University Hospitals Dorset NHS Foundation Trust

The Outpatient Assessment Clinic at Dorset Health Village

Inspection report

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Ratings

Overall rating for this location	Inspected but not rated
Are services safe?	**Inspected but not rated**
Are services responsive to people's needs?	**Inspected but not rated**
Are services well-led?	**Inspected but not rated**

Our findings

Overall summary of services at The Outpatient Assessment Clinic at Dorset Health Village

Inspected but not rated

University Hospitals Dorset NHS Foundation Trust provides acute and emergency services to people living in Poole, Bournemouth and East Dorset. University Hospitals Dorset NHS Foundation Trust provides a wide range of hospital and community-based care to a population of 771,000 based in the Dorset, New Forest and south Wiltshire areas.

On 1 October 2020, The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust and Poole Hospital NHS Foundation Trust merged to form a new organisation.

The trust provides a wide range of hospital and community-based care; and employs approximately 8,400 members of staff, both clinical and non-clinical. The trust has not been rated since the merger in October 2020. The hospital's ratings were inherited from the previous provider.

We carried out a focused inspection with a short notice on 27 and 28 June 2023. The inspection was carried out because we had concerns about care and treatment in some areas of outpatients. We did not look at all key lines of enquiry but limited these to areas where concerns had been raised.

Outpatients

Inspected but not rated

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Managers monitored the effectiveness of the service and made sure staff were competent. Key services were available 5 days a week.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. Staff were committed to improving services continually.

However:

- People could not always access the service when they needed it and had long waits for treatment.
- The service used multiple information systems as well as paper records for triage and booking of appointments this meant there was a reliance on staff to ensure tracking of appointments.

Is the service safe?

Inspected but not rated

Mandatory training

The service provided mandatory training in key skills to all staff and made sure everyone completed it.

Nursing staff received and kept up-to-date with their mandatory training. Records showed 90.69% of staff had completed their training against a target of 90%. It was comprehensive and met the needs of the patients and staff. Managers monitored compliance and alerted staff when they needed to update their training. Staff told us they received reminders when their training was due, and their managers discussed this with them.

In July 2022, The Health and Social Care Act 2022 introduced a requirement that regulated service providers must ensure their staff receive learning disability and autism training appropriate to their role. This training was not in the current list of mandatory training for staff at the Trust, this will commence once the government has published the Code of Practice for the training as agreed by the Dorset Integrated Care Board (ICB).

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Outpatients

Staff received training specific for their role on how to recognise and report abuse. Records sent to us by the Trust show that 100% of nursing staff had completed level 2 adult safeguarding training and level 2 child safeguarding training.

Staff could give examples of how to protect patients from harassment and discrimination, including those with protected characteristics under the Equality Act.

Staff knew how to identify adults and children at risk of, or suffering, significant harm and worked with other agencies to protect them. Staff knew how to make a safeguarding referral and who to inform if they had concerns.

Staff followed safe procedures for children visiting the department. The OAC did not have any clinics where children would attend for appointments, but there were times when parents/carers would bring children with them for their appointments.

Cleanliness, infection control and hygiene

The service did not always control infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

The clinical areas were clean and had suitable furnishings which were clean and well-maintained. Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

The service did not always perform well for cleanliness. The environmental audit for infection control was not submitted for 7 months from July 2022 to June 2023. However, the results of the audit for April to June 2023 were completed and compliance was between 98.3% and 100%. The Trust sent us documents to show that action plans were being put in place to improve compliance with this audit.

Evidence sent by the Trust showed that there had been issues completing the audits due to increased pressure on workload and staff sickness, audits submitted after the deadline were noted as non-submission. Work has been ongoing to improve the compliance through staff training and support from the infection control team.

The hand hygiene audit data showed that compliance in the OAC had been poor. This had been recognised by the trust and been noted as a reporting error. Further training was given to staff completing the audits and the hand hygiene compliance was 100% from April to June 2023.

Environment and equipment

The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.

The OAC was located on the second floor of a department store in a shopping centre in Poole. Access to the second floor was via a lift, stairs or escalator. There was a bus stop, taxi rank and train station nearby and patients told us that parking in the multi-storey car park was more accessible than at the main hospital site with more disabled spaces available.

Volunteers were situated at the entrance to the store to guide patients. There was clear signage for the department. The volunteers had hand-held computer devices to complete the check-in for the patients and directed them to the department. The electronic check in notified the clinic staff when patients had arrived.

Outpatients

National guidance for the design and layout of OPD takes into consideration that many patients who attend may have mobility problems and recommend the OPD should be located on the ground floor and that parking areas for disabled people and wheelchairs should be provided close to the main entrance. When parts of the OPD are not located on the ground floor the guidance recommends easy access by lift and stairs must be provided and access and circulation routes to and within the OPD should be sufficiently direct and clearly signposted to prevent patients losing their way (NHS Health Building Note Guidance 12).

Staff carried out safety checks of specialist equipment. We saw records that showed weekly checking of the resuscitation equipment.

The service had enough suitable equipment to help them to safely care for patients. However, not all of the clinic rooms had sinks for hand washing. We were told that the rooms without sinks were used for 'dry clinics' only where staff could use the alcohol hand gel for hand hygiene purposes. Sinks were easily accessible in the corridor outside each clinic room.

Staff disposed of clinical waste safely. The domestic and clinical waste bins were clearly identified and emptied regularly. Sharps and hazardous waste bins were stored safely.

Assessing and responding to patient risk

Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. Risk to patients on the waiting list was not always identified.

New and existing patients sometimes had to wait for a long time to be seen by a doctor. In June 2023 the total waiting list size was 74,483 patients with an additional 30,719 patients overdue a follow up appointment. The trust identified patients whose condition had deteriorated while they were waiting through the validation process or at their follow up appointments, so they could understand what had happened and learn from it. Waiting lists were being validated in each speciality, this meant that patients were being contacted to see whether they still needed to be seen or if they could be removed from a waiting list.

Staff responded promptly to any sudden deterioration in a patient's health. Staff told us about an incident where a patient fell on the escalator and how they managed this, they knew who to call and what to do if there was a medical emergency. There were guidelines for staff to follow if a patient or visitor became unwell. Following the incident a standard operating procedure (SOP) was updated, staff and volunteers were aware of the processes to follow. Patients were offered to use the lift or the stairs first, rather than the escalator, if the volunteers were concerned about patient mobility, they would call a member of staff to assess the patient.

Staff met at the beginning of each day to share information to keep patients safe.

Staffing

The service had enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank, agency and locum staff a full induction.

The service had enough nursing and support staff to keep patients safe. Managers accurately calculated and reviewed the number and grade of nurses, nursing assistants and healthcare assistants needed for each shift in accordance with national guidance.

Outpatients

The manager could adjust staffing levels daily according to the needs of patients. Staff could rotate to work across various sites if needed. The number of nurses and healthcare assistants matched the planned numbers. Cover was provided for staff absence and managers requested bank staff who were familiar with the service. They made sure all bank staff had a full induction and understood the service.

The service had low vacancy rates for nursing staff. However, they had high vacancy rates for administration staff. The vacancy rate for administration staff was 14.94% in June 2023 this equated to 15.84 whole time vacancies for band 3 patient administrators. Managers told us that they were looking at ways to make the role more attractive such as offering flexible working, developing the role and having a clearer structure and career progression pathway. Administration staff provision was shared across the main OPD on Poole site and the OAC. The trust informed us that they had recently held a successful administration open day where 12.86 posts had been offered.

The service had high sickness rates. The sickness rate for nursing staff was 12.96% over the last 12 months against the trust target of 3%.

Records

Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.

Patient notes were all stored electronically. All staff could access records easily. They were stored securely. When patients transferred to a new team, there were no delays in staff accessing their records.

Medicines

The service used systems and processes to safely prescribe, administer, record and store medicines.

Staff followed systems and processes to prescribe and administer medicines safely. All medicines and prescribing documents were managed and stored safely.

Incidents

The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Staff knew what incidents to report and how to report them. Staff told us they reported incidents electronically and received feedback on the incident once a manager had reviewed it. They raised concerns and reported incidents and near misses in line with the organisation's policy. Reports from investigations showed managers investigated incidents thoroughly. There was evidence that changes had been made as a result of identified learning. Staff received feedback from investigation of incidents, both internal and external to the service. We saw records showing a post incident staff briefing meeting had taken place and the learning from the incident.

Staff understood the duty of candour. They were open and transparent, and gave patients and families a full explanation if and when things went wrong. Managers shared learning about never events and serious incidents with their staff and across the organisation. Never events are defined as serious incidents that are wholly preventable because guidance or safety recommendations that provide strong systemic protective barriers are available at a national level and should have been implemented by all healthcare providers. Managers debriefed and supported staff after any serious incident.

Outpatients

Is the service responsive?

Inspected but not rated

Service delivery to meet the needs of local people

The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.

Managers planned and organised services so they met the needs of the local population. For example, the outpatient assessment centre was opened in 2021 in response to need for more appointments and to bring diagnostic services closer to the community. Facilities and premises were appropriate for the services being delivered. The service had systems to help care for patients in need of additional support.

The service minimised the number of times patients needed to attend the hospital, by ensuring patients had access to the required staff and tests on one occasion. We were told patients attending the hip clinic could see a physiotherapist on the same day and this reduced the number of appointments.

Managers monitored and took action to minimise missed appointments. Patients were sent text message reminders prior to their appointments. Managers ensured that patients who did not attend appointments were contacted.

The service relieved pressure on other departments when they could treat patients in a day. For example, opthalmology patients could have eye tests and their clinician appointment on the same day.

Meeting people's individual needs

The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

Managers made sure staff, and patients, loved ones and carers could get help from interpreters or signers when needed.

Reasonable adjustments were made to help patients access services. We observed patients with mobility difficulties being supported by health care assistants.

Access and flow

People could not always access the service when they needed it or receive the right care promptly. Waiting times from referral to treatment were not always in line with national standards.

Managers monitored waiting times and tried to make sure patients could access services when needed to receive treatment within agreed timeframes and national targets. However, the trust had a significant backlog of patients waiting to be seen by some of the different OPD services. In June 2023 there were 30,594 patients overdue OPD follow up appointments. The backlog of patients waiting to be seen was partly due to the COVID-19 pandemic and associated social distancing requirements when patients could either not be seen at all or could only be invited to attend in small numbers. Recent staff industrial action had also affected the department as some clinics were cancelled.

Outpatients

From March 2021 to February 2022 there were 694,982 OPD appointments at the trust. This was an increase of 23% from the previous 12-month period. Initiatives to reduce backlogs had been introduced such as insourcing clinics and patient waiting list initiatives running at the weekends.

The maximum number of weeks patients should wait to be seen by a doctor is set by the NHS Constitution to try and ensure people are seen in a specific timeframe. The longest time the Constitution says people should wait is 18 weeks for most non urgent referrals, and 2 weeks for a suspected cancer. Trusts are required to put in place systems and dedicated teams to ensure patients are tracked and monitored along their 2-week or 18-week pathway, with audit processes to ensure appointments have been made.

The total number of patients on the waiting list was 74,483 in June 2023 with 55.1% of patients being seen within the 18-week performance standard against a national target of 92%. There were 32 patients who had waited over 78 weeks for treatment. However, the Trust had no patients waiting for over 104 weeks and were planning to eliminate waits of over 65 weeks for elective care by March 2024.

From January to March 2023 76.9% of patients were seen by a specialist within 14 days of an urgent referral for suspected cancer. The faster diagnosis standard sets out that patients will be diagnosed or have cancer ruled out within 28 days of being referred for suspected cancer, 71.9% of patients met this standard in June 2023 against a target of 75%. The trust had not met this standard in the 12 months before our inspection.

Staff told us that most clinics ran on time. On the rare occasion they ran late it was because the doctor arrived late because they had been caught up in surgery or on a ward, because patients who needed to be seen urgently had been added to the list, or because an appointment had run over due to the complexity of a case or a distressed patient.

Managers worked to keep the number of cancelled appointments to a minimum. Staff told us it was rare for clinics to be cancelled and when this did happen it was usually due to staff sickness and an inability for staff to be sourced to cover the clinic. When patients had their appointments cancelled, managers made sure they were rearranged for as soon as possible.

Within OPD there were different IT systems for patient referrals and patient records. There was a lack of integration between these systems which meant the different systems were not able to communicate and share data with one another. This required administrative staff to print the referrals and send them to the individual specialities for triage and then upload them on to another system once they were returned. Managers told us that there was work under way to move this to an electronic format with a pilot starting in August 2023, so that the triage could be done electronically to reduce the risk of errors in the booking process.

Following a clinic appointment, patients were given a paper outcome form to give to the receptionist, this showed the outcome of the appointment and whether they required another appointment. The receptionists had to input this information on to the computer system. Managers told us they were working with the IT department to change this system to an electronic outcome form that would be completed by the clinician following the appointment which was being trialled in the OAC.

Managers told us that the trust had plans to upgrade their digital systems and were planning to obtain a new Electronic Patient Record (EPR) system in 2025.

Outpatients

Learning from complaints and concerns

It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Patients, relatives and carers knew how to complain or raise concerns. The service clearly displayed information about how to raise a concern in patient areas. Staff understood the policy on complaints and knew how to handle them. Managers investigated complaints and identified themes. Staff knew how to acknowledge complaints and patients received feedback from managers after the investigation into their complaint. Managers shared feedback from complaints with staff and learning was used to improve the service. Staff could give examples of how they used patient feedback to improve daily practice.

Is the service well-led?

Inspected but not rated

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.

The OPD had a clear senior management leadership structure. Matrons from other departments were supporting OPD staff because the OPD matron had retired. A new matron had been recruited to start in September 2023. There was a team of band 7 nurses who managed the department daily alongside the matrons. Senior staff told us that they were well supported by matrons from other departments and had been buddied with other matrons for support.

The trust ran 4 outpatient departments in Dorset. Since the merger in 2020, the outpatient departments had been working together to share leadership and resources and develop mutual systems and processes.

Leaders had the skills and abilities to run the service, they were committed to providing safe patient care and supporting their staff. Staff told us leaders were visible and approachable. Staff told us they were well supported by their line managers.

During our inspection we met with the senior leadership team and local leaders. Senior leaders told us about the issues the service faced and plans they had to overcome these. The main risks were the administrative staffing levels, the risk of using partly paper-based referral management and the lack of capacity to book follow up appointments within their given timeframes.

Vision and Strategy

The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Outpatients

There was a clear vision and set of values including quality and sustainability. There was a realistic strategy for achieving the priorities and delivering good quality sustainable care. Staff knew and understood what the vision, values and strategy were, and their role in achieving them. The service had priorities such as eliminating all patients waiting over 65 weeks for treatment by March 2024 and were on target to achieve this, this was included in the trust Operational Plan for 2023/24.

There was a strategy aligned to local plans in the wider health and social care economy, and services had been planned to meet the needs of the relevant population. For example, the OAC had been set up to deliver care closer to the community and had included various stakeholders in the planning process including patient governors and the public at engagement events.

Progress against delivery of the strategy and local plans was monitored and reviewed. The trust had implemented an outpatient transformation programme with clear objectives and timelines, this was part of a Dorset-wide outpatient transformation programme.

Culture

Staff mostly felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

Staff we spoke to felt supported, respected, valued and were positive and proud to work in the organisation, they told us that the culture and morale in the OPD had improved. The culture was centred on the needs and experience of people who used services. Actions taken to address behaviour and performance was consistent with the vison and values, regardless of seniority.

The senior nurses had introduced ‘thank you Thursday’ a way of thanking colleagues, they had also arranged social events for all staff such as crazy golf and a staff barbeque. The department recently created a staff room with all staff involved in its development. Staff told us this had made a big difference for them as they did not have to leave the department for breaks.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution, and appropriate learning and action was taken because of concerns raised. The culture encouraged openness and honesty at all levels within the organisation, including people who used services, in response to incidents.

There were cooperative, supportive and appreciative relationships among staff. Teams and staff worked collaboratively, there were daily huddles where staff could raise issues. Staff told us they felt that ‘everyone is listened to equally’. Managers told us they worked together across all 4 outpatient sites, they met regularly to discuss issues and support each other, they were working together to standardise policies across the 4 OPD sites.

The annual NHS staff survey for the trust took place between October and November 2022. OPD Poole nursing staff results showed that 60.9% looked forward to going to work and 79% felt the organisation treats staff who are involved in an incident fairly. However, nearly three quarters of nursing staff (73.9%) in Poole OPD said they would feel secure raising concerns about unsafe clinical practice which is better than the national average of 70.7%. There was an action plan developed from the results of the staff survey, this included areas for the senior nursing team to focus on. For example, giving staff the opportunity to attend courses to gain new skills and looking at progression posts within the department.

Outpatients

Governance

Leaders operated effective governance processes. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. These were regularly reviewed and improved. Leaders monitored key safety and performance metrics such as the 18 week wait times.

Most levels of governance and management functioned effectively and interacted with each other. Some leaders told us there could be improvements in communication between the OPD and the medical and surgical care groups. The trust had 3 care groups; these oversaw the governance for medical, surgical and other specialities.

The OPD governance of waiting lists was managed by the individual specialisms that saw outpatients, for example, ophthalmology or urology and their wider core service. Governance arrangements were not coordinated as a single OPD. There were different committees that met to discuss performance and risk, their concerns were escalated to the Board of Directors.

Staff at all levels were clear about their roles and understood what they were accountable for, and to whom.

Management of risk, issues and performance

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.

The trust had systems for recording, reviewing and managing risks. There was a risk register for OPD, each risk had been given a score depending on the level of risk and these were reviewed regularly. For example, we saw minutes of meetings showing the risk score of for staffing levels had reduced as the service recruited more staff.

The OPD quality and risk group met monthly, we reviewed minutes of the meetings and saw that risks and issues were discussed and actions identified to reduce their impact. Leaders were clear on the links to trust wide groups and committees to escalate risks and issues.

There were arrangements for identifying, recording and managing risks, issues and mitigating actions. There was alignment between recorded risks and what staff said was ‘on their worry list’. The main risks were insufficient capacity to book follow-up appointments within due dates, outpatient staffing and the risk of using partly paper-based systems for referral triage. Board members were aware of the extreme risks, and these were reviewed by them monthly.

Information Management

The service collected data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. Not all information systems were integrated. Data or notifications were consistently submitted to external organisations as required.

Information was used to measure improvement. For example, the trust had recently achieved no patients waiting over 104 weeks for elective treatment. They analysed key performance data monthly and reported on this.

Outpatients

Staff had sufficient access to information, senior leaders showed us the 'outpatient dashboard' an IT function which supported specialities to understand where they were against the outpatient performance targets. There were clear service performance measures, which were reported and monitored with effective arrangements to ensure that the information used to monitor, manage and report on quality and performance was accurate. Reports of patient backlogs were regularly sent to individual specialities to manage their waiting lists.

There were arrangements to ensure data or notifications were submitted to external bodies as required. There were also arrangements (including internal and external validation) to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards. Lessons were learned when there were data security breaches. For example, during the test phase of a new system 20,000 text messages were sent in error. We saw meeting minutes of the incident and lessons learnt.

Not all information systems were integrated, this was a known risk on the trust risk register. There were plans to implement some changes in the short term to help mitigate these risks. Senior leaders told us there were plans to upgrade digital systems by 2025.

Engagement

Leaders and staff actively and openly engaged with patients and the public and to plan and manage services. They collaborated with partner organisations to help improve services for patients

People's views and experiences were gathered and acted on to shape and improve services. The service used the family and friends test to capture patient feedback. From April 2022 to March 2023, the OAC OPD had 714 responses and 87.3% of responses said their experience was very good and 10.8% good. However, the staff survey results showed that only 56.5% of staff felt able to make suggestions to improve the work of the team, and only 34.8% felt able to make improvements happen in their area of work.

There were positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and understanding of the needs of the relevant population, and to deliver services to meet those needs. The Dorset Elective Health Inequalities Group was established in 2022, they aimed to ensure that patients with a learning disability had their first outpatient appointment within 18 weeks, and they monitored population health data to assess the impact of the elective recovery programmes on patients' access, experience and outcomes.

The trust were part of the Outpatient Transformation Programme Steering Group, this was a collaboration between the trust and partners/stakeholders.

The OAC collaborated with partner organisations and included free services which supported individuals to move more, drink less, stop smoking and maintain a healthy weight.

Learning, continuous improvement and innovation

All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.

Leaders and staff aspired to continuous learning, improvement and innovation. The Trust had seen a progression of digital outpatient transformation in 2022/23 they had launched a patient portal (DrDoctor), installation of virtual consulting pods, extension of Bookwise (a scheduling system for the booking of clinics and rooms) room booking capability for Christchurch and Poole, and introduction of InTouch digital check in at Bournemouth and Christchurch hospitals.

Outpatients

The trust had started to implement patient initiated follow up (PIFU) this is when a patient initiates an appointment when they need one, based on their symptoms and individual circumstances. This ensures patients can see a specialist sooner than planned if they need to, as well as avoid an unnecessary trip to hospital if they have no need to be seen. It also helps clinicians manage their waiting lists in a safe and effective way. For patients, this means more choice and flexibility around when they access care.

The OAC was opened in 2021 as part of the trusts initiative to help tackle the backlog of outpatient appointments. Since then, they have expanded the roll out of high flow patient assessment clinics at the OAC to include 13 specialities including physiotherapy, dermatology, maternity and colorectal surgery. The service had been awarded a high commendation from the Health Service Journal Awards in 2022 in the 'Performance Recovery Award'.

There were standardised improvement tools and methods, and staff had the skills to use them. Learning from internal and external reviews was effective and included those related to mortality or death of a person using the service.

There were systems to support improvement and innovation work, data systems, and processes for evaluating and sharing the results of improvement work. For example, there was a health inequalities programme using data systems and processes to evaluate and improve the equity of access, experience and outcomes to reduce health inequalities.

Areas for improvement

Action the trust MUST take to improve:

OAC Outpatients

- The trust must continue to do all that is reasonably practicable to reduce waiting times to treatment. Regulation 12(2)(a)(b)

Action the trust SHOULD take to improve:

OAC Outpatients

- The trust should ensure staff receive training in how to interact appropriately with autistic people and people who have a learning disability. This should be at a level appropriate to their role. Regulation 18(2)(a).

- The trust should ensure that environmental audits are completed regularly and that they continue to challenge poor hand hygiene practice. Regulation 12(2)(h).

Our inspection team

A team of 1 inspector and 1 specialist advisor visited the Outpatient Assessment Centre (OAC) at Dorset Health Village. We spoke with 4 members of staff (including managers, nurses and healthcare assistants). We spoke with 3 patients.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment