

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

Quality Report

Castle Lane East
Bournemouth
BH7 7DW
Tel: 01202 303626
Website: www.rbch.nhs.uk

Date of inspection visit: 20 -22 & 26 October 4 & 9
November 2015
Date of publication: 25/02/2016

This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Requires improvement



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust has two hospitals. The trust gained foundation status in 2005 and provides services, to a population of 550,000 in the Dorset, New Forest and south Wiltshire areas, which rises in the summer months due to an influx of visitors to the area.

The Royal Bournemouth Hospital is larger of two hospitals and has approximately 600 inpatient beds and 123 day case beds. The hospital provides urgent and emergency care, medical care, surgery, critical care, end of life care, outpatient and diagnostic services. There is a limited gynaecology service and a midwifery led maternity unit, including a three bedded birthing unit and community midwife service. The children and young person's service is limited to eye surgery and outpatients. The main centre for obstetrics and gynaecology and paediatric services is at a nearby NHS hospital in Poole

Christchurch Hospital provides a range of services including the Macmillan Unit with 16 end of life care beds, a day hospice and a community palliative care team. There are a range of outpatient clinics including children's dermatology out patients, and an x-ray service. There is a large day hospital providing rehabilitation service. No other services are provided at Christchurch Hospital. A major redevelopment programme is underway, which will provide refurbished facilities for these services. At the time of inspection work some of the outpatient and x-ray departments were in temporary accommodation.

We inspected the trust as part of our comprehensive inspection programme. The trust was in band 6 based on our Intelligent Monitoring information system. Trusts have been categorised into one of six summary bands, with Band 1 representing the highest risk and Band 6 the lowest risk.

We carried out an announced inspection visit to the hospital 20 -22 October 2015 and additional unannounced inspection visits 27 October, 4 and 9 November 2015. The inspection team included CQC managers, inspectors, and analysts. Doctors, nurses, allied healthcare professionals, senior NHS managers and 'experts by experience' were also part of the team.

We inspected the following core services at The Royal Bournemouth Hospital: urgent and emergency care, medical care, surgery, critical care, maternity and gynaecology, children and young people, end of life care, outpatient and diagnostic services. We inspected two core services at Christchurch Hospital: end of life care; and outpatients and diagnostic imaging, which included the day hospital. We also inspected children's outpatient dermatology service. Detailed findings on children's outpatient dermatology service at Christchurch Hospital are included under The Royal Bournemouth Hospital Report under children and young people's core service.

Overall, we rated this trust as 'requires improvement'. We rated it 'good' for providing caring services and 'requires improvement' for safe, effective, responsive and well-led services. The trust was rated as 'requires improvement' for being well led overall.

Overall we rated Royal Bournemouth Hospital as 'requires improvement'. The hospital was rated as requires improvement for providing safe, effective, responsive and well led care. The hospital was rated 'good' for caring. We rated urgent and emergency care services, medical care and maternity and gynaecology services as requires improvement. We rated surgery, critical care, services for children and young people, end of life care and outpatient and diagnostic imaging as good.

Overall we rated Christchurch Hospital as 'good'. The hospital was rated as good for providing safe, effective, caring responsive and well led end of life care services, and outpatient and diagnostics services.

Our key findings were as follows:

Summary of findings

Is the trust well-led?

- The trust had a five year strategy that aimed to deliver high quality, safe and effective patient care through transforming services. The strategy would be determined by the outcome of the Dorset clinical review. The strategic context of the trust was well analysed and explained, and the trust had planned and prepared for one of two options. To be the main emergency care site or a site for planned (scheduled) care.
- Governance arrangements were developed at the trust and the pace of change had quickened following CQC inspections in 2013 and 2014. There was a better focus on quality at safety and clinical dashboards were used at trust, division, clinical service and ward level. However, governance needed to improve in some clinical areas. The trust needed to improve monitoring arrangements in places as well as ensure action was taken and embedded based on the monitoring of quality and safety. Risks needed to be better managed to identify and respond to staff concerns, to escalate risks to the board and for the board to focus on, and differentiate, high level clinical risks and strategic and operational risks as part of its assurance framework. The trust could demonstrate some progress and improvement against its quality improvement projects.
- The leadership team showed commitment to develop and continuously improve services and were planning a new inclusive leadership and management style. A collective clinical leadership model was the long term strategy and culture change. This was in its early stages and was being developed with staff.
- Relationships between the trust board and some council of governors had deteriorated and needed to improve.
- Staff were positive about working for the trust and the quality of care they provided. They were positive about the trust focus on improving its culture to one that was more open and transparent and focused on patients. This was described as in progress. Staff identified the need for increased visibility of the trust board and senior managers and wanted better engagement on strategic and operational issues, particularly when changes were made that had affected their working practice.
- Partners in system resilience identified that the trust was working more effectively in collaboration but sometimes, under pressure, there was a tendency to look for external action rather than identify what they could themselves improve.
- Patient surveys and focus groups were used to improve services although there was less evidence of patient and public engagement to develop services overall.
- The trust supported and encouraged staff to innovate and improve services. Cost improvement programmes were identified with clinical staff, and these were assessed and monitored to reduce the impact on quality and risk. The trust had invested in staff to ensure safer staffing levels and had plans to deliver expected savings and reduce their financial deficit.

Summary of findings

Are services safe?

- Staff were encouraged to report incidents. However, this process was not embedded in all areas. Some staff did not always receive direct feedback. There was investigation and learning to improve the safety of services.
- The rate of incidents (NRLS) per 100 admissions was below the England average with 98% of incidents being low or no harm incidents. There were 47 serious incidents in the 12 months to April 2015, of which four were Never Events. The rate of serious incidents was below the median of all trusts (2013/14). The majority of serious incidents were pressure ulcers and falls. In October 2015, the trust was at 91% for harm free care and not meeting its own targets (95%).
- The initial clinical assessment of emergency patients arriving at the emergency department during the day was timely within the national standard of 15 minutes. However, at night the assessment was not timely or appropriately performed and this put some patients at risk.
- Patients were assessed and monitored by nursing staff using electronic hand held devices. However, some staff did not always complete risk assessments in a timely and effective manner whilst getting used to the new nurse electronic risk assessment process.
- The early warning score system needed to be used more consistently for the escalation of patients whose condition might deteriorate.
- In some operating theatres, staff did not follow the five steps for surgical safety consistently or accurately, to minimise the risks of patient harm.
- There was not an up-to-date protocol to remove a collapsed woman from a birthing pool in the event of unforeseen complications during labour or birth. Staff were not consistently able to describe emergency procedures in the birth centre.
- Medicines were not consistently managed safely across the hospital. In some areas medicines were not stored securely, or stored safely at correct temperatures. Staff did not always follow trust policy when administering medication or destroying controlled drugs.
- Staff generally adhered to infection control procedures, but there were some lapses in hand hygiene and some practices did not fully support effective infection control and prevention.
- Some clinical areas such as emergency department and critical care unit were cramped. The corridor between Derwent Suite and the main hospital, used for transfers, was not suitable for patients. Most wards and clinical areas were clean but we found dust and cobwebs in some operating theatres.
- Equipment was checked and stored appropriately in most areas but this needed to improve in the emergency department, critical care and some medical and surgical wards, specifically for emergency and transfer equipment.
- Overall, staff had a good understanding of safeguarding adults and children
- More staff needed to complete mandatory training, compliance was below the trust target in most areas.
- Although there had been recruitment of nursing staff, vacancy levels were still high on some wards, and there was evidence that requests for additional staff to provide cover were not always met. On occasions there was a lack of consideration of the skill mix when agency and bank staff were covering vacant shifts. Wards that had a high number of temporary staff on duty did not have sufficient numbers of permanent staff to provide guidance to the temporary staff about meeting patient individual needs in a safe manner.
- There was appropriate medical staffing levels in most areas, although consultants in emergency departments were not present in the department for 16 hours a day as recommended by the Royal College of Emergency medicine. The critical care unit was left without medical cover after 11pm if the one junior doctor was called for an emergency elsewhere.
- In diagnostic imaging, staff were confident in reporting ionised radiation medical exposure (IR(ME)R) incidents and followed procedures to report incidents to the radiation protection team and the Care Quality Commission.
- Senior clinical staff were aware of the Duty of Candour regulation and the importance of being open and transparent with patients and families. The considerations and documentation around this regulation needed to be happen in sexual health services, on one occasion.
- The majority of do not attempt cardio pulmonary resuscitation (DNACPR) forms had been appropriately completed.

Summary of findings

Are services effective?

- Mortality rates in the trust were within expected range. Mortality rates had improved (downward trend) over the last 18 months. There was no difference between weekend and weekday mortality rates. Seven day services in emergency medicine, acute medicine gastroenterology, cardiology, and critical care supported this positive trend
- The treatment and care provided in most services took account of current evidence-based guidelines. However, evidence-based guidelines for the care and treatment of patients in the emergency department were not always followed.
- The end of life care services had introduced personalised care plan for the last days of life (PCPDL). Wards we visited were aware of this documentation which was a replacement following the national withdrawal of the Liverpool Care Pathway in July 2014. The trust was piloting AMBER Care Bundle on some wards.
- Most services participated in national and local audits which showed improving and good outcomes for patients. Emergency care patient outcomes varied and the results of audits were not always used to improve treatment techniques. The midwifery service did not collect information on patient outcomes and there was no programme of audits in place.
- Pain relief, drinks and food were not always given in a timely manner in the emergency department. Patients received good pain relief and nutrition across all other services.
- Most patients had access to services seven days a week and were cared for by a multi-disciplinary team working in a co-ordinated way. However the allocation of multidisciplinary support to the critical care unit, including pharmacy and physiotherapy, was lower than recommended. The wider multidisciplinary team did not attend the consultant led ward round on the unit.
- The critical care unit was working with the Specialist Nurses in Organ Donation (SNODs) to improve organ donation rate.
- There was a low staff appraisal rate following the introduction of a new system, we found its use was improving and most staff completed training relevant to their roles. There was a comprehensive training programme for medical staff but little evidence of nursing staff competency training in the emergency department. Not all staff had access to clinical supervision
- Access to information was mostly effective. In some services patient information was held in a variety of formats which meant it could sometimes be difficult to use and time consuming to find. Electronic patient records were recently implemented in outpatient clinics which staff were using. However, this was accompanied by increases in administrative time and difficulty in finding some records which did have an impact on timeliness of information access and potential for risks to patients. The trust had a plan to address staff concerns around this.
- Staff followed consent procedures and had a good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which ensures that decisions are made in patients' best interests.
- Children and young people were consented appropriately and correctly.

Summary of findings

Are services caring?

- Across the hospital we found staff worked hard to ensure that patients were treated with dignity and respect, despite the challenges sometimes presented by the environment. However in medical and older people services, patients did not always receive care in a way that respected their privacy and dignity.
- Patients were asked for their views and response rates were high, with a high proportion of patients recommending care and treatment.
- Patients told us, and we observed, that staff were kind and compassionate, putting the patient at the centre of care.
- Patients, relatives and families were kept informed of plans for care and treatment. They told us they felt involved in the decision-making process and had been given clear information about treatment options.
- Patients and their families were supported by staff emotionally to reduce anxiety and concern. There was also support for carers, family and friends for example, from the chaplaincy, bereavement services for patients having end of life care, and counselling support where required.

Are services responsive?

- Bed occupancy in Royal Bournemouth Hospital range between 90-95%. This was consistently above the England average. It is generally accepted that at 85% level, bed occupancy can start to affect the quality of care provided to patients, and the orderly running of the hospital.
- Performance in meeting national emergency access target for 95% of patients to be admitted, transferred or discharged within 4 hours varied through the year. The target was not met for 36 of the 52 weeks to March 2015. The trust had achieved the target (95.3%) July-September 2015.
- A lack of available beds in the hospital had resulted in delays in treatment for patients brought by ambulance and meant the emergency department was often full and this impacted on patient privacy.
- The number of ambulances waiting more than an hour to hand over patients had reduced significantly since the introduction of a rapid assessment and treatment area (BREATH) but still averaged four per month.
- There were long delays for patients with fractured hips to be transferred to Poole Hospital that treated trauma patients. The trust was taking action to introduce a formal pathway.
- The acute medical unit (AMU) and Treatment Investigation Unit (TIU) had been set up to manage the increasing pressures on beds due to an increasing demand.
- There were 55 medical outliers at the time of inspection. Their patients were appropriately assessed and followed by a team of medical consultant and junior doctors.
- The hospital performed above the England national average for the referral to treatment standards for patients to wait less than 18 weeks (May to July 2015). Previously, it had not met this standard on any of the 12 months to April 2015.
- Access to critical care beds within four hours was similar to comparable units. There were low rates of surgery cancellation due to lack of critical care beds. There was a higher than average number of delayed discharges, which resulted in mixed sex breaches, sometimes across several days. The service was performing better than similar services in avoiding out of hours discharges.

Summary of findings

- The hospital's cancellation rate for operations was below the England average for all quarters in 2014/15
- The trust was meeting national waiting times for diagnostic imaging within six weeks. However in October 2015 the percentage of patients Trust wide waiting over 6 weeks for all diagnostics was 6.2% compared to the England average of 2 – 2.5%. In diagnostic imaging no patients were waiting over 6 weeks in October 2015.
- Outpatients referral to treatment for patients was meeting the standard to wait less than 18 weeks. The trust short notice cancellation rate for appointments were lower (better) than the England average.
- Cancer waiting times for urgent referral appointments were below the national standard of two weeks (June 2014 – March 2015). However the trust was meeting the standard (April – June 2015). The trust was not meeting the standard for decision to treatment within 31 days (June 2014 – June 2015). The standard for 62-day cancer referral to treatment time was not met, specifically for urology and colorectal surgical treatments (June 2014 – June 2015). The trust was taking steps to reduce delays in these pathways.
- Most patients were seen by the hospital palliative care team within 24 hours. The rapid discharge service for discharge to a preferred place of care was responsive to the needs of patients and families.
- The hospital had implemented an improvement programme to reduce patient length of stay in hospital, and had identified specific barriers which they were addressing. There was a high number of delayed transfers of care. The main cause of delays was waiting for NHS non-acute care and patient and family choice, to meet patients' ongoing needs. The provision of community services, especially care home and nursing home places, also caused delays.
- The environment did not always support patient needs. Women on the urogynaecology ward had to walk past male patient bays to access toilet facilities. Not all wards had been refurbished to improve the environment for patients living with dementia, but this was planned.
- Clinical staff knew how to access information to support them in meeting the needs of patients with a learning disability or living with dementia. They demonstrated an understanding of adjustments that could be made to support patients.
- There was a robust complaints handling process and responses to complaints were detailed and considerate. Staff understood how to manage complaints and there was evidence of learning from concerns and complaints. However, complaints were not being responded in a timely manner, in July 2015, only 50% of complaints were responded to within the trust target of 25 days.

Summary of findings

Are services well-led ?

- The trust had published its vision, values, mission statement and objectives, and had taken action to assess and improve staff understanding of these. The trust had recently introduced values based appraisal and staff had better understanding of trust values if they had completed appraisal.
- The trust described its five-year strategic plan for patient care, underpinned by six strategic objectives, taking into account the two possible outcomes of the clinical services review. The wider strategic direction of services was largely contingent on the ongoing outcome of the Dorset wide clinical services review. Service leads agreed with the trust's preferred option to become the major emergency hospital in the area.
- Most services had local strategic plans and were monitoring progress although this varied. The end of life care overarching strategy was produced in response to the inspection, but had not been through consultation or approval by the board.
- Most services had had effective clinical governance arrangements to monitor quality, risk and performance. However, governance processes in urgent and emergency care, maternity and gynaecology were not always effective in identifying issues and making improvements to safety and quality.
- Local risk registers did not always reflect all of the concerns described to us by staff, or provide sufficient detail on actions being taken. Information about risk and quality issues were not always shared with staff.
- Staff were positive about the local leadership and the trust management focus on improving the hospital's culture. However many staff noted a lack of visibility of the senior executive team.
- Staff commented positively on local culture and teamwork. They said they would raise concerns about patient care if they witnessed poor practices.
- Patient feedback was mainly through survey feedback or FFT, but there were some patient focus groups and the hospital had worked the local Healthwatch to obtain patient views.
- Ideas to innovate and improve services were encouraged. There was participation in research and quality improvement projects.

- There was a cost improvement transformation group for every directorate in the trust. The service leads considered 'safety and quality' as a priority in the cost improvement plans (CIPs).

We saw areas of outstanding practice including:

- The interventional radiology department had been awarded exemplar status by the British Society of Interventional Radiology for continuous audit, review and research in the unit, and improving patient experience. This award had been retained twice. The staff team were particularly proud of this achievement, particularly as they were not linked to a teaching hospital.
- In Maternity and Gynaecology the Sunshine team offered support to women that were assessed as being vulnerable. They could be vulnerable due to mental illness or learning disability, but also from alcohol and substance misuse. The team worked with the local centre that cared for women who had been trafficked to Britain. The Sunshine team worked across health and social care and had excellent relationships with the police, education and the mental health. The service had been recognised by an all-party parliamentary group for its work with vulnerable women.

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

Importantly, the trust must ensure :

- At all times, emergency department patients are assessed and treated according to nationally agreed standards, particularly those for sepsis and fractured neck of femur
- Emergency department transfer equipment is checked regularly to ensure that it is always ready for use.
- All incidents are reported using the trusts incident reporting process and staff receive feedback.
- Pain relief, drinks and food are given in a timely manner .
- All staff comply with good hand hygiene and infection control practices
- Equipment is appropriately labelled, maintained, checked, cleaned and tested.
- Equipment that poses a risk of cross contamination is disposed of promptly

Summary of findings

- That all premises and environments used by patients are clean, secure and safe for use including theatres and the corridor between Derwent suite and main hospital.
- All emergency equipment is checked and maintained in working order
- All medicines are stored securely, correctly and within a safe temperature range .
- Patient medicines are checked and recorded to ensure they receive the correct medicines when admitted to hospital
- Medicines are administered in a safe manner, following national guidance and trust procedures
- Patient risks are assessed and documented in a timely manner and escalated appropriately
- A policy, protocol and appropriate equipment is available to remove a collapsed woman from a birthing pool, and staff are trained in its use.
- Sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed at all times. Including sufficient numbers of permanent staff to provide guidance to the temporary staff about meeting patient individual needs in a safe manner.
- Staff receive appraisal annually in line with trust policy and procedures and access to clinical supervision improves .
- Privacy and dignity of patients is protected during care and treatment.

- The hospital escalation procedures are improved so that delays to ambulance patients are minimised
- Delays in discharge are reviewed to prevent patient stay in an inappropriate location and mixed sex breaches, particularly in critical care services.
- There are effective systems to identify, assess, monitor and improve the quality and safety and mitigate risks across departments, in particular maternity and gynaecology services and the emergency department

The trust should

- Continue to develop inclusive leadership style and an open and transparent, and patient focused culture.
- Ensure governance arrangements are formally evaluated and action is taken around areas of risk and effectiveness.
- Improve relationships with its council of governors
- Further develop patient and public engagement
- Ensure all staff feel appropriately engaged with strategic and operational plans are able to raise concerns effectively.
- Continue to work effectively with partners particularly around systems resilience

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

The Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust has two hospitals. The trust gained foundation status in 2005 and provides services, to a population of 550,000 in the Dorset, New Forest and south Wiltshire areas, which rises in the summer months due to an influx of visitors to the area.

Services at Royal Bournemouth Hospital are accessed by patients across both Bournemouth and Christchurch districts. These districts are in the 4th and 2nd quintiles of the 2010 English Indices of Deprivation respectively – where the 1st quintile is the least deprived.

The Royal Bournemouth Hospital is larger of two hospitals and has approximately 600 inpatient beds and 123 day case beds. The hospital provides urgent and emergency care, medical care, surgery, critical care, end of life care, outpatient and diagnostic services. There is a limited maternity and gynaecology service, including a three bedded birthing unit and community midwife service. The children and young person's service is limited to eye surgery and outpatients. The main centre for obstetrics and gynaecology and paediatric services is at a nearby NHS hospital in Poole

Christchurch Hospital provides end of life care services including, the Macmillan Unit with 16 inpatients beds and day hospital, and a community palliative care team. There are a range of outpatient clinics including children's dermatology out patients, and an x-ray service. There is a large day hospital providing rehabilitation service. No other services are provided at Christchurch Hospital. The trust was partway through a major redevelopment of the Christchurch Hospital site. This work is being undertaken with partner organisations and will support the development of additional primary and social care services to support the local population, with a high proportion of older people. There will be a new entrance and X-ray Department will be built and a new GP surgery, a pharmacy and community clinics will be

brought on site. A quality nursing home and senior living accommodation were also being built as part of the project. At the time of inspection work some of the outpatient and x-ray departments were in temporary accommodation.

There are 4,474 staff employed by the hospital. The trust does not outsource for any contracted staff, and non-clinical staff are employed in all of the support functions such as portering, facilities management and catering provision.

We inspected the trust as part of our comprehensive inspection programme. The trust was in band 6 based on our Intelligent Monitoring information system. Trusts have been categorised into one of six summary bands, with Band 1 representing the highest risk and Band 6 the lowest risk.

We carried out an announced inspection visit to the hospital 20 -22 October 2015 and additional unannounced inspection visits 27 October, 4 and 9 November 2015. The inspection team included CQC managers, inspectors, and analysts. Doctors, nurses, allied healthcare professionals, senior NHS managers and 'experts by experience' were also part of the team.

We inspected the following core services at The Royal Bournemouth Hospital: urgent and emergency care, medical care, surgery, critical care, maternity and gynaecology, children and young people, end of life care, outpatient and diagnostic services. We inspected two core services at Christchurch Hospital: end of life care; and outpatients and diagnostic imaging. We also inspected children's outpatient dermatology service and the day hospital. Detailed findings on children's outpatient dermatology service at Christchurch Hospital are also included in this location report under children and young people's core service.

Summary of findings

Our inspection team

Our inspection team was led by:

Chair: Bronagh Scott, Deputy Chief Nurse, NHS England London

Head of Hospital Inspections: Joyce Frederick, Care Quality Commission

The team of 44 included CQC managers, inspectors and analysts, and a variety of specialists including: Consultant in intensive care medicine, consultant gynaecologist and obstetrician; consultant surgeon; consultant geriatricians;

consultant radiologist; consultant paediatrician; specialist registrar doctors with experience in emergency medicine, paediatric ophthalmology, and medicine; respiratory physician. Emergency care nurse, midwife; senior surgical nurse; theatre nurse; medical nurse; paediatric nurse, palliative and end of life care nurse; critical care consultant nurse; sexual health nurse; board-level clinicians and managers, a governance lead; a safeguarding lead; a student nurse; and three experts by experience.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider: Is it safe? Is it effective? Is it caring? Is it responsive to people's needs? Is it well-led?

We carried out an announced inspection visit to Royal Bournemouth Hospital 20 -22 October 2015. We visited unannounced late evening 27 October, during the day and evening 4 November and morning 9 November 2015

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the clinical commissioning groups; Monitor; Health Education England; General Medical Council; Nursing and Midwifery Council; Royal College of Nursing; NHS Litigation Authority; and Dorset Healthwatch.

We held stalls and listening events at a library, shopping centre, leisure centre and an evening meeting Bournemouth on Wednesday 7 October 2015. People shared their views and experiences of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust.

At the inspection we conducted focus groups and spoke with a range of staff in the trust and the hospital, including nurses, matrons, junior doctors, consultants, governors, administrative and clerical staff, porters, maintenance, catering, domestic, allied healthcare professionals and pharmacists. We also interviewed directorate and service managers and the trust senior management team.

During our inspection we spoke with patients and staff from all areas of the hospital, and accompanied palliative care team on a home visit. We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at the Royal Bournemouth Hospital and Christchurch Hospital.

What people who use the trust's services say

We held public listening events, on Wednesday 7 October 2015. We spoke to 69 people. We met them in a Bournemouth Library, Castlepoint, Littledown leisure centre and at an evening event in a hotel in

Bournemouth. We received 31 enquires for people who 'shared their knowledge' with us via our website and enquiries. Overall people gave us mixed views about the trust:

Summary of findings

The positive comments were on the following:

- Positive comments on care and support in the A&E
- Good cardiology and cancer services
- Comments on specific staff who were supportive and caring
- Supportive end of life care from specialist team
- Examples of good experiences of care

The negative comments were on the following:

- Waiting times in the A&E and lack of understanding for patients with specific care needs eg a learning disability or dementia care
- Lack of communication around surgery
- Concerns about the care of the elderly, particularly privacy and dignity and not enough staff to respond to care needs
- Inappropriate care for patients living with dementia
- Patient moving wards
- Lack of discharge support
- Unsatisfactory complaints response

We left comment cards in ward and clinic areas during the inspection. 34 comment cards were returned, the majority identified the excellent care and the positive, helpful and friendly staff.

- The results of the NHS Friends and Family Test (FFT) - Trust scored above the England average for inpatient wards (March 2014 - January 2015) and the trust was in the top quarter of all trusts. The A&E scores showed that the trust was above the England average.

- The CQC adult inpatient survey (2014): The trust had performed similar to other trusts in the six areas of question on the hospital and ward, nurses, doctors, care and treatment, operations and procedures and leaving hospital.
- The CQC A&E survey (2014): (43 questions) The trust performed similar to other trusts for all questions. Two questions was in top 20% of trusts, if patients were told how long they would have to wait to be examined and if staff reassured patients if they were in distress.
- The Cancer Patient Experience Survey (CPES) by the Department of Health 2013/14 is designed to monitor national progress on cancer care. Of 34 questions, the trust performed similar to other trusts overall.
- No maternity or children's surveys. The trust does not have an obstetric service but has a midwifery led unit and does not have paediatric inpatients.
- Patient-led assessment of the care environment (PLACE) were self-assessments undertaken by teams of NHS and independent healthcare staff, and also by the public and patients. They focused on the environment. In 2015, the trust scored lower than the national average for cleanliness (95%, compared to 98% nationally), food (87%, compared to 88%), facilities (89%, compared to 90%) and similar for privacy, dignity and well-being (86%, compared to 86%).

Facts and data about this trust

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust:

Key facts and figures

This organisation has two locations The Royal Bournemouth Hospital and Christchurch Hospital.

1. Context

- There are 601 inpatient beds and 130 day-case beds at this trust, in 2014-15 there were 264,443 bed days.
- The main Clinical Commissioning Groups (CCGs) for this trust are Dorset CCG and West Hampshire CCG.
- The trust serves a population of approximately 550,000 people in the Dorset, New Forest and south Wiltshire areas, which rises in the summer months due to an influx of visitors to the area.
- As at summer 2015, the trust employed 4,477 staff (3,818.8 Whole Time Equivalents, WTE). During 2013/14 2.9% of WTE staff were bank or agency; we do not have comparable figures for 2014/15.

Summary of findings

- The trust has an annual turnover of £266.4m, and in 2014/15 the deficit was £5.2m

2. Activity

- Inpatient admissions: 112,141 (2014/15).
- Outpatient attendances: 313, 070 (Jan – Dec 2014) of which 38% were first attendances and 62% were follow up
- A&E attendances: 86, 441 (/2014 /15).
- Births: 301 (2014/15).
- Deaths: 1,171 (Jan – Dec 2014).

Summary of findings

3. Bed occupancy

- General and acute:

Q1 2014/2015: 92%

Q2 2014/2015: 94%

Q3 2014/2015: 95%

Q4 2014/15: 93%

This was higher than both the England average of 88% and the 85% level at which it is generally accepted that bed occupancy can start to affect the quality of care provided to patients, and the orderly running of the hospital.

- Maternity range was 17% - 42% bed occupancy (April 2013 to March 2014) lower than the England range 55% - 60%.
- Adult critical care average was 67% (33% – 92%) bed occupancy (April 2013 to March 2014) lower than the England average 84% (77% – 88%).

4. Intelligent Monitoring

- In the latest Intelligent Monitoring report (May 2015), this trust had three risks and no elevated risks.
- The priority banding for inspection for this trust was six (the lowest priority band), and their percentage risk score was 1.58%.

The risks identified were as follows:

- Composite indicator: In-hospital mortality – Neurological conditions
- Composite of knee related PROMS indicators
- SSNAP Domain 2: overall team-centred rating score for key stroke unit indicator

5. Safe

- 'Never events' in past year: Four (May 2014 – April 2015).
- Serious incidents: 47 (May 2014 – April 15). Rate of incident reporting was below the England average.
- National Reporting and Learning System (February 2014 – January 2015): 6,913 events reported, of which 28 (0.4%) caused death or severe harm to the patient.

Deaths

0.001% England Average 0.1%

Severe harm

0.003%

England Average 0.4%

Moderate harm

2.0%

England Average 4.0%

Low harm

32.1%

England Average 21.8%

No harm

65.8%

England Average 73.7%

- There were 21 cases of Clostridium difficile (May 2014 – May 2015) and no cases of MRSA – no evidence of risk.
- Data from the Patient Safety Thermometer showed that there were 20 Falls with Harm, 122 Pressure Ulcers, and 26 cases of catheter-acquired urinary tract infections (CUTIs) between July 2014 and July 2015.

Waiting times

- A&E – Time to initial assessment: above (better) England average and 15 minute standard (2014/15)
- A&E - Time to treatment: above (better) England average and 60 minute standard (2014/15)

Summary of findings

6. Effective

- April 2014 - March 2015: the Hospital Standardised Mortality Ratio (HSMR) in this Trust was 101.77; the HSMR was within the expected range for weekdays and weekend admissions.
- October 2013-September 2014: the Summary Hospital-level Mortality Indicator (SHMI) in this Trust was 103; the SHMI was within the expected range for weekdays and weekend admissions.
- There were no mortality outliers in this trust in 2014/15.

7. Caring

- CQC Inpatient Survey (10 areas): similar to other trusts.
- Friends and Family Test inpatient: Significantly above the England Average (March 2014 – February 2015).
- Friends and Family Test A&E: above the England Average (March 2014 – February 2015). However, the response rate was low.
- Cancer Patient Experience Survey (34 questions): similar to other trusts for 37 questions; and highest scoring 20% for five questions, below other trusts for two question. (2012/13 - 2013/14)
- Patient-Led Assessments of the Care Environment - below England Average: cleanliness, food, privacy, similar to the England average - dignity and wellbeing and facilities.

Summary of findings

8. Responsive

- Between April 2014 and March 2015, this trust received 360 complaints. 190 (53%) were upheld or partially upheld. Average number of working days to close a complaint: 31 days. Average number of days for open complaints: 106 days.
- A&E four-hour standard – not met; below the England average and 95% target (April 2014 to December 2015).
- For patients on the incomplete pathway, the Referral to Treatment (RTT) performance in June 2015 was 94.4%, above the standard of 92% (2014/15)

For Q1 2015/16

- 96.4% of cancer patients were seen by a specialist within two weeks of an urgent GP referral, which is above the operational standard of 93 %.
- The proportion of cancer patients waiting less than 31 days from diagnosis to first definitive treatment was 94.9%, below the standard of 96%.
- 85.8% of cancer patients waited less than 62 days from urgent GP referral to first definitive treatment, which is above the standard of 85%.
- Delayed transfers of care: Reasons similar to the England average, although 22% of those awaiting patient or family choice, above the England average of 13%.

9. Well- Led

- NHS Staff Survey (2014): This trust performed in the top 20% of trusts for four key findings, and in the bottom 20% of trusts for one key findings. For the remaining 24 key findings analysed, the trust had a similar performance to other trusts. The response rate in this trust was 49% (higher than the England average of 42%, but below the rate in 2013 – which was 55%).

All White BME Difference KF18 - Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months*

All	White	BME	Difference
30%	31%	37%	6%

KF19 - Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

All	White	BME	Difference
25%	24%	33%	9%

KF28 - In the last 12 months have you personally experienced discrimination at work

All	White	BME	Difference
12%	10%	39%	29%

KF24 - % of staff that would recommend this trust as a place to work or receive treatment

All	White	BME	Difference
3.71	3.69	3.96	0.27

* Unusually, for KF18, the values for the 'White' and 'BME' groups are both higher than the Trust values. 13 of the 409 respondents appear not to have declared their ethnicity.

- Staff Sickness rate was 3.9% - below the England average (Nov 2014 – Oct 2015)
- Use of bank and agency staff (medical) – below the England average.
- General Medical Council National Training Scheme Survey (2015): Within expectations. Negative outlier – induction and feedback.


Summary of findings

10. CQC Inspection History

- There have been nine inspections at the Trust since 2011.
- The trust had seven compliance inspections against outcomes. 11 outcomes were inspected, and the hospital was compliant with 10 of these. The non-compliant with Medicines management in September 2011 (RBH).
- The trust had a comprehensive inspection (no ratings) in October 2013. The trust was non-compliant with - care and welfare, privacy and dignity and governance. A follow up focused inspection in August 2014, identified significant improvements.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>By safe, we mean that people are protected from abuse and avoidable harm.</p> <p>Overall we rated the safety of the services at the trust as ‘requires improvement’. For specific information, please refer to the individual reports for The Royal Bournemouth Hospital and Christchurch Hospital.</p> <p>The trust participated in the NHS sign up to safety campaign to reduced avoidable harm. The overarching guidance was to Listen, Learn and Act: Listen to patient, carers and staff, learn from what to say when things go wrong and take action to improve patients’ safety. The five key pledges covered were 1. To reduce avoidable harms by 50%, such as pressure ulcers and falls, use and embed the sepsis pathway, safety checklists and nursing assessment; 2. To provide an environment for continual learning, for example, learn from incidents and embed mortality reviews, 3. Have an honest and open culture 4. Embed quality improvement; and 5. Support leadership for patient safety.</p> <p>We identified areas that required improvements in medicines management, equipment checks, and infection prevention and control. That said, the trust’s infection rates for methicillin-resistant staphylococcus aureus (MRSA) and Clostridium difficile were low when compared with trusts of similar size and complexity.</p> <p>Assessing responding to risks</p> <ul style="list-style-type: none">• The initial clinical assessment of emergency patients arriving at the emergency department during the day was timely within the national standard of 15 minutes. There was a specific model of care called BREATH from 10am to 10pm. However, at night this assessment did not happen on time and was not appropriately performed. Many patients only had a verbal handover and were not monitored appropriately and this put some patients at risk.• The early warning score system needed to be used more consistently for the escalation of patients whose condition might deteriorate.• The WHO Five Steps to Safer Surgery checklist needed to be used more consistently and accurately in some operating theatres, to minimise the risks of patient harm.	<p>Requires improvement</p> 

Summary of findings

- There was not an up-to-date protocol to remove a collapsed woman from a birthing pool in the event of unforeseen complications during labour or birth.

Duty of Candour

- The trust has a policy for Being Open / Duty of Candour, revised in June 2015. The policy included the Duty of Candour regulation which came into effect in the NHS on 27 November 2014.
- The Duty of Candour requires healthcare providers to disclose patient safety incidents that result in moderate or severe harm, or death. Any reportable or suspected patient safety incident falling within these categories must be investigated and reported to the patient, and any other 'relevant person', within 10 days. Organisations have a duty to provide patients and their families with information and support when a reportable incident has, or may have occurred.
- Senior clinical staff were aware of the Duty of Candour regulation and the importance of being open and transparent with patients and families. Trust staff, overall, were aware and understood their responsibility to be open. The Duty of Candour was not always clearly documented as a result of incidents. The regulation had not been documented and considered appropriately in sexual health services, for a cervical screening incident. However, there had not been a breach of the regulation.

Safeguarding

- Trust Protection and Safeguarding Steering Committee was responsible for the implementation of the policy for the protection of vulnerable adults within the Trust and setting strategic direction for the continual monitoring of that policy. The trust safeguarding lead was the Director of nursing. There was a named doctor and nurse for children's safeguarding.
- The trust annual report (2014/15) identified key issues and new guidance in safeguarding, for example, the Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile, Prevent Strategy (prevention of terrorism) and female genital mutilation (FGM). These had been discussed and were under review at the Committee. The trust adult safeguarding policy was updated to cover all areas following publication of the Pan Dorset multiagency procedures in August 2015. At the time of the inspection this was awaiting approval; the FGM policy was updated in September 2015.

Summary of findings

- The trust was working with partners to ensure an area wide approach to adult safeguarding issues, particularly as the majority were issues about pressure ulcers from community care services or within the hospital, discharge planning and medications. The trust used a multi-agency toolkit for child protection which reflected the national agenda.
- The trust was working with partners to ensure an area wide approach to adult safeguarding and child protection. The annual report demonstrated a multi-agency approach to safeguarding issues and learning from serious case reviews. Child protection procedures were followed and there had been an increasing number of alerts demonstrating increasing recognition and action regarding vulnerable children and young people. Actions as a result of safeguarding incidents were noted from child protection but there was less detail on the learning from adult safeguarding.
- By July 2015, 84% of staff had completed adult training and 84% of designated staff working in or around children had completed Level 1, 82% level 2, and 61% level 3. There was variation amongst staff groups and more medical staff needed to complete training and staff in the emergency department needing to complete level 3 for children.

Incidents

- Staff told us how they were encouraged to report incidents, near misses and errors although not all staff had received feedback. There was evidence that incidents were investigated and learning was shared across the trust, but this varied in some service areas.
- The trust had reported 6,913 incidents to the NRLS from May 2014 to April 2015. This was below the England average. The majority (97.5%) of these incidents were low risk or no harm incidents. Moderate incident accounted for 2% of all incidents and serious incidents (severe harm or death) 0.5%.
- The trust quality assurance and risk committee reviews all serious incidents. The majority of serious incidents had been for pressure ulcers (grade 3 and 4) and slips, trips and falls. We found that incidents had been investigated through root cause analysis and the learning implemented. The trust had reported four Never Events in 2014 to 2015. Never Events are serious, largely preventable patient safety incidents, which should not occur if the available preventative measures have been implemented.

Summary of findings

- The guidance to review serious incidents was clear. Serious incident investigations followed the root cause analysis framework but did not always identify the underlying causes or the wider learning for the trust.

Staffing

- The trust had an ongoing recruitment campaign to ensure safe staffing. There has been increases in nursing and medical staff. Staffing levels were assessed in 2013 using a methodology approved by the Director of Nursing and involving all stakeholders. This commenced every six months from inception. This incorporated reviewing budgets, templates, patient needs, quality metrics RCN or specialist guidance and local judgement of the ward team. The trust was looking to be part of a national benchmarking scheme for staffing to improve its level of assurance around staffing levels and skill mix.
- There had been recruitment of nursing staff. However, vacancy levels were still high on some wards, particularly on the medical, elderly care, orthopaedic wards and in theatres. The planning to fill vacancies needed to improve. There was evidence that requests for additional staff to provide cover were not always met. On occasions there was a lack of consideration of the skill mix when agency and bank staff were covering vacant shifts. Wards that had a high number of temporary staff on duty did not have sufficient numbers of permanent staff to provide guidance to the temporary staff about meeting patient individual needs in a safe manner. When staff provided cover to other wards, for example critical care nurses, this left their own wards or unit without sufficient cover if new patient admissions arrived.
- The care groups reported monthly on nurse staffing numbers. Staffing numbers were identified based on the acuity tool used by the trust and were reviewed every six months with the Director of nursing. Fill rates for registered nursing and HCA staff were available but planned and actual staff numbers were not always visible on in ward areas. Fill rates were averaged 93.5% for nursing staff and 100% for Healthcare assistants during the day and 100% nursing staff and 118% for healthcare assistants (July 2015). However, this varied across wards. Staff were able to escalate requests for staff needs but there was a high reliance on bank and agency staff in some places. The wards requested more staff because patients had high dependency needs but these vacancies were not always able to be filled. On

Summary of findings

some wards the request for additional staff meant that there could be more temporary than permanent staff on duty. We observed nurses struggling on an elderly care ward at night although planned levels of nursing staff had been met.

- There was appropriate medical staffing levels in most areas, although consultants in emergency departments were not present in the department for 16 hours a day as recommended by the Royal College of Emergency medicine. The critical care unit had one junior doctor on duty after 11pm and they were sometimes called away for an emergency elsewhere. This needed review.

Are services at this trust effective?

By effective, we mean that people's care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence.

Overall we rated the effectiveness of the services at the trust as 'requires improvement'. For specific information, please refer to the individual reports for The Royal Bournemouth Hospital and Christchurch Hospital.

Evidence-based care and treatment

- The treatment and care provided in most services took account of current evidence-based guidelines. However, evidence-based guidelines for the care and treatment of patients in the emergency department were not always followed. Some services had guidelines and procedures that had been out of date for some time, some for a number of years.
- The end of life care team had introduced personalised care plan for the last days of life (PCPDL). Wards we visited were aware of this documentation which was a replacement following the national withdrawal of the Liverpool Care Pathway in July 2014.
- Each clinical service area had an audit programme. Audits in most areas were prioritised based on national audits, or local issues. Completion of audits varied but this was monitored and there was evidence of action taken following recommendations. However, some services needed more effective audit programmes to demonstrate change had happened as a result of audit.
- The trust reviewed NICE guidance to agree its use and to monitor implementation across services.

Summary of findings

Patient outcomes

- Most services participated in national and local audits which showed improving and good outcomes for patients. Emergency care patient outcomes varied and the results of audits were not always used to improve treatment techniques. The midwifery service did not collect information on patient outcomes and there here was no programme of audits in place.
- Pain relief, drinks and food were not always given in a timely manner in the emergency department. Patients received good pain relief and nutrition across all other services.
- Mortality rates in the trust were within expected range. Mortality rates had improved (downward trend) over the last 18 months. There was no difference between weekend and weekday mortality rates. Seven day services in emergency medicine, acute medicine gastroenterology, cardiology, and critical care supported this positive trend.
- Most clinical areas had monthly mortality and morbidity meetings, although not all could demonstrate improvement action as a result.
- The trust Mortality Group was chaired by the Medical Director and monitored any significant variations in overall or diagnosis specific mortality and took action where this is observed. The group regularly published a Mortality Newsletter, informing mortality trends, learning from e-mortality reviews and speciality mortality and morbidity meetings.
- The trust was planning to improve how mortality was being reviewed within clinical teams as part of its safety plan. This would include identifying actions as a result of avoidable deaths or suboptimal care. A standard electronic mortality form was used for all reviews. At the time of the inspection 50% had been fully completed and reviewed at a relevant speciality mortality meeting. Others were in the process of consultant review or awaiting further consideration at a mortality review meeting

Multidisciplinary working

- Most patients had access to services seven days a week and were cared for by a multi-disciplinary team working in a co-ordinated way. However the allocation of multidisciplinary support to the critical care unit, including pharmacy and physiotherapy, was lower that recommended. The wider multidisciplinary team did not attend the consultant led ward round on the unit.
- Critical care unit were working with Specialist Nurses in Organ Donation (SNODs) to improve the organ donation rate.

Summary of findings

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Staff had appropriate knowledge of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards to ensure that patients' best interests were protected. Guidance was available for staff to follow on the action they should take if they considered that a person lacked mental capacity. Notification of Deprivation of Liberty Safeguards applications were correctly submitted to the Commission. Capacity assessments were documented in patient care records.
- 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were not always appropriately completed and did not include, for example, an assessment of the patient's mental capacity.

Are services at this trust caring?

By caring, we mean that staff involve and treat patients with compassion, kindness, dignity and respect.

Overall we rated the caring provided by staff at the trust as 'good'. For specific information, please refer to the individual reports for The Royal Bournemouth Hospital and Christchurch Hospital.

Compassionate care

- Patients told us, and we observed, that staff were kind and compassionate, putting the patient at the centre of care. There was outstanding care for children and young people.
- Staff worked hard to ensure that patients were treated with dignity and respect, despite the challenges sometimes presented by the environment. However, in medical and older people services, patients did not always receive care in a way that respected their privacy and dignity.
- The latest Friends and Family test results showed that 97% of patients completing the survey agreed that they would recommend the hospital to family and friends.
- Data from the national surveys for inpatients and A&E, demonstrated that the hospital was similar to other trusts. Patients were satisfied and would recommend the care they had received.
- At Christchurch hospital, feedback from patients and their families was consistently positive for all services. All staff demonstrated a commitment to providing compassionate care not only to patients but also to their families who had been given bad news and post bereavement.

Summary of findings

Understanding and involvement of patients and those close to them

- Patients and their relatives felt involved in their care and treatment, staff provided information and explanations in a way patients could understand. Patients felt that their views and considerations were listened to and acted upon. They told us they felt involved in the decision-making process and had been given clear information about treatment options.
- The outpatients department staff provided emotional support and used quiet rooms to speak with patients
- At Christchurch hospital, patients and their families told us they felt respected and valued as individuals and were empowered as partners in their care. Staff recognised when a patient required extra support to be able to be included in understanding their treatment plans.

Emotional support

- Staff across the trust demonstrated a good understanding of patient's and relatives emotional needs
- Patients and their families were supported by staff emotionally to reduce anxiety and concern. There was also support for carers, family and friends for example, from the chaplaincy, bereavement services for patients having end of life care, and counselling support where required
- At Christchurch Hospital, chaplains and staff provided emotional support to patients and relatives. A team of volunteers had been trained to provide additional support for patients receiving end of life care

Are services at this trust responsive?

By responsive, we mean that services are organised so that they meet people's needs.

Overall we rated the responsiveness of the services at the trust as 'requires improvement'. For specific information, please refer to the individual reports for The Royal Bournemouth Hospital and Christchurch Hospital.

Service planning and delivery to meet the needs of local people

- The trust undertook assessments to understand the needs of its local population and was planning service change in response to the increasing demand for services. There was some innovation in models of care, for example, in rapid assessment and treatment (BREATH and the Treatment

Summary of findings

Investigation Unit), early supported stroke discharge, and the GP older person's ward, and a number of one stop clinics. Ambulatory care was available in acute medicine, surgery and older peoples' medicine and allowed many patients to be seen and treated the same day.

- The most urgent problem, that of increasing number of emergency admissions and patient flow through the hospital, was being responded to. The trust operational plans 2014/16 were to transform the hospital's urgent and emergency care pathways especially for the frail elderly, and ensuring ambulatory diagnosis and treatment is provided, where appropriate. The trust still had challenges in effectively managing patient admissions through the emergency department and the discharge of patients with complex needs.
- There was an overarching development plan for the Christchurch Hospital site. This included refurbished facilities and development of existing services and working with partner organisations to create additional primary and social care services to meet the needs of the local population.

Meeting people's individual needs

- Support for people with a learning disability needed further development. Many staff were aware of the Care Passport and demonstrated understanding of the reasonable adjustments they could make. However some staff, for example, in the emergency department did not have this understanding and had not had appropriate training. The trust had yet to undertake an audit of people's care.
- Trust areas are wheelchair accessible. Despite on-going building works in and around the Christchurch hospital, patients commented on the pleasant environment and the atmosphere within the hospital. The hospital was accessible for patients in wheelchairs.
- There were arrangements with the local NHS mental health trust to provide a liaison service for people with a learning disability and mental health disorders. The mental health team worked in the emergency department and inpatient areas, although there could be delays in assessment and access out of hours. There were plans to work in partnership to move to a new model of 24 service.
- All wards we visited provided care for patients in single sex accommodation bays, in line with Department of Health requirements. However, the environment did not always

Summary of findings

support patient needs. Women on the urogynaecology ward had to walk past male patient bays to access toilet facilities. Not all wards had been refurbished to improve the environment for patients living with dementia, but this was planned.

- An interpreting service was available for people whose first language was not English. Staff were generally aware of how to access this. All information for patients was only available in English and we did not see any information in an easy-to-read format on display, although this was available on trust intranet for staff.

Access and flow

- Bed occupancy in the hospital range between 90-95%. This was consistently above the England average. It is generally accepted that at 85% level, bed occupancy can start to affect the quality of care provided to patients, and the orderly running of the hospital.
- Performance in meeting national emergency access target for 95% of patients to be admitted, transferred or discharged within 4 hours varied through the year. The target was not met for 36 of the 52 weeks to March 2015. The trust had achieved the target (95.3%) July-September 2015.
- A lack of available beds in the hospital had resulted in delays in treatment for patients brought by ambulance and meant the emergency department was often full and this impacted on patient privacy. The number of ambulances waiting more than an hour to hand over patients had reduced significantly since the introduction of a rapid assessment and treatment area (BREATH) but still averaged four per month.
- There were long delays for patients with fractured hips to be transferred to Poole Hospital that treated trauma patients. The trust was taking action to introduce a formal pathway.
- The acute medical unit (AMU) and Treatment Investigation Unit (TIU) had been set up to manage the increasing pressures on beds due to an increasing demand.
- There were 55 medical outliers at the time of inspection. Their patients were appropriately assessed and followed by a team of medical consultant and junior doctors.
- The hospital performed above the England national average for the referral to treatment standards for patients to wait less than 18 weeks for surgery (May to July 2015). Previously, it had not met this standard on any of the 12 months to April 2015. The trust was achieving good access for orthopaedic patients as they did not have the pressures for emergency trauma patients.

Summary of findings

- Cancer waiting times for urgent referral appointments within two weeks were just below the national standard. The trust was achieving the 31-day cancer waiting time diagnosis-to-treatment target and the 62-day referral-to-treatment target. However, the 62 day target was not being achieved for urology and colorectal surgical treatments. The trust had taken steps to reduce pathway delays.
- Access to critical care beds within four hours was similar to comparable units. There were low rates of surgery cancellation due to lack of critical care beds. There was a higher than average number of delayed discharges, which resulted in mixed sex breaches, sometimes across several days. The service was performing better than similar services in avoiding out of hours discharges.
- The hospital's cancellation rate for operations was below the England average for all quarters in 2014/15. The majority of patient who had cancelled surgical procedures for non-clinical reasons were rebooked for surgery within 28 days.
- The trust was meeting national waiting times for diagnostic imaging within six weeks and 18 weeks for outpatient appointments. At Christchurch Hospital, there was good access to outpatient and diagnostics clinics, with Saturday clinics held for certain specialties.
- The trust short notice cancellation rate for outpatient appointments was lower (better) than the England average.
- Most patients were seen by the hospital palliative care team within 24 hours. The rapid discharge service for discharge to a preferred place of care performed well on target; 90% of patients were able to die in their preferred place. At Christchurch Hospital there were delayed discharges from the Macmillan Unit that were impacting on timely admission of patients, this was recognised and was being addressed at board level.
- The hospital had implemented an improvement programme to reduce patient length of stay in hospital, and had identified specific barriers which they were addressing. There was a high number of delayed transfers of care. The main cause of delays was waiting for NHS non-acute care and patient and family choice, to meet patients' ongoing needs. The provision of community services, especially care home and nursing home places, also caused delays.

Summary of findings

Dementia

- The trust was implementing good practice in dementia care. There was formal leadership, management and monitoring arrangements for the implementation of the trust strategy.
- The trust dementia strategy January 2013 promoted the key aspect of the national dementia strategy of raising awareness and understanding, early diagnosis and support, and living well dementia. The national CQUIN outcome had financial incentives by the clinical commissioning group for achieving progress in the following key areas
 - To find, assess, investigate and refer: 1. The proportion of patients aged 75 and over to whom case finding is applied following emergency admission, the proportion of those identified as potentially having dementia who are appropriately assessed, and the number referred on to specialist services. 2. Clinical Leadership - Named lead clinician for dementia, dementia strategy, “This is me” promotion and appropriate training for staff. 3. Supporting carers - Supporting carers of people with dementia, including the provision of written information.
- The trust employed specialist dementia nurses that staff could access to provide support and guidance in caring for patients with dementia. Clinical staff knew how to access information to support them in meeting the needs of patients living with dementia. They demonstrated an understanding of adjustments that could be made to support patients.
- Ward 26 and ward 4 within the trust had undergone refurbishment to become a dementia care friendly ward.
- The trust used the ‘this is me’ booklet for patients living with dementia, developed by the Alzheimer’s Society to alert and inform staff to identify and meet the needs of these patients. On the care of elderly wards, for example, we saw that patients living with dementia had the booklet and it was appropriately completed. A ‘forget-me-not flower’ symbol was used to identify people living with dementia on all the care of elderly and medical wards.
- The trust had a dementia and learning disability steering group to oversee and monitor the implementation of the strategy. Progress against the CQUIN and strategy action plan was discussed and figures identified 52% compliance in July 2015. The trust monitors “This is me” quarterly and also had done a carers audit as part of the CQUIN compliance

Summary of findings

Learning from complaints and concerns

- Complaints were handled appropriately and there was evidence of improvements to services as a result. Staff understood how to manage complaints. At Christchurch Hospital, very few complaints had been received and these had been resolved locally and informally and changes made as required.
- The care groups were responsible for handling complaints and they were supported by the complaints team. Complaints were reviewed by the complaints manager and signed by the chief executive. There were monthly reports to the care groups and an annual report to the trust board.
- During 2014/15 the trust handled a total of 328 complaints. This was a decrease in number when compared to the previous year (370). The most common themes were similar to the NHS and were clinical treatment (including delayed diagnosis), communication, staff attitude and administration processed (including delays or cancellations, waiting times and appointments).
- Throughout 2014/15 95% of complaints were acknowledged within the Department of Health three working days expected timeframe. In July 2015, only 50% of all complaints responded to within the trust target of 25 working days. This was 32% in August 2015. The trust was aiming towards 75%. The average response time was 31 days. The average number of days for open complaints was 106 days. The trust was taking action to improve its responsiveness to complaints. Older People's Medicine, Anaesthetics, Medicine, ED and Surgery were areas who needed the most support in terms of response due to the complex nature, notes being off site, or support to write the complaint itself. Action was taken to enable notes and data to be available.
- In 2014/15, seven complaints were referred to the Parliamentary and Health Services Ombudsman, 2 were upheld, 1 was partially upheld, 1 referred back for local resolution and 3 were not upheld.
- Overall patients were aware of how to complaint or raise concerns; information was available but not in all areas of the trust. Staff followed trust policy to resolve concerns. There was a patient advice and liaison service (PALS). The majority of concerns raised with PALS were resolved within 48 hours.
- The trust had held two focus groups with complainants in March 2014. The key findings were to resolve concerns at a local level, to improve the tone complaints (less defensive and dismissive replies) and ensure complaints demonstrated,

Summary of findings

assurance, improvement and learning. To ensure the process was more responsive and reduce the waiting time for patients and explain the process, and possible delays to patients. The trust was taking action in address these issues. The complaints focus group held in February 2015 also identified the style of the complaint response. The trust was taking further action on staff training, speed of response and offering meetings with complainants.

- The learning from complaints was published on the Trust website each month and was discussed with the Clinical Commissioning Group. However, complaints were not being reviewed in the public part of trust board meetings. The Clinical Commissioning Group had prompted the trust to have more open public discussions on this. This had recently been reviewed and complaints were on the agenda for the board meetings in public from October 2015.

Are services at this trust well-led?

By well led, we mean that the leadership, management and governance of the organisation assure the delivery of high quality person-centred care, supports learning and innovation, and promotes an open and fair culture.

Overall we rated the leadership of the trust as 'requires improvement'. For specific information on the leadership of services, please refer to the individual reports for The Royal Bournemouth Hospital and Christchurch Hospital.

- The trust had a five year strategy that aimed to deliver high quality, safe and effective patient care through transforming services. The strategy would be determined by the outcome of the Dorset clinical review. The strategic context of the trust was well analysed and explained, and the trust had planned and prepared for one of two options. To be the main emergency care site or a site for planned (scheduled) care.
- Governance arrangements were developed at the trust and the pace of change had quickened following CQC inspections in 2013 and 2014. There was a better focus on quality at safety and clinical dashboards were used at trust, division, clinical service and ward level. However, governance needed to improve in some clinical areas. The trust needed to improve monitoring arrangements in places as well as ensure action was taken and embedded based on the monitoring of quality and safety. Risks needed to be better managed to identify and respond to staff concerns, to escalate risks to the board and for the board to

Summary of findings

focus on, and differentiate, high level clinical risks and strategic and operational risks as part of its assurance framework. The trust could demonstrate some progress and improvement against its quality improvement projects.

- The leadership team showed commitment to develop and continuously improve services and were planning a new inclusive leadership and management style. A collective clinical leadership model was the long term strategy and culture change. This was in its early stages and was being developed with staff.
- Relationships between the trust board and some council of governors had deteriorated and needed to improve.
- Staff were positive about working for the trust and the quality of care they provided. They were positive about the trust focus on improving its culture to one that was more open and transparent and focused on patients. This was described as in progress. Staff identified the need for increased visibility of the trust board and senior managers and wanted better engagement on strategic and operational issues, particularly when changes were made that had affected their working practice.
- Partners in system resilience identified that the trust was working more effectively in collaboration but sometimes, under pressure, there was a tendency to look for external action rather than identify what they could themselves improve.
- Patient surveys and focus groups were used to improve services although there was less evidence of patient and public engagement to develop services overall.
- The trust supported and encouraged staff to innovate and improve services. Cost improvement programmes were identified with clinical staff, and these were assessed and monitored to reduce the impact on quality and risk. The trust had invested in staff to ensure safer staffing levels and had plans to deliver expected savings and reduce their financial deficit.

Vision and strategy

- The trust strategic plan 2015/20, was a five year forward plan based on the delivery of high quality safe, compassion and effective care, patient care in the correct setting, more sustainable services and better experiences and outcomes for patients. Staff would be supported to develop and deliver an open and transparent culture that welcomed feedback. The vision was to be the most improved hospital in the UK by 2017.
- The Dorset Clinical Services Review signalled two possible future roles for the Royal Bournemouth Hospital (RBH) and

Summary of findings

these were outlined in the strategy. To either develop as a planned care site which would mean significant contraction in facilities and services, or develop as the main emergency centre for Dorset and west Hampshire residents. The strategy described what services would look like under both these options. The strategic context was well developed as well as the trusts preparedness to cope with either option. The trust believed that the interests of the residents of Dorset and west Hampshire were best served through RBH developing as the main emergency care centre. Most services had local strategic plans developed within this context.

- The Christchurch Hospital was undergoing major investment and redevelopment. The site was. The plans were for this hospital to operate as an extended community hub offering a wide range of community, diagnostic, outpatient, ambulatory, nursing home services.
- The trust operational plan 2014/16 focused on priority issues around demand, capacity, workforce, and organisational development. The short term challenges included the transformation of urgent and emergency care, working in partnership, quality improvements, operational, service and technical changes as well leading on organisational development.
- Most staff were aware of the trust strategy and local strategic developments.

Governance, risk management and quality measurement

- Governance was managed within the care groups who reported to the Quality assurance and risk committee. This committee reported to the Health Assurance Committee a sub-committee of the board. Most services had had effective clinical governance arrangements to monitor quality, risk and performance. However, governance processes in urgent and emergency care, theatres, and gynaecology were not always effective in identifying issues and making improvements to safety and quality.
- The trust quality strategy included its quality priorities around patient safety, clinical effectiveness and patient experience indicators. Nursing staff monitored care and quality at ward level and this fed into monthly care group information. Staff found the information valuable, although some staff at ward level could not interpret the level of detail with dashboard reports.

Summary of findings

- The trust undertook internal quality reviews in wards and departments based on the CQCs five key questions. These highlighted good practice and areas for improvement.
- The divisions provided monthly reports on quality, performance and delivery and workforce. Quality dashboards were available at trust, care group, clinical services and wards level. The trust had an integrated performance report which the board reviewed monthly. The information was RAG rated (red, amber, green) and was used as a heat map by care groups and the trust board to identify problem areas. The information covered standard metrics and some clinical indicators. Some staff reported an overreliance on what was being measured instead of listening to staff concerns.
- The trust had started quality improvement projects and we saw posters that indicated some progress in clinical standards and implementation plans. The posters identified work that was ongoing, some in the early stages, to improve compliance with standard. For example, the timeliness of antibiotic administration within 1 hour for Sepsis had improved from 49% to 52% (January to March 2015). Although this was an improvement from 26% in 2014.
- All care groups had a risk register and high risks were escalated to the corporate risk register. However, local risk registers did not always reflect all of the concerns described by staff, or provide sufficient detail on actions being taken. Information about risk and quality issues were not always shared with staff.
- The corporate risk register included the high level strategic clinical, organisational and financial risks, and used risk rating system to develop a ratings score. The board assurance framework was the corporate risk register and this was monitored monthly. That the two were the same meant that clinical risks mixed with strategic intent. This meant that that clinical risk to patients were not fully described and the framework was not being used effectively as a predictive tool to identify and provide assurance on actual, anticipated, and potential risks and the risk tolerance of the board. For example, the risk of delays in assessing emergency patients was identified. The strategic intent to expand BREATH model of care was explained but the risk overnight were not. Implementation of an effective IT community maternity system was described but the mitigating actions to take in the interim were not.

Summary of findings

- Since the CQC inspections in 2013 and 2014 the trust could demonstrate improvements in response to concerns, for example, in dementia care and privacy in the A&E. Some of this was work in progress, for example, outcomes for Stroke care, and mental health liaison 24/7.
- The trust acknowledged that it had been slow to adopt a standard approach to quality improvement methodology but was moving at pace now. There were areas of quality had improved, for example participation in national audit, monitoring avoidable harms and increased incident reporting and learning. There were, however, areas where governance needed to improve further. For example, in some areas for clinical audit programme to demonstrate improvement, clinical practice guidelines to be in date and staff to receive feedback from incidents, and actions taken as a result of incidents needed to be better monitored.
- The trust internal audit programme had reviewed its assurance framework in February 2015, there had been a number of minor recommendations to improve assurances, exception reporting to the board and guidance on standard agenda for reporting. The Trust confirmed that these had all been implemented. The trust had not yet undertaken a recent independent external assessment of the governance framework. The Trust confirmed that this was planned for 2016.

Leadership of the trust

- The trust had a stable trust board leadership team. The chief executive officer (CEO) had been in post for approximately 15 years, the chief medical officer for ten years and the director of nursing and midwifery for four years. The directors of finance and HR for eight years and Director of IT for 3 years. The chief operating officer had been appointed in 2014 and a director of organisational development in May 2015. The Chair and Non-executive directors had also been in post for a number of years; the Chair was appointed in 2010
- The non-executive directors (NED) had a broad range of business, commercial academic and clinical experience. We met three out of the seven NEDs as part of our inspection interview and focus group process. The NEDs we met, told us they were supported by the trust and worked effectively as a unitary board. The NEDs had specific roles, for example, as audit or quality lead for the trust. There was an understanding of collective responsibility and support for board activities.
- The trust and its council of governors identified relationship tensions and challenges. Some governors considered that the trust was not open to scrutiny, and was closed and controlled

Summary of findings

in developing their role. Some governors identified limitations in their role, for example, their ability to assess and report on patient experience, advise on the trusts strategic direction, hold the board to account, and participate in board programmes. The trust acknowledged that learning had been gained from recent issues in developing the role of governors. This learning was being incorporated into future development work with both the council of governors and the board of directors. The trust identified the need to clarify the governor's role as well as improve their role in gathering views on trust services from the local community. The trust had a plan, which involved external facilitation, to improve relationships and understanding and ensure a more effective role for governors. The plan was subject to continuous development.

- The leadership team showed commitment to improving the quality and safety of their services and were open about the need to working effectively with partners across Dorset to deliver appropriate services. They were clear that vested interests should not drive their strategy and understood that development meant staff should be 'site agnostic'.
- Partners in system resilience identified that the trust was working more effectively in collaboration but sometimes, under pressure, there was a tendency to look for external action rather than identify what they could themselves improve.
- The NHS Staff Survey 2014 identified that the trust was below (worse than) than average when compared with other trusts for the percentage of staff reporting good communication between senior management and staff. Staff told us that the visibility of some board members had improved following the CQC inspections. However, many staff identified the lack of visibility of board members. The directors and NEDs allocated to wards to do monthly walkabouts. Some staff could identify ward walkabouts by board members and others told us this did not happen. Many staff noted a lack of visibility of the senior executive team and board members that they did not recognise.
- Staff were aware of the current strategic options for the organisation. There was a sense of being 'in limbo' to await the clinical service review decisions in 2016. However, Staff were positive that the local leadership and the trust management were now focusing on improving the hospital's culture and patient care.
- The trust was working with a new care group structure which was starting to be embed at the time of our inspection. Nursing staff highlighted that they had their own leadership structure

Summary of findings

within the trust and there were nurse meetings at different levels. However, nurses told us they were not involved in senior management meetings within care groups and these were medically led with management input.

Culture within the trust

- The trust was developing a collective leadership model for a clinically led organisation. This was when “All staff take responsibility for the success of the organisation in delivering continually improving, high quality and compassionate care” based on the Kings Fund approach to Developing Collective Leadership for Healthcare (2014). This was being developed, following the CQC inspections because the trust had gained the understanding that quality and safety within the trust could not be effective from a top down approach.
- The project would develop a leadership strategy and organisational development programme and result in a more inclusive leadership and management style, long term strategy and planned and sustained culture change. There were three phases: discovery, design and delivery. The trust was in the discovery phase (identifying the key areas for organisational development) and was in the process of selecting staff champions from different levels, and disciplines, to lead this phase. Initial evaluations identified to improve the visibility of the board, feedback to staff, less top down directives, for the trust to listen more, value staff, stand by its decisions and to make it safer for staff to raise concerns.
- Staff identified that the culture change was difficult for some but the trust was moving from a top down hierarchical culture to one that was empowering staff. This was described as in progress.
- The values of the trust were to communicate, improve, teamwork and pride. These values had been developed with staff over the last 12 months. Some staff were more aware than others, and the trust was introducing a values based appraisal system. Staff who had had this appraisal could talk confidently about the values and what this meant to them.
- Many staff said since the previous CQC inspections the culture in the trust was changing and becoming more open and more focused on patients. For example, the trust was planning to include more of its discussion, for example on complaints, in the public part of its board meetings from October 2015. The trust also voluntarily identified that its previous compliance with information governance was incorrect. However, there was acknowledgement that there was still some way to go and openness and transparency about when things go wrong was

Summary of findings

still developing. Some staff reported that they still felt unable to raise concerns, particular nursing staff, as they were not always sure they would be listened to or if action would be taken in response. In some areas staff were concerned about blame. The trust was developing its staff engagement activity, for example, a safety and quality day had been held for staff.

- The trust had not undertaken a formal safety culture survey but had had a safety and quality conference in September 2015 which had been well attended by staff. The trust was planning to survey staff attitudes to safety through its organisational development programme.

Fit and Proper Persons Requirement

- The trust was prepared to meet the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014) to ensure that directors of NHS providers are fit and proper to carry out this important role.
- The trust had agreed its Fit and Proper Persons Policy at a board paper in December 2014. All executive and non-executive directors as well as the senior management team were included under this policy. There had been relevant checks and due diligence in the appointment of new directors, ongoing compliance of existing director and monitoring of compliance. Five disclosure and barring scheme (DBS) checks were outstanding but were currently in process of being completed. All directors and board members were requested to, and had all signed, a declaration in August 2015.

Public engagement

- Patient feedback was mainly through survey feedback and the Friends and Family Test FT. The hospital had also worked the local Healthwatch to obtain patient views and was undertaking the care campaign audit (undertaken in collaboration with the Patients Association) used by volunteers on elderly and medical care wards to review communication, assistance, relieving pain, ensuring adequate nutrition and managing expectations. Volunteers were also involved in real time feedback to collect information from patients through face to face interviews.
- The trust could demonstrate improvements as a result of complaints and surveys. The NHS staff survey (2014) identified a positive finding (in the top 20% of trusts) that feedback from patients was used to make informed decisions in their service.

Summary of findings

- Many clinical areas had held focus groups with patients, for example, with carers, and patients and relatives. The trust also held focus group with people who had complained.
- The trust had the support of over 800 volunteers who were trained to support patients and people visiting the trust. Some volunteers had specific roles, for example, to support patients with dementia volunteers or to be meal time companions.
- There was less evidence of patient engagement to improve services as part of trust strategy. However, the trust was planning to increase the governors role in terms of community engagement and patient representation in governance.

Staff engagement

- The trust was similar to other trusts for in the NHS staff survey 2014. The trust had four negative indicators (the bottom 20% of trusts). These were percentage of staff feeling pressure to work when they were unwell, incidence of bullying and harassment, and violence to staff. The trust was in the top 20% for the staff who considered patient feedback informed decisions about their service and workforce pressure felt by staff. Action was being taken in response to areas that required improvement. Overall survey for engagement had showed a slight improvement from 2013; we had not received results for 2015 at the time of inspection.
- Many staff we spoke with were positive about working for the trust, particularly in the clinical teams, and were positive about the quality of care provided. Staff were positive about the local leadership and the trust management focus on improving the hospital's culture.
- The trust emailed staff on a weekly basis and there was a bimonthly Newsletter. Many staff we spoke with identified the need for more engagement with senior management, particularly in relation to staff concerns. One of the main staff concerns during our inspection was changes to the new electronic patient records system. This was affecting staff disproportionately. Some staff had seen benefits, while others were finding accessing records difficult and this increased administration for clinical staff particular if they saw patients frequently in outpatient clinics and also had presented some clinical risks with the filing structure. Staff, for example, cited incidents of consent files and anaesthetic records that were difficult to locate at outpatient appointments or prior to surgery. The trust had lead clinicians to support and address clinical concerns and there was an action plan to address

Summary of findings

technology and administrative support issues. However, many staff wanted more proactive engagement from the trust senior management team to ensure their concerns had been heard and to speed mitigating actions.

- The trust presented annual Pride Awards which reflected the key values of the trust key values. The awards acknowledged staff who provided outstanding care 'going the extra mile' to ensure patients received the best care and experience possible.

Innovation, improvement and sustainability

- Staff were being encouraged to innovate and improve services, through quality improvement, operational developments, clinical audit and research. Although this varied, the trust could demonstrate improvements to services based on staff innovation, for example, the development of new short stay, review of falls, nurse electronic assessment, as well as improvement in service models.
- During the year 2015/16, the trust position was a proposed deficit of £11m. The main reason leading to this deficit was identified as the investment and increase in staffing to safer staffing levels through recruitment and the use of agency staff. The new national cap on agency spending was considered to be beneficial to trusts in this context. The trust had agreed the ceiling to continue to use of agency staff whilst recruitment was ongoing.
- Cost improvement programmes (CIPs) focused on efficiency savings, better procurement increased productivity through workforce changes, and the opportunities with increased ambulatory care (taking 10 – 15% of emergencies). All CIPs over £20,000 and those identified, had a quality impact assessment. There was a quality impact assessment committee which included the medical director, director of nursing and rotating NED and general manager representation. CIPS were monitored on a tracker following agreement. The trust was predicting a decrease in its current deficits position over the next two years.
- The trust's performance was reviewed by the health regulator, Monitor. The continuity of service rating was 2. The rating is based on the risk the trust could fail to carry on as a going concern. A rating of 1 indicates the most serious risk and 4 the least risk. A rating of 2 means the trust financial position is unlikely to get worse in the immediate future. The trust had a governance risk 'under review' which means Monitor have identified a concern but not yet taken action.

Overview of ratings

Our ratings for Christchurch Hospitals are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

Our ratings for The Royal Bournemouth Hospital

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

Overview of ratings

Our ratings for The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

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

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients.

Outstanding practice and areas for improvement

Outstanding practice

- In Maternity and Gynaecology the Sunshine team offered support to women that were assessed as being vulnerable. They could be vulnerable due to mental illness or learning disability, but also from alcohol and substance misuse. The team worked with the local centre that cared for women who had been trafficked to Britain. The Sunshine team worked across health and social care and had excellent relationships with the police, education and the mental health. The service had been recognised by an all-party parliamentary group for its work with vulnerable women.
- The interventional radiology department had been awarded exemplar status by the British Society of Interventional Radiology for continuous audit, review and research in the unit, and improving patient experience. This award had been retained twice. The staff team were particularly proud of this achievement, particularly as they were not linked to a teaching hospital.

Areas for improvement

Action the trust MUST take to improve

The hospital must ensure:

- At all times, emergency department patients are assessed and treated according to nationally agreed standards, particularly those for sepsis and fractured neck of femur
- Emergency department transfer equipment is checked regularly to ensure that it is always ready for use.
- All incidents are reported using the trusts incident reporting process and staff receive feedback.
- Pain relief, drinks and food are given in a timely manner .
- All staff comply with good hand hygiene and infection control practices
- Equipment is appropriately labelled, maintained, checked, cleaned and tested.
- Equipment that poses a risk of cross contamination is disposed of promptly
- That all premises and environments used by patients are clean, secure and safe for use including theatres and the corridor between Derwent suite and main hospital.
- The '5 steps to safer surgery' checklist is used consistently and effectively.
- All emergency equipment is checked and maintained in working order
- All medicines are stored securely, correctly and within a safe temperature range.
- Patient medicines are checked and recorded to ensure they receive the correct medicines when admitted to hospital
- Medicines are administered in a safe manner, following national guidance and trust procedures
- Patient risks are assessed and documented in a timely manner and escalated appropriately
- A policy, protocol and appropriate equipment is available to remove a collapsed woman from a birthing pool, and staff are trained in its use.
- Sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed at all times. Including sufficient numbers of permanent staff to provide guidance to the temporary staff about meeting patient individual needs in a safe manner.
- Junior medical staffing levels on critical care are reviewed as there are at times when staff are called away from the unit to other wards.
- Staff receive appraisal annually in line with trust policy and procedures and access to clinical supervision improves.
- Privacy and dignity of patients is protected during care and treatment.
- The hospital escalation procedures are improved so that delays to ambulance patients are minimised
- Delays in discharge are reviewed to prevent patient stay in an inappropriate location and mixed sex breaches, particularly in critical care services.

Outstanding practice and areas for improvement

- There are effective systems to identify, assess, monitor and improve the quality and safety and mitigate risks across departments, in particular maternity and gynaecology services and the emergency department. This included clinical audit across the trust.
- Risks on the critical care unit and are appropriately identified and recorded with mitigating actions

The trust should

- Continue to develop inclusive leadership style and an open and transparent, and patient focused culture.
- Ensure governance arrangements are formally evaluated and action is taken around areas of risk and effectiveness.
- Improve relationships with its council of governors
- Further develop patient and public engagement
- Ensure all staff feel appropriately engaged with strategic and operational plans and are able to raise concerns effectively.
- Continue to work effectively with partners particularly around systems resilience

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

Regulation 9 (1) (3)(a)(b)

How the regulation was not being met:

Patients in the emergency department did not always receive timely assessment, care and treatment to meet their needs. The provider must ensure all patients receive assessment, care and treatment to meet their needs or in line with evidence based guidance.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulation 10 (1) (2)(a)

How the regulation was not being met:

Patients did not consistently receive care in a way that respected their privacy and dignity. The provider must ensure patient privacy and dignity is maintained at all times.

Regulated activity

Surgical procedures

Treatment of disease, disorder or injury

Regulation

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

Regulation 12 (1) (2)(a),(b),(c),(d),(e),(g)

How the regulation was not being met:

- Patients in the emergency department were not assessed and treated according to nationally agreed

Requirement notices

standards, particularly for sepsis and fractured neck of femur. The provider must ensure all patients are assessed and treated according to nationally agreed standards.

- The provider must ensure all patient risks assessments are completed and acted upon in a timely manner.
- The provider must ensure all incidents are reported and staff receive feedback.
- There was no up-to-date protocol on managing the removal of a collapsed woman from a birthing pool. All staff had not had training in the use of the equipment provided. The provider must ensure protocols are in place and staff trained in the safe evacuation of women from birthing pools.
- There was not a safe route for patients between main ward areas and the Derwent suite. The provider must ensure the premises are safe to use.
- Medicines were not stored at safe temperatures and staff did not follow trust policy when disposing of controlled drugs. Staff did not collect medicine reconciliation data to demonstrate that patients received the correct medicines when admitted. Medicines were not always administered correctly. The provider must ensure the proper and safe management of medicines.
- Not all theatre areas were clean. Contaminated equipment was not always disposed of safely. Staff did not always adhere to best practice in infection prevention and control. The provider must prevent and control the spread of infections.
- Transfer equipment in emergency department was not checked and ready for use. Internal audits showed that emergency trolleys were not consistently checked daily, equipment on some trolleys was missing and some equipment was not charged and ready to use. The provider must ensure all equipment is maintained, checked so safe and ready for use .

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17 (1), (2), (a), (b), (f)

How the regulation was not being met:

- There were not effective identify, assess, monitor and improve the quality and safety of the maternity and gynaecology services
- Hospital escalation procedures were not always effectively implemented to minimise delays to ambulance patients
- Departmental risk registers did not always reflect all the risks identified by staff.

The provider must ensure that all risks to quality and safety and health, safety and welfare of service users and others are assessed monitored and mitigated.

Regulated activity

Surgical procedures

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18(1)

How the regulation was not being met:

- Staffing numbers were not consistently maintained at a safe level to meet the identified needs of patients. The provider must deploy sufficient numbers of suitably qualified, competent skilled and experienced staff