 11 years of age and does not have an upper age limit for adults.

The trust provides physiotherapy services at Dorset County Hospital, Weymouth Community Hospital and other rural locations including three GP surgeries. There is a hydrotherapy service based at Dorset County Hospital.

During this inspection we spoke with 13 patients and 35 members of staff including physiotherapists, nurse's health care assistants, doctors, nurse specialists and physiologists. We reviewed eight patient records and attended a variety of outpatient departments including Weymouth Community Hospital, sexual health clinic, medical and surgical outpatients, cardiology, ears, nose and throat, physiotherapy, hydrotherapy, ophthalmology, women's health, dermatology and orthopaedics.

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated the service as good because:

- 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 knew how to apply it.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Systems and processes were used by staff to assess, monitor and manage risks to patients.

# Outpatients

- In most areas the service managed infection prevention and control risks well. Staff kept themselves, equipment and the premises clean. There was a robust process for ensuring equipment was cleaned effectively and control measures were used to prevent the spread of infection at Dorset County Hospital.
- Equipment was well maintained and readily available in all the departments we visited.
- The service had enough staff to keep people safe from avoidable harm and to provide the right care and treatment.
- Medicine optimisation was safe and well managed.
- Patients records were stored securely and outpatient staff had access to the information they needed to provide care.

However:

- While there were systems for governance and risk management, these were not always effective and did not always provide adequate oversight of quality, risk and performance. There was no overarching strategy or vision for the outpatient service.
- We found some improvements and innovations in individual teams. However, there was no coordinated approach to improvement across the service. We found areas where required improvements had not been made. We could not always find evidence of learning from audit or benchmarking against other services.
- National safety standards had not been embedded across the service and we had concerns regarding infection control procedures and the suitability of premises in some areas.
- There were significant delays in the typing of clinic letters and the trust had not made sustained improvement since our last inspection. The service was not meeting the national referral to treatment times in some areas.
- The outpatients service did not meet the trust target for compliance against mandatory training and had significantly low compliance in some key modules.

## Is the service safe?

**Good** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated safe as good because:

- 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 knew how to apply it.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Systems and processes were used by staff to assess, monitor and manage risks to patients.
- In most areas the service managed infection prevention and control risks well. Staff kept themselves, equipment and the premises clean. There was a robust process for ensuring equipment was cleaned effectively and control measures were used to prevent the spread of infection at Dorset County Hospital.
- Equipment was well maintained and readily available in all the departments we visited.
- The service had enough staff to keep people safe from avoidable harm and to provide the right care and treatment.

# Outpatients

- Medicine optimisation was safe and well managed.
- Patients records were stored securely and outpatient staff had access to the information they needed to provide care.

However:

- The service did not meet the trust target for mandatory training. There was low compliance in some modules for mandatory training, particularly within the medical staff group.
- National safety standards were not embedded across the outpatient department.
- We observed that infection prevention and control standards were not always maintained in the physiotherapy department at Weymouth Community Hospital.
- We had concerns over the suitability of the sexual health service building in Weymouth Community Hospital.

## Is the service effective?

**Not sufficient evidence to rate** ● .

- The service provided care and treatment based on national and professional guidance.
- Staff ensured patients had access to food and drink during their visit to outpatients.
- The service supported staff in accessing training for their roles.
- Staff from multidisciplinary teams worked together to benefit patients. Healthcare professionals supported each other to provide good care for patients.
- Staff were proactive in helping people live healthier lives.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.

However:

- There were significant delays in sharing clinic letters with GPs.
- Although the service did undertake some audits, we did not see robust evidence to show the service were learning from the results of these. The service did not compare themselves to local services or previous audits to determine improvement or learning.
- There was a competency programme for staff development. It was not clear how the trust checked progress on this or evaluated the impact.

## Is the service caring?

**Good** ●

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated caring as good because:

# Outpatients

- Staff cared for patients with compassion. Feedback from patients confirmed the staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress.
- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

**Good** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated responsive as good because:

- The trust planned and provided services in a way that met the needs of local people.
- The service took account of people's individual needs.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff.

However:

- Some people were not able to access services for assessment, diagnosis or treatment when they need to. Not all services met the national target for referral to treatment time.

## Is the service well-led?

**Requires improvement** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated well-led as requires improvement because:

- There were systems to support governance but these were not always effective for the outpatient services.
- While there were processes to manage risk and performance issues for the outpatient service, these did not always ensure sufficient oversight and mitigation of key risks to the department.
- Some outpatient areas had plans for improvement and a strategy supporting development, there was no overarching strategy for the whole outpatient service.
- There was evidence of individual teams implementing improvement this was not coordinated across the service. Plans for improvement were new and there was no evidence of how progress was monitored. We found evidence of repeated some clinical risks had not been addressed effectively.
- There was a lack of a formalised system for quality assurance through audit in the outpatients' departments. There was no clear evidence of learning from audit which had led to changes in practice.

However:

# Outpatients

- The service had managers at all levels who were visible with the right skills and abilities to run a service providing high quality, sustainable care.
- Managers across the outpatient service promoted a positive culture which supported and valued staff.
- The service used information to support its activities.
- The service engaged well with staff, patients and other organisations to plan and develop services.

## Areas for improvement

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

# Diagnostic imaging

Good 

## Key facts and figures

Dorset County Hospital provides a wide range of diagnostic imaging services.

At the time of our inspection the diagnostic imaging department in Dorset County Hospital was an active partner in the Dorset imaging Vanguard and working collaboratively with partners on the Imaging Service Accreditation Scheme standards.

The main site provided plain X-ray, obstetric and non-obstetric ultrasound, fluoroscopy, interventional radiology, two computerised tomography (CT) scanners, magnetic resonance imaging (MRI) and mammography.

Interventional radiography services provided intravenous fistulograms, angiograms, embolisation. The radiologists formed part of the Dorset county vascular hub to provide services for patients across the county out of hours.

The trust provides plain X-ray and outpatient ultrasound services at Weymouth Community Hospital as a satellite operation to this hospital.

All sites are linked into a radiology information system and the picture archiving and communication system (PACS).

The trust told us their diagnostic imaging service works on a 'hub and spoke' model and the trust is commissioned by a neighbouring community trust to provide the imaging services at four of their community hospitals.

## Summary of this service

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated the service as good because:

- Staff had completed training which allowed them to undertake their roles safely and effectively. There were training opportunities to allow staff to expand their skills and knowledge.
- Staff took appropriate action to minimise the risk of cross infection between patients.
- Staff followed professional guidance and working practices during investigation to keep patients safe.
- Risk to patient safety due to the type of investigation being undertaken were identified and managed appropriately.
- Patients received care from staff who treated them as individuals and ensured their physical and emotional wellbeing needs were met.
- Staff felt valued and supported in their role enabling them to provide high quality care. Patient feedback confirmed this was happening.
- Innovative practice was supported and promoted by staff who took responsibility to explore options to increase the quality of patient care.

However:

- Reporting of images were not completed in a timely way and did not meet the key performance indicators agreed by the department and the trust.

# Diagnostic imaging

## Is the service safe?

**Good** 

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated safe as good because:

- The service provided mandatory training in key skills to all staff. Where completion rates did not meet trust targets, staff were aware, and could describe the actions they would take when facing a situation which matched these training areas.
- Most staff members had completed safeguarding training on how to recognise and report abuse to the required level. This included training to safeguarding children level two.
- The service controlled infection risks well. Staff kept themselves, equipment and the premises clean. Control measures to prevent the spread of infection were available and practiced by staff, patients and visitors
- The service had suitable premises and equipment available to meet patient's needs safely.
- The service had updated the Ionising Radiation (Medical Exposure) Regulations to the 2017 version in line with the changes to the legislation from 2018. Similarly, updates to the IR99 regulations, now IR17.
- The trust ensured there were enough radiographers and radiology department assistants with the right qualifications, skills, training and experience to keep people safe and to provide the right care.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- Processes ensured medicines used were ordered, delivered, stored and disposed of safely.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. 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.

However:

- Not all staff completed mandatory training in a timely manner.

## Is the service effective?

**Not sufficient evidence to rate** 

- Care and treatment was delivered in line with legislation, standards and evidence based guidance.
- Pain relief, if required was available for patients prior to investigations.
- The service 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 was making good progress towards achieving the Imaging Services Accreditation Scheme (ISAS) standards.

# Diagnostic imaging

- The service made sure staff were competent for their roles. Managers monitored competence through appraisals, sharing learning and providing support for development.
- The trust ensured patients had access to services at times which suited their needs and offered seven days a week emergency access to service.
- The service was leading several developments across Dorset.
- 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.
- A comprehensive induction programme supported new staff.

However:

- Not all staff had received timely appraisals in line with trust policy.
- Staff were sometimes left unsupervised before completing induction.

## Is the service caring?

**Good** 

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated caring as good because:

- Staff cared for patients with compassion. Observations and feedback from patients confirmed staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Staff showed awareness of the emotional impact a patient's care, treatment or condition would have on their well-being.
- Staff involved patients and those close to them in decisions about their care and treatment. They explained procedures in a way they could understand.

## Is the service responsive?

**Requires improvement** 

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated responsive as requires improvement because:

- Handover from other services did not always provide the radiology service staff with all the clinical information required for the staff to meet all the patients' needs.
- Reporting following an investigation for patients attending the emergency department were poor.

However:

# Diagnostic imaging

- The trust planned and provided services in a way which met the needs of local people. The department offered a variety of services including at local community hospital sites, which enabled patients to access investigations at their chosen hospital where possible.
- There was a facility within the computerised radiology information system to flag specific need of patients such as those with a visual impairment or learning disability. This helped staff ensure they had the capacity to support such patients more fully.
- People could access the service when they needed it, and staff were able to access translation services when required.
- The reporting times for images was managed well for some modalities.
- Complainants received a positive response from the service.

## Is the service well-led?

**Good** 

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated well-led as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Staff felt supported and valued in their role by their managers.
- The governance arrangements provided assurance that quality was central to the delivery of care to patients.
- The service leads acted to proactively identify risks to the service which could impact on the quality for the care required, and staff took responsibility to ensure risks were minimised wherever possible without compromising the quality of care.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged with patients seeking feedback to improve the quality of the services provided.
- Staff throughout the service told us they were happy to work in the radiology team and appreciated the development opportunities offered to them.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training and innovation.
- The service provided leadership throughout Dorset to several pan Dorset developments.

## 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](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://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 9 HSCA (RA) Regulations 2014 Person-centred care

#### Regulated activity

Maternity and midwifery services

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Maternity and midwifery services

Treatment of disease, disorder or injury

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Diagnostic and screening procedures

Maternity and midwifery services

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

This inspection was led by Caroline Bishop and Alison Giles, Inspection Managers, and overseen by Mary Cridge, Head of Hospital Inspections. One executive reviewer, Kate Slemeck, Chief Executive Officer, and three specialist advisers 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 inspection managers, inspectors, a mental health inspector, and specialist advisers.