

Poole Hospital NHS Foundation Trust

Quality Report

Longfleet Road
Poole
BH15 2JB
Tel: 01202 665511
Website: www.poole.nhs.uk

Date of inspection visit: 26-28 January and 8-10
February 2016
Date of publication: 25/05/2016

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?

Good



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

Poole Hospital is the hospital provided by Poole Hospital NHS Foundation Trust. The trust gained foundation status in 2007 and provides services to a local population of around 500,000 people, although this figure rises significantly between May and September each year, as Dorset is a popular holiday destination.

Poole Hospital has approximately 638 inpatient beds. The hospital provides the following services: urgent and emergency care, medical and older people's care, surgery, critical care, maternity and gynaecology care, care of the young person, end of life care, and outpatient and diagnostic services. We inspected each of these eight core services at the hospital.

Poole Hospital is the trauma unit for East Dorset and the designated Cancer Centre for Dorset, providing medical and oncology services for the whole of the county, serving an approximate population of 750,000.

We inspected this hospital as part of our planned, comprehensive inspection programme. We carried out an announced inspection visit to the hospital from 26-28 January 2016, and additional unannounced inspection visits from 8 -10 February 2016. The inspection team included a Chair, a CQC Head of Hospital Inspection, managers, inspectors, planners and analysts. Doctors, nurses, allied healthcare professionals, senior NHS managers and an 'expert by experience' were also part of the team.

We inspected the following core services at Poole 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.

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

We rated urgent and emergency care services, medical care, surgical services, maternity and gynaecology, end of life care and outpatient services as good, and critical care, and services for children and young people as requires improvement.

Our key findings were as follows:

Is the trust well-led?

- The trust had a five year strategy that aimed to deliver safe, high quality and patient-centred services in partnership. The strategy and services of the trust would be determined by the outcome of the Dorset Clinical Services Review. The trust strategy was focused on being the major emergency care site in East Dorset.
- Governance arrangements were well developed at the trust. There was a focus on patient experience, clinical effectiveness and patient safety. The trust could demonstrate progress and improvement against most of its quality improvement projects.
- The trust had been through a period of significant change. The leadership team showed passion, commitment and enthusiasm to develop and continuously improve services. The team were described as open and approachable with a collaborative way of working with staff.
- 'The Poole Approach' described a set of values for staff around patient focused compassionate care. This approach was well embedded as the culture of the trust. Staff were positive about working for the trust and the quality of care they provided. They described a trust culture that was open and patient focused.
- The NHS staff survey demonstrated staff engagement was in the top 20% of trusts nationally. The trust needed to ensure black, Asian and minority ethnic groups had similar equal opportunities and career progression. Action was being taken to improve this.
- Patient surveys 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. However, expected savings had not been achieved in all areas and the trust had increased costs based their on the casemix of emergency work, which was increasing,

Summary of findings

and staffing costs. The trust was continuing with its financial recovery plan to reduce its financial deficit and would need to negotiate its current position under the national sustainability transformation plans. .

Are services safe?

- Staff were encouraged to report incidents. The Trust overall had a culture of safety where incidents were mainly appropriately reported and followed up. Learning was shared and changes made as a result of this to improve the safety of services. However, clinical safety incidents were not consistently reported in the maternity service where midwives told us that they were unable to report all incidents due to staffing pressures. The children and young person's service had also not always ensured learning from incidents was embedded in practice.
- The rate of NRLS reported incidents per 100 admissions is 45% higher than the England average: 12.2 per 100 admissions, against an England average of 8.4 per 100 admissions. There was one never event reported in the trust and 88 serious incidents between August 2014 and July 2015.
- Patients arriving to the emergency department by ambulance were assessed and treated within national standard times. The trust time to treatment had been better than the England average since October 2013.
- Staff carried out risk assessments and management plans for patients in a timely way although this was not entirely robust within the care of the elderly wards. Some patient risk assessments and fluid charts on these wards were incomplete.
- The early warning score system needed to be used more reliably for the escalation of patients whose condition might deteriorate.
- In some operating theatres, staff did not follow the five steps for surgical safety reliably or accurately in order to minimise the risks to patients.
- The NHS safety thermometer is a monthly snap shot of the prevalence of avoidable harms, in particular new pressure ulcers, catheter-related urinary tract infections, venous thromboembolism (VTE) and falls. At the trust, from July to September 2015, the trust had identified 97% of care was harm free.
- Medicines were not consistently managed in some areas across the hospital. Medicines were not always kept safe at the correct temperature, or stored securely in line with current legislation, in the ED, critical care and surgery departments.
- Staff generally adhered to infection control procedures, but systems and processes for monitoring infection control standards in some services were not always reliable or appropriate to keep people safe. Premises and equipment were not always kept clean and cleaning was not always done in line with current legislation and guidance. Most wards and clinical areas were clean. However, areas in the delivery suite and ANDA were visibly dirty.
- In the Emergency Department, patients were sometimes at risk of harm as they did not always receive name-bands within an appropriate time; this meant they could have had the wrong treatment or care if they were unable to tell staff their name.
- Suitable equipment was available in all areas. Equipment was checked and stored appropriately in most clinical areas. However some of the equipment remained unchecked and unsuitable for immediate use in a post maternity clinic. Within the theatre complex, there was not a robust system for calling for emergency assistance.
- Staff understood their safeguarding responsibilities towards vulnerable adults and children, but in the ED, there was low take up of training for reception staff. In the medicine core service, there was no named safeguarding doctor for adult safeguarding.
- Mandatory training compliance was sometimes below the trust target, and this was often as a result of staffing levels, as staff could not always be released to attend.
- There were not consistent numbers of staff in terms of staffing levels and skill mix as planned by the trust on medical and older people's wards and in paediatrics. The Trust had tried to mitigate this risk by having on-going nurse recruitment which was successful in some areas. Midwives said they were regularly short-staffed and were not able to consistently provide one to one care to women during established labour.
- Medical staffing levels were mainly appropriate. There were areas where further recruitment was necessary.

Summary of findings

- In diagnostic imaging, staffing was a concern. There were five radiographer vacancies (25% of the workforce) affecting MR and CT scanning. Staff reported heavy workloads and concerns with the demands on the on-call rotas.
- Senior clinical staff were aware of the Duty of Candour regulation and the importance of being open and transparent with patients and families.

Are services effective?

- The treatment and care provided in most services took account of current evidence-based guidelines. However, although evidence-based guidelines for the care and treatment of sepsis patients in the emergency department were followed, although some records had important pre-sepsis checks omitted.
- Services participated in national and local audits. There was appropriate monitoring of performance against national targets although this needed to improve medical services and for end of life care.
- Pain relief was given in a timely manner. Pain scores were used as part of the normal observations to record patients' pain and to ensure that medicines for pain were effective. However, the use of pain tools designed for children were not being used within ED.
- Patients nutrition and hydration needs were met appropriately. Patients who required intravenous fluids had these prescribed, administered and recorded appropriately.
- Patients received drinks and food in a timely manner. There were protected mealtimes and staff to support patients who required extra help.
- Care and treatment for people following a stroke was below the national average and the trust had been slow to implement improvements.
- Patients were cared for by a multi-disciplinary teams working in a co-ordinated way. Staff reported good working relationships and clear lines of clinical responsibility with specialist teams who were called to review patients.
- Many services had developed across seven days a week. However, there were reported delays for patients who required mental health assessment out of hours and over the weekends: these services were supplied by a local mental health trust. Stroke inpatients also received significantly less physiotherapy than patients' nationally.

- Many staff had access to specific training to ensure they were able to meet the needs of the patients they delivered care to and there were educational opportunities available for all grades of medical and nursing staff.
- Staff had clinical supervision and appraisal, although appraisal rates for medical staff in the Emergency department were low.
- Staff had immediate access to patient information. There were robust systems and processes to ensure that information was kept secure, but was available to all clinical staff that needed access to them.
- Most staff followed consent procedures and had overall good understanding of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which ensures that decisions are made in patients' best interests.

Are services caring?

- All staff made a concerted and sustained effort to ensure that patients, carers and relatives were treated with kindness and support. We observed that staff were consistently kind and compassionate, putting the patient at the centre of care. Receptionists at the front door made a concerted effort to put any visitors or patients at ease, and this level of high support and regard continued throughout the hospital. Staff told us they were encouraged, no matter how busy, to stop to take time to help or reassure anyone in the hospital and this sometimes involved escorting people to unfamiliar areas, rather than just telling them how to get there.
- However, on the medical and care of the elderly wards, some concerns were expressed prior to our inspection about personal care, and staff understanding of people living with dementia. Further feedback from some patients and relatives on medical wards indicated they did not (always) feel informed or involved in decisions about their care. This inconsistency was also reflected in feedback we received at our listening /public engagement event immediately prior to our inspection.
- Many patients, relatives and families told us they were kept informed of plans for on-going care and treatment. They said they had been given personalised support, adapted to their ability to take on complex or emotional information.

Summary of findings

- Patients and their families were supported by staff to reduce anxiety and concern. They felt involved in the decision-making process and had been given clear information about treatment options: they then felt enabled to ask questions of senior medical and nursing staff and be supported to make the decision that was right for them or for their loved one. There was further emotional care from the chaplaincy and bereavement services, and counselling support where required for patients and families.
- Dignity and respect for patients was maintained at all times during treatment or examination. There were signs on curtains to remind staff and relatives that they needed to ask permission before entering.
- Overall, the trust consistently scored better than the England average for the Friends and Family test.
- The acute medical admissions ward, rapid assessment consultant evaluation unit (RACE), and medical investigations unit had contributed to the trust's ability to support older patients and manage the increasing pressures on beds.
- There were 32 medical outliers at the time of inspection. These patients were appropriately assessed, and there was a robust process to ensure junior and senior medical staff from the relevant speciality reviewed medical outliers regularly.
- In November 2015, 93% of patients with fractured neck of femur had surgery with 36 hours of being medically fit, 96% within 48 hours and 89% within 24 hours of being medically fit.
- The trust had identified patient flow through the hospital as a significant concern. In the period October to December 2015, the trust had mixed achievements in meeting the 18 week incomplete pathway for referral to treatment (RTT) standard. National standards detail that 92% of patients should start treatment within 18 weeks of referral for treatment. This data was for patients who were having elective procedures carried out at the hospital. General surgery and trauma and orthopaedic service met this target. However, ENT and oral surgery services did not meet this target, with compliance rates ranging from 87% to 91%.

Are services responsive?

- At the time of the inspection the hospital's services, and those of other acute hospitals in Dorset, were subject to the Dorset Clinical Services Review to redesign and improve quality of care for people in the county.
- Bed occupancy in the hospital ranged between 86-98%. 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 from ED within 4 hours had varied through the year. The target was met between May 2015 and August 2015, and again in September 2015. Overall the trust performance had been in line of better than the England average.
- The trust reported 72 black breaches between November 2014 and October 2015. This is when ambulances are not able to hand over patients within one hour. A lack of physical capacity in the hospital was the main reported reason for this. The ambulance median time to treatment was around the standard of 60 minutes.
- The percentage of patients waiting 4 -12 hours in the emergency department for a bed in the hospital had been decreasing since October 2014. However, the trust still remained below the England average.
- The hospital's cancellation rate for operations was similar to the England average. The percentage of patients whose operation was cancelled and were not treated within 28 days was lower (better) than the England average.
- The critical care unit had a low rate of elective surgical operations being cancelled because a critical care bed was not available. However, patients fit for wards were not always transferred out of critical care within 24 hours. Thames-Valley and Wessex networks leads carried out a review in July 2015. The trust was identified as an outlier on the NHSE national dashboard. A further review was planned for January 2016.
- In critical care, there were 39% of delayed discharges over 12 hours to wards due to lack of bed availability in the rest of the hospital, which meant patients could not be discharged to a ward at the earliest opportunity. There was an action plan in place which included meeting with director of operations to discuss this issue and identify solutions. This would be

Summary of findings

fed into the Best Practice Organisational Flow Group. The trust had recognised this was an ongoing problem and was not meeting NHS England key performance indicator.

- Senior managers in maternity told us they had not completed an assessment of needs to analyse how the service should be planned and delivered to local people. However, they had used feedback and data to develop a strategy for maternity services. The trust wide bed occupancy rates for maternity and gynaecology were higher than the England average and fluctuated between 65% and 83%. For example, from April 2015 to June 2016 the trust reported a bed occupancy rate of 82.8% compared with the England average of just over 60%.
- Pregnant women had prompt access to maternity services. The national and trust target for booking women for ante natal care by 12 weeks and 6 days gestation was 90%. The hospital consistently exceeded the trust and national targets for April 2015 to September 2015 with an average of 96.2% of women booked within the timeframe.
- Staff told us the 24 hour paediatric assessment unit improved patient flow. They felt having a facility whereby patients could be observed for longer than four hours allowed the paediatric team to reduce their admission rate to inpatient areas. GPs could refer children to the assessment unit, and following triage children were then admitted or they could return home. There was a system for recording waiting time within the assessment unit.
- The trust short notice cancellation rate for outpatient appointments was lower (better) than the England average. 'Did not attend' rates were also lower (better) than the England average and phone calls and texts were used to remind patients of appointments.
- The trust was meeting cancer waiting times for patients to see a specialist within 2 weeks and from decision to treat to first definitive treatment within 31 days. The trust also met the waiting times target for from 2 Week Wait referral to first definitive treatment within 62 days (April 2014 to October 2015) in 14 out of the 19 months. Overall performance for this period was 86.6% (target ≥85%).
- The hospital delivered patient centred end of life care in a responsive and timely way. The hospital specialist palliative care teams assessed newly referred patients

within 24 hours as outlined in the Operational Policy for the Poole Palliative Care Service. The community specialist palliative care nurses assessed patients within three days of the referral.

- The trust operated a Rapid Discharge Home to Die (RDHD) pathway which served to discharge a dying patient who expressed wanting to die at home within 24 hours. However, this was not monitored appropriately.
- The trust was working in partnership with social care services to effectively support the discharge or patients, particularly patients with complex needs.
- Clinical staff did not always know how to access information to support them in meeting the needs of patients with a learning disability. There was not a specialist nurse, team or link nurse scheme to support where staff could receive advice and support to enable them to support these patients effectively.
- There was a clear and comprehensive complaints process. Staff understood how to manage complaints and there was evidence of learning from concerns and complaints. Patient feedback was sought and welcomed across the trust. This feedback was obtained from patient surveys and comment cards. The comments were largely positive.

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. Staff used "The Poole Approach" (a delivery method of ensuring patients and relatives were at the heart of their care) as a daily strategy for internal and external communications.
- Staff felt that the executive team provided a strong, visible and supportive presence within the trust. Staff were positive about all the directors in the trust. However, some identified that some senior staff who attended bed meetings as obstructive and unsupportive. They also described difficulties in accessing these staff. For example, some senior nurses described having to wait in a corridor for up to an hour for requests for extra staff to be signed and agreed.
- The Director of Nursing provides end of life care leadership at trust board level and had good oversight of end of life care issues across both specialist palliative care and the acute medical wards.

Summary of findings

- The trust was part of the ongoing Dorset wide clinical service review and the Developing One Dorset vanguard to integrate acute care. Most services had developed interim strategic plans within this context. However, there was not a service-wide strategy or vision for paediatric services. The paediatric service had lacked leadership at a senior nursing level until an acting matron was appointed in January 2016. Senior managers in paediatrics and maternity services did not consistently demonstrate an understanding of current service risks.
- Some services had effective clinical governance arrangements to monitor quality, risk and performance, but some local risk registers did not always reflect all of the concerns described to us by staff, or provide sufficient detail on actions being taken. The risk registers did not include key issues such lack of staffing on the paediatric wards or the maternity concerns regarding delays to care and the inability to consistently provide one to one care in labour. A few issues, such as paediatric staffing levels not being as planned, had not been formally raised to the executive team.
- Staff told us they were proud to work for their trust and some had done so for many years.
- Patient feedback was mainly through surveys and there was less evidence of other engagement opportunities.
- There was active participation in research and quality improvement projects, and the Outpatient and Diagnostics departments had highlighted much innovative practice.
- The rapid assessment consultant evaluation (RACE) unit provided a high multi-disciplinary quality of care specifically for older patients, over the age of 80. The unit provided a seven day service and was reducing the number of elderly patient admissions and the length of stay for elderly patients that were admitted.
- For neonates, children and young people receiving palliative care, the trust had designed a special unit called the Gully's Place Suite. This was a purpose-designed space which provided privacy and dignity for parents and families of babies, children and young people who required palliative and end-of-life care.
- Nuclear medicine was an exceptionally well led multidisciplinary service. They have had an increasing workload, with no breaches of waiting times. Patients interviewed confirmed an outstanding level of care, information to provided patients and concerns responded to appropriately. The department has also safely introduced two new radio pharmaceuticals based on scientific evidence. Medical Physics have developed a new dental phantom; a commercial product.
- Non-invasive cardiology in CT and MRI imaging have reduced the need for invasive tests on patients with low and medium risk of coronary disease whilst ensuring high risk patients are transferred quickly to the neighbouring hospital. There is excellent team working between cardiology and radiology to provide this service.

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

Importantly, the trust **must** ensure:

We saw areas of outstanding practice including:

- The trust had developed a set of values called "The Poole Approach". The Poole Approach was established in the early 1990s as a philosophy of care. It pledges that staff at Poole Hospital will strive at all times to provide friendly, professional, patient-centred care with dignity and respect for all. These values were well embedded with staff working in the hospital. Staff were consistently kind and compassionate, putting the patient at the centre of care. Receptionists at the front door made a concerted effort to put any visitors or patients at ease, and this level of high support and regard continued throughout the hospital. Staff told us they were encouraged, no matter how busy, to stop to take time to help or reassure anyone in the hospital.
- Action is taken to improve the cleanliness of clinical areas at St. Marys hospital and this is monitored to ensure good infection control practices.
- Delivery rooms meet with Department of Health regulations
- A review of the midwifery staffing to ensure sufficient staff are available to provide one to one care in labour.
- Medicines are stored at the appropriate fridge temperature and are recorded daily.
- Medicines are stored safely and securely including intravenous fluids. This should be in line with current legislations, trust's policies and standard operating procedures.

Summary of findings

- Appropriate dates are placed on medicines once opened.
- Patient group directions are correctly completed and in-date for staff to use.
- Flooring is accessible for cleaning purposes and that equipment is clean and protected from dust.
- There is a process for calling for emergency assistance in the theatre complex.
- There is appropriate support for patients with a learning disability including better flagging and referral for patients to specialist
- Equipment on the wards is in date and stored in a safe manner.
- The five steps to safer surgery checklist is appropriately completed.
- Review the emergency theatre arrangements to ensure patient safety and wellbeing is not adversely affected.
- The staffing levels and skills mix is assessed in all areas and staffing is delivered as planned.
- Patient records are secure stored so as not to breach patient confidentiality and to prevent unauthorised access, particularly in medicine and maternity departments.
- Risk register includes all factors that may adversely affect patient safety.
- Learning from incidents are embedded in practice.
- Implement a flagging alert system to identify Looked After Children within the trust
- Ensure secure access arrangements are in place to the paediatric unit out of hours.
- Implement policies and protocols for children and young people for absconding or for restraint.
- Patients and members are informed of the public of the safety thermometer results.
- Where relevant, DNA CPR forms must be endorsed by a consultant grade doctor.
- There is a clear and measurable action plan which details how they will improve patient outcomes with regard to the organisational targets and key performance indicators as measured in the National Care of the Dying Audit.
- Service leads review how they use data to improve patient outcomes.
- An end-of-life care policy is developed that addresses the withdrawal and withholding of life-sustaining treatment for critical care patients.
- End of life care patients are given sufficient opportunity to identify their preferred place of care.
- There are no mixed sex breaches in critical care.

The trust should ensure

- Update the Being Open Policy to ensure there is specific and appropriate reference to Duty of Candour.
- Arrangements for safeguarding continue to improve.
- Action is taken to improve assurance around risk.
- Actions as a result of Workforce Race Equality Indicators are implemented quickly.
- There is an effective response to staff concerns around areas identified as inflexible.
- Further develop patient and public engagement.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Poole Hospital NHS Foundation Trust

Poole Hospital is the hospital provided by Poole Hospital NHS Foundation Trust. The trust gained foundation status in 2007 and provides services to a local population of around 500,000 people, although this figure rises significantly between May and September each year, as Dorset is a popular holiday destination.

Poole Hospital has approximately 638 inpatient beds. The hospital provides the following services: urgent and emergency care, medical and older people's care, surgery, critical care, maternity and gynaecology care, care of the young person, end of life care, and outpatient and diagnostic services. Poole Hospital is the trauma unit for East Dorset and the designated Cancer Centre for Dorset, providing medical and oncology services for the whole of the county, serving an approximate population of 750,000

The Trust has an unusual case-mix, undertaking a very high proportion of non-elective work, with only 15 acute trusts across the country delivering a higher percentage of non-elective activity. Given the distribution of acute services within east Dorset, the Trust does not provide the usual range of elective services, with orthopaedics, urology, ophthalmology and interventional cardiology being largely provided by the neighbouring trust in Bournemouth.

There are 3,180 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 from 26-28 January 2016, and additional unannounced inspection visits from 8 -10 February 2016. The inspection team included a Chair, a CQC Head of Hospital Inspection, managers, inspectors, planners and analysts. Doctors, nurses, allied healthcare professionals, senior NHS managers and an 'expert by experience' were also part of the team.

We inspected the following core services at Poole 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.

Our inspection team

Our inspection team was led by:

Chair: Dr Nick Bishop (retired) Medical Director; National Professional Advisor at CQC

Head of Hospital Inspections: Joyce Frederick Care Quality Commission

The team of 49 included CQC managers, inspectors and analysts, and a variety of specialists including a consultant in intensive care medicine, consultant

gynaecologist and obstetrician; consultant surgeon; consultant geriatrician, consultant radiologist; consultant paediatrician, specialist registrar doctor with experience in emergency medicine, emergency care consultant nurse, midwife, theatre nurse, paediatric nurse, neonatal nurse, palliative and end of life care nurse; critical care nurse; board-level clinicians and managers, a governance lead; two safeguarding leads, a junior doctor and one expert by experience.

Summary of findings

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 Poole Hospital during 26-28 January 2016. We visited unannounced during the period 8-10 February 2016.

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included Dorset 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 listening events at a local library and shopping centre on 14 January 2016. This enabled local people to tell us about their views and experiences of Poole Hospital 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. 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 Poole Hospital.

What people who use the trust's services say

- We held public listening events, on Thursday 14 January 2016. We spoke to 50 people. We met them in Poole Library and at a local shopping centre. We also received 54 enquires for people who 'shared their knowledge' with us via our website and phone enquiries. Overall people gave us mixed views about the trust:

The majority of comments were positive:

- Staff were described as conscientious, caring, reassuring, helpful and friendly
- Staff 'very good at dealing with people from all walks of life in a fair and compassionate way.
- Good care on stroke unit
- Improved facilities for the deaf
- Tender care at Forest Holme hospice

The negative comments were on the following:

- Patients had concerns with elderly care, delays to outpatient appointments and disappointing end of life care.

- Staff were not always very good at explaining problems.
- Lack of support for breastfeeding
- Long waits for routine appointments' (Audiology)
- The multi-storey car park was impossible to use for wheelchair users.
- The results of the NHS Friends and Family Test (FFT) - Trust scored above the England average for inpatient wards (August 2014 - July 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): The trust performed similar to other trusts for all questions. Two questions was in top 20% of trusts, if staff explain why tests were needed and if staff gave patients the results of tests in a way they could understand.

Summary of findings

- 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 but scored better than other trust for 7 questions and worse than other trusts for 4 questions.
- CQC Children's survey (2014): The trust scored similar to other trusts overall and was better than other trusts for three questions related to staff provided information and advice about care and treatment.
- Maternity survey. CQC's Survey of Women's Experiences of Maternity Services 2015: The trust scored similar to other trusts for 10 questions but was worse than other trusts for six questions these mainly related to staff care, explanation and involving women during birth and labour.
- 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 higher than the national average for cleanliness (100%, compared to 98% nationally), food (93%, compared to 88%), facilities (94%, compared to 90%) and privacy, dignity and well-being (90%, compared to 86%).

Facts and data about this trust

Poole Hospital NHS Foundation Trust

Key facts and figures

Context and activity.

- This organisation has one location: Poole Hospital, which provides services to a local population of 280,000 in Poole, East Dorset and Purbeck. This rises between May and September to approximately 500,000 as it is a popular holiday destination.
- There are 638 inpatient beds. In 2014-2015, there were 36,682 inpatient admissions, 346,384 outpatient attendances, and 66,118 ED attendances.
- The Clinical Commissioning Group (CCG) for this trust is Dorset CCG.
- In January 2016, the trust employed 3180 (Whole Time Equivalents) staff, of which 420 were medical, 898 nursing and 1862 'other'.
- The trust has an annual turnover of £215,321,000, and in 2014/15 the deficit was (-) £4,940,000.
- Bed occupancy overall was higher than the England average.

Safety (trust wide).

- There was one never event reported in the trust and 88 serious incidents between August 2014 and July 2015.
- There were 8,884 events reported to the National Reporting and Learning System (NRLS) in August 2014

– July 2015. The rate of NRLS reported incidents per 100 admissions is 45% higher than the England average: 12.2 per 100 admissions, against an England average of 8.4 per 100 admissions.

Number of incidents - % (England average)

Deaths 1 - 0.01% (0.1%)

Severe harm 1 - 0.01% (0.4%)

Moderate harm 182 - 2.0% (4.0%)

Low harm 3124 - 35.1% (21.8%)

No harm 5576 - 62.7% (73.7%)

- There were 19 cases of C Diff in this trust between August 2014 and July 2015, and one case of MRSA.

Effective (trust wide)

- There were no mortality risks identified for the trust in the May 2015 Intelligent Monitoring report.

Caring (trust wide)

- This trust performed similarly to other trusts in the CQC 2015 in-patient survey. It had consistently better scores than the England average for both the PLACE indicators and the Friends and Family test.
- The trust has had a steady number of complaints between 2011 and 2015 with no discernible trends. There has been a 10% increase in complaints over this period.

Responsive (trust wide)

Summary of findings

- A&E four hour standard – not always met; but overall above the England average. 95% target met for five months from April to September 2015. 90% was achieved for a further 5 months from January 2015-16.
- Performance data showed, overall, the hospital was achieving the referral to treatment times for 92% of patients to be on a waiting list for less than 18 weeks for surgery.
- 46% of delayed transfers of care in the trust are due to “waiting for further NHS non-acute care” or “awaiting care package in own home” (both higher than the England average. Compared to the England average, the number of patients delayed due to “completion of assessment” is relatively low. (see figures below).
- There were 3142 patients awaiting residential home placement or availability; that equates to a percentage of 17.1% which is higher than the England average of 10.9%
- There were 2639 patients awaiting nursing home placement or availability; that equates to a percentage of 14.3% which is higher than the England average of 12.6%
- 1564 patients were awaiting completion of assessment; that is 8.5% which is much lower than the England average of 18.1%
- The trust was meeting cancer waiting times for patients to see a specialist within 2 weeks and from decision to treat to first definitive treatment within 31 days. The trust also met the waiting times target for from 2 Week Wait referral to first definitive treatment within 62 days (April 2014 to October 2015) in 14 out of the 19 months. Overall performance for this period was 86.6% (target ≥85%).

Well led (trust wide)

There are 3180 (WTE) staff working in this trust. The numbers of staff by staff type are given below.

Staff type

FTE (% BME figures not available)

Nurses 898

Doctors 420

Other 1862

Total 3180

(NB: ‘Other’ includes AHPs, other clinical staff including healthcare and maternity care assistants, and non-clinical staff.)


- Staff sickness absence rate has varied across time, but the rate has been lower than the England average.
- As at March 2015, the contracted WTE medical headcount was approximately 418, and the skill mix percentage for each grade of doctor is: Consultants 39.37%, Middle Career 11.58%, Registrar group 33.17% and Juniors 15.88% (total 100%).
- Performed similar to the England average for the majority of indicators in the NHS Staff Survey, but also achieved 5 positive findings and 6 negative findings (out of 31 indicators).
- Performed as expected to the England average for all indicators in the GMC National Training Scheme Survey.

CQC intelligent monitoring

- In the latest Intelligent Monitoring report (November 2015), this trust had two 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 1.6 %. The risks identified were potential under-reporting of patient safety incidents resulting in death or severe harm and composite of Central Alerting System (CAS) safety alerts indicators.

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 report for Poole Hospital.</p> <p>The trust safety plan outlines how the trust will the national ‘Sign up to Safety’ initiative and its aims to reduce harm in the NHS by 50% over the next 3 years (2015 – 2018). The plan covers changes in leadership and organisational structure, clinical themes to decrease failures in treatment and diagnosis (eg reducing harms, safe handover and discharge and identifying the deteriorating patient, treatment for Sepsis and Acute Kidney Injury), how to improve learning from experience and improve patient engagement (no decision without me). There were actions to monitor and change practice based on findings.</p> <p>We identified areas that required improvement. In many areas safety standards were being adhered to but not consistently and this put patients at risk. We identified particular areas that required improvement were staffing, 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">• Patients arriving to the emergency department by ambulance were assessed and treated within national standard times.• Staff carried out risk assessments and management plans for patients in a timely way although this was not entirely robust within the care of the elderly wards. Some patient risk assessments and fluid charts on these wards were incomplete.• The early warning score system was being used but this needed to be used more reliably for the escalation of patients whose condition might deteriorate.• In some operating theatres, staff did not follow the five steps for surgical safety reliably or accurately in order to minimise the risks to patients.	<p>Requires improvement</p> 

Summary of findings

- At the trust, from July to September 2015, the trust had identified 97% of care was harm free. The trust target was 100%. There were higher numbers of falls and pressure ulcers than expected.

Duty of Candour

- The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of 'certain notifiable safety incidents' and provide reasonable support to that person. The Duty of Candour regulation which came into effect in the NHS on 27 November 2014. The trust had a Being Open Policy which referenced Duty of Candour but the policy had not been specifically updated with the details of this regulation.
- 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.

Safeguarding

- Trust had groups for safeguarding adults and children. The safeguarding adults policy was still in the process of review following changes to the policy by the local safeguarding adults board. The trust safeguarding executive lead is the Director of Nursing. An assistant director of nursing is the safeguarding adults lead and there was a named doctor, nurse and midwife 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 and the Lampard review. Actions had been taken through the safeguarding groups. There were specific policies and or work streams under development for female genital mutilation (FGM), allegation management, Prevent, domestic violence and child sexual exploitation.
- The trust was working with partners to ensure an area wide approach to adult safeguarding issues. Many of the adult safeguarding issues were identified around discharge, and there were several concerns around therapy and inappropriate manual handling equipment/care planning to maintain safety post discharge. Also the importance of involving family/carers in assisting to manage challenging behaviour.

Summary of findings

- The trust was working with partners to ensure an area wide approach to child protection. The trust complied with multi-agency standards for child protection which reflected the national agenda. The annual report demonstrated a multi-agency approach to safeguarding issues and learning (with the emphasis on reflective practice) occurring as a result. 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.
- By November 2015, 76% of staff had completed adult training against a trust target of 90%. Trust targets had been met for children's safeguarding 90% of designated staff working in or around children had completed Level 1, 91% level 2, and 92% level 3. There was variation amongst staff groups and more estates and ancillary staff needed to complete this training.

Incidents

- Staff were encouraged to report incidents. The Trust overall had a culture of safety where incidents were mainly appropriately reported and followed up. Learning was shared and changes made as a result of this to improve the safety of services. However, clinical safety incidents were not consistently reported in the maternity service where midwives told us that they were unable to always report incidents due to staffing pressures. The children and young person's service had also not always ensured learning from incidents was embedded in practice.
- The rate of NRLS reported incidents per 100 admissions is 45% higher than the England average: 12.2 per 100 admissions, against an England average of 8.4 per 100 admissions. There was one never event reported in the trust and 88 serious incidents between August 2014 and July 2015.
- The trust had reported 8,884 incidents to the NRLS from August 2014 to July 2015. This was above the England average. Incidents were appropriately graded and the majority (98%) 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) 0.01%. The majority of serious incidents had been for slips, trips and falls and pressure ulcers (grade 3 and 4). We found that incidents had been investigated through root cause analysis and the learning implemented.

Staffing

Summary of findings

- The trust had an ongoing recruitment campaign to improve staffing levels. There have been increases in nursing and medical staff. The trust had identified nurse staffing levels using the safer nursing care tool.
- There were not consistent numbers of staff in terms of staffing levels and skill mix as planned by the trust on medical and older people's wards and in paediatrics where safer staffing levels were not always met. The Trust had tried to mitigate this risk by having on-going nurse recruitment which was successful in some areas. Midwives said they were regularly short-staffed and were not able to consistently provide one to one care to women during labour.
- The care groups reported monthly on nurse staffing numbers. Staffing numbers were identified based on the acuity tool used by the trust and were being reviewed as part of a new electronic monitoring system. Fill rates in October 2015 were 96% for registered nursing during the day and 102% at night, and 103% for healthcare assistant staff during the day and 113% at night. However, this varied and there were wards with much lower fill rates (below 85% for registered nursing staff at times). Staff were able to escalate requests for staff needs but there was a high reliance on bank and agency staff in some places. There were requests for additional staff when planned levels were not met and these requests were not always filled to provide cover.
- There had been recruitment of nursing staff. However, vacancy levels were still high on some wards, particularly on the medical, elderly care, paediatric wards and in maternity. Appropriate staffing levels had not been identified for some time in maternity and paediatrics. The trust had introduced a new electronic rostering system to improve nursing allocations. Some staff found the system inflexible in determining shifts but many staff commented on the positive change in terms of providing more up to date information. Staff had also identified the need for the trust to have a better response and understanding around changes with patient acuity and dependency. Dependency reviews were embedded on some wards but not all.
- Medical staffing levels were mainly appropriate. There were areas where further recruitment was necessary.

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.

Good



Summary of findings

Overall we rated the effectiveness of the services at the trust as 'good'. For specific information, please refer to the report for Poole Hospital.

Evidence-based care and treatment

- The treatment and care provided in most services took account of current evidence-based guidelines. Evidence-based guidelines for the care and treatment of patients were followed. A few areas, such as critical care, needed to ensure guidelines were up to date.
- Services participated in national and local audits. There was appropriate monitoring of performance against national targets although this needed to improve in medical services and for end of life care.
- Each clinical service area had an audit programme. Audits in most areas were prioritised based on national audits, or local issues. The majority of audits were being undertaken as planned and this was monitored.
- The trust reviewed NICE guidance to agree its use and to monitor implementation across services.
- Pain relief was given in a timely manner. Pain scores were used as part of the normal observations to record patients' pain and to ensure that medicines for pain were effective. However, the use of pain tools designed for children were not being used within ED.
- Patients nutrition and hydration needs were met appropriately. Patients who required intravenous fluids had these prescribed, administered and recorded appropriately.

Patient outcomes

- Services participated in national and local audits which showed, overall, outcomes for patients as being similar to other trusts. However, the trust had worse outcomes for Stroke care, heart failure and end of life care and in some areas improvements had been slow to implement.
- The trust mortality rates were within expected range. There was no difference between weekday and weekend mortality.
- The trust Mortality Steering Group monitored any significant variations in overall or diagnosis specific mortality and took action where this is observed. The group undertook regular patient case note reviews and shared the learning from these with staff.

Multidisciplinary working

Summary of findings

- Patients were cared for by a multi-disciplinary teams working in a co-ordinated way. Staff reported good working relationships and clear lines of clinical responsibility with specialist teams who were called to review patients.
- Many services had developed across seven days a week. However, there were reported delays for patients who required mental health assessment out of hours and over the weekends: these services were supplied by a local mental health trust. Stroke inpatients also received significantly less physiotherapy than patients' nationally.

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Most 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.
- The majority of 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms were appropriately completed. Some areas still required improvement, for example, consultant sign off for the decision.

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 reports for Poole Hospital.

Compassionate care

- Patients told us, and we observed, that staff were kind and compassionate, putting the patient at the centre of care.
- All staff made a concerted and sustained effort to ensure that patients, carers and relatives were treated with kindness and support. We observed that staff were consistently kind and compassionate, putting the patient at the centre of care. Receptionists at the front door made a concerted effort to put any visitors or patients at ease, and this level of high support and regard continued throughout the hospital. Staff told us

Good



Summary of findings

they were encouraged, no matter how busy, to stop to take time to help or reassure anyone in the hospital and this sometimes involved escorting people to unfamiliar areas, rather than just telling them how to get there.

- The Friends and Family test results (July 2015) showed that 98.6% of patients completing the survey agreed that they would recommend the hospital to family and friends. Overall, the trust consistently scored better than the England average for the Friends and Family test.
- 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.
- Dignity and respect for patients was maintained at all times during treatment or examination. There were signs on curtains to remind staff and relatives that they needed to ask permission before entering.

Understanding and involvement of patients and those close to them

- Many patients, relatives and families told us they were kept informed of plans for on-going care and treatment. They said they had been given personalised support, adapted to their ability to take on complex or emotional information.
- However, on the medical and care of the elderly wards, some concerns were expressed about personal care, and staff understanding of people living with dementia. Further feedback from some patients and relatives on medical wards indicated they did not (always) feel informed or involved in decisions about their care. This inconsistency was also reflected in feedback we received at our listening /public engagement event immediately prior to our inspection.

Emotional support

- Patients and their families were supported by staff to reduce anxiety and concern. They felt involved in the decision-making process and had been given clear information about treatment options: they then felt enabled to ask questions of senior medical and nursing staff and be supported to make the decision that was right for them or for their loved one. There was further emotional care from the chaplaincy and bereavement services, and counselling support where required for patients and families.

Summary of findings

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 reports for Poole Hospital.

Service planning and delivery to meet the needs of local people

- The trust operational plan 2014-16 had not anticipated any significant service change or increase in activity. The plan was to develop a financial recovery transformation programme, ensure the trust continued to provide safe, safe, effective and high quality services, improve maintenance of the estate, and improve the resilience of emergency services, and work in partnership to develop services across Dorset as part of the clinical services review. There had been an increasing number of emergency admissions and the trust still had challenges in effectively managing patient admissions through the emergency department. Some of the trust plans for high risk maintenance were 'on hold' because of the Dorset Clinical Service Review. For example, the maternity delivery unit in St Mary's Hospital was not fit for purpose and required refurbishment.
- The trust was undertaking 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, the acute medical admissions ward, rapid assessment consultant evaluation unit (RACE), and medical investigations unit had contributed to the trust's ability to support older patients and manage the increasing pressures on beds. Staff said this was a great help in coordinating discharge arrangements for patients. Hospital therapy services worked in community teams to support patient discharge.

Meeting people's individual needs

- Support for people with a learning disability needed further development. Clinical staff did not always know how to access information to support them in meeting the needs of patients with a learning disability. There was not a specialist nurse, team or link nurse scheme to support where staff could receive

Requires improvement



Summary of findings

advice and support to enable them to support these patients effectively. The trust did not have a flagging system to identify people with a learning disability and the use and understanding of the care passport was inconsistent.

- Trust areas are wheelchair accessible although patients and the public identified problems with wheelchair access via the multi-storey car park.
- 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 provide a new 24 hour service model.
- All wards we visited provided care for patients in single sex accommodation bays, in line with Department of Health requirements. However, the environment on critical care did not support this.
- An interpreting service was available for people who may have communication or language difficulties. Staff were generally aware of how to access this. All information for patients was only available in English, however this could be available in other languages or other formats if requested.

Access and flow

- The trust was managing a high number emergency admissions and demand for services. The bed occupancy rate was higher than the England average.
- Performance in meeting national emergency access target for 95% of patients to be admitted, transferred or discharged from ED within 4 hours had varied through the year. The target was met between May 2015 and August 2015, and again in September 2015. Overall the trust performance had been in line or better than the England average but averaged approximately 91%.
- The trust reported 72 black breaches between November 2014 and October 2015. This is when ambulances are not able to hand over patients within one hour. A lack of physical capacity in the hospital was the main reported reason for this. The ambulance median time to treatment was around the standard of 60 minutes.
- The percentage of patients waiting 4 -12 hours in the department for a bed in the hospital had been decreasing since October 2014. However, the trust still remained below the England average. There were 32 medical outliers at the time of

Summary of findings

inspection. These patients were appropriately assessed, and there was a robust process to ensure junior and senior medical staff from the relevant speciality reviewed medical outliers regularly.

- The trust had identified patient flow through the hospital as a significant concern. In the period October to December 2015, the trust had mixed achievements in meeting the 18 week incomplete pathway for referral to treatment (RTT) standard. National standards detail that 92% of patients should start treatment within 18 weeks of referral for treatment. This data was for patients who were having elective surgical procedures carried out at the hospital. General surgery and trauma and orthopaedic service met this target. However, ENT and oral surgery services did not meet this target, with compliance rates ranging from 87% to 91%. The hospital's cancellation rate for operations was similar to the England average. The percentage of patients whose operation was cancelled and were not treated within 28 days was lower (better) than the England average.
- The critical care unit had a low rate of elective surgical operations being cancelled because a critical care bed was not available. However, patients fit for wards were not always transferred out of critical care within 24 hours. Thames-Valley and Wessex networks leads carried out a review in July 2015. The trust was identified as an outlier on the NHSE national dashboard. A further review was planned for January 2016.
- In critical care, there were 39% of delayed discharges over 12 hours to wards due to lack of bed availability in the rest of the hospital, which meant patients could not be discharged to a ward at the earliest opportunity. This had resulted in mixed sex breaches. There was an action plan in place which included meeting with director of operations to discuss this issue and identify solutions. This would be fed into the Best Practice Organisational Flow Group. The trust had recognised this was an ongoing problem and was not meeting NHS England key performance indicator.
- Maternity senior managers had not completed an assessment of needs to analyse how the service should be planned and delivered to local people. This meant the managers could not be assured the service provided appropriate care to meet the needs of the local population. The trust wide bed occupancy rates for maternity and gynaecology were higher than the England average and fluctuated between 65% and 83%. For example, from April 2015 to June 2016 the trust reported a bed occupancy rate of 82.8% compared with the England average of just over 60%.

Summary of findings

- Pregnant women had prompt access to maternity services. The national and trust target for booking women for ante natal care by 12 weeks and 6 days gestation was 90%. The hospital consistently exceeded the trust and national targets for April 2015 to September 2015 with an average of 96.2% of women booked within the timeframe.
- Staff told us the 24 hour paediatric assessment unit improved patient flow. They felt having a facility whereby patients could be observed for longer than four hours allowed the paediatric team to reduce their admission rate to inpatient areas. GPs could refer children to the assessment unit, and following triage children were then admitted or they could return home. There was a system for recording waiting time within the assessment unit.
- The trust short notice cancellation rate for outpatient appointments was lower (better) than the England average. 'Did not attend' rates were also lower (better) than the England average and phone calls and texts were used to remind patients of appointments.
- The hospital delivered patient centred end of life care in a timely way. The hospital specialist palliative care teams assessed newly referred patients within 24 hours as outlined in the Operational Policy for the Poole Palliative Care Service. The community specialist palliative care nurses assessed patients within three days of the referral.
- The trust operated a Rapid Discharge Home to Die (RDHD) pathway which served to discharge a dying patient who expressed wanting to die at home within 24 hours. However, this was not always monitored appropriately.

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 care policy 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

Summary of findings

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. Senior doctors working in elderly care provided a seven day service.
- Poole Hospital had participated in the Kings Fund Enhancing the Healing Environment (EHE) project for patients with Dementia and had refurbished Lulworth ward within the Philip Arnold Unit to make these dementia care friendly environments.
- 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 was working with Poole Alzheimer’s Society to create a hospital dementia community.
- 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 99% compliance in September 2015. The trust was also developing further indicators to measure readmission, deaths, length of stay, falls and discharge.

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. The care groups were responsible for handling complaints and they were supported by the complaints team. Complaints were reviewed by the

Summary of findings

patient liaison manager and signed by the chief executive. There were monthly reports to the care groups, quarterly reports to the board and relevant committees, and an annual report to the trust board.

- Staff understood how to manage complaints and there was evidence of learning from concerns and complaints. Patient feedback was sought and welcomed across the trust. This feedback was obtained from patient surveys and comment cards. The comments were largely positive.
- During 2014/15 the trust handled a total of 479 complaints. This was a slight increase in number when compared to the previous year (467). The most common themes were clinical treatment (including access to treatment and drugs), communication, discharge, administration processes (including delays or cancellations, waiting times and appointments).
- Throughout 2014/15, the trust was not meeting the standard to acknowledged complaints within the Department of Health expected timeframe. The majority of complaints were not being responded to within the trust target of 25 working days. This trust had introduced new systems and reported that response times had improved in August and September 2015.
- Overall, patients were knew how to complain 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 being resolved within 48 hours.

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 'good'. For specific information on the leadership of services, please refer to the report for Poole Hospital. Well led for services was rated overall 'good'.

The trust had a five year strategy that aimed to deliver safe, high quality and patient-centred services in partnership. The strategy and services of the trust would be determined by the outcome of the Dorset Clinical Services Review. The trust strategy was focused on being the major emergency care site in East Dorset.

- Governance arrangements were well developed at the trust. There was a focus on patient experience, clinical effectiveness and patient safety. The trust could demonstrate progress and improvement against most of its quality improvement projects.

Good



Summary of findings

- The trust had been through a period of significant change. The leadership team showed passion, commitment and enthusiasm to develop and continuously improve services. The team were described as open and approachable with a collaborative way of working with staff.
- The Poole Approach described a set of values for staff around patient focused compassionate care. This approach was well embedded as the culture of the trust. Staff were positive about working for the trust and the quality of care they provided. They described a trust culture that was open and patient focused.
- The NHS staff survey demonstrated staff engagement was in the top 20% of trusts nationally. The trust needed to ensure black, Asian and minority ethnic groups had similar equal opportunities and career progression. Action was being taken to improve this.
- Patient surveys 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. However, expected savings had not been achieved in all areas and the trust had increased costs based their on the case mix of emergency work, which was increasing and staffing costs. The trust was continuing with its financial recovery plan to reduce its financial deficit and would need to negotiate its current position under the national sustainability transformation plans.

Vision and strategy

- The trust five year strategic plan 2015 -20 was based on delivering safe, high quality effective care, improving patient experience through “the Poole Approach” and to strengthen collaboration and work partnership working with other organisations to delivery integrated services across Dorset to provide more sustainable services and better outcomes and experiences for patient. The overarching vision was to provide excellent patient-centred care to people.
- The trust was part of the ongoing Dorset wide clinical service review and the Developing One Dorset vanguard to integrate acute care. The Dorset Clinical Services Review signalled two possible future roles for the Poole Hospital. To either develop as a planned care site which would mean significant contraction in facilities and services, or develop as the main emergency centre (including high risk care for maternity and paediatrics)

Summary of findings

for Dorset and west Hampshire residents. The trust strategy had firmly positioned itself as the major emergency centre in Dorset building on the existing trauma unit service, high standards of care, and the central location for residents. The strategy identified how key services would expand and develop including the delivery of services in the community, ensuring the delivery of integrated services for frail older people and those with long-term conditions through vertical integration and more formalised collaboration with primary care, social care, other NHS/private providers and the third sector.

- Most services had developed interim strategic plans within this context and staff were aware of local developments.

Governance, risk management and quality measurement

- Governance was managed within the care groups who reported quarterly to Quality Safety and Performance Committee. There were a variety of governance groups, for example, on infection control, clinical risks, clinical performance that reported bi-monthly to this committee and by exception, serious untoward incidents. The learning from incidents was reported to ensure these were effectively implemented. This committee provided assurance to the trust board. Most services had had effective clinical governance arrangements to monitor quality, risk and performance. However, governance processes in maternity services and children's and young people's services needed to improve.
- The trust quality strategy included its quality priorities around patient safety, clinical effectiveness and patient experience. There was a detailed trust monthly trust integrated performance report to monitor these issues and quality dashboards were available care group, clinical directorate and wards level. The information was RAG rated (red, amber, green) and was used identify specific problem areas and actions were specified.
- All care groups had a risk register and most provided sufficient details of the risks and the actions taken. High risks were escalated to the corporate risk register. All risk register information was RAG rated. However, some local risk registers did not always reflect all the risks or concerns described by staff. Information about risk and quality issues was being shared with staff and action was being taken but in a few areas this was not always reflected on the risk register. The trust had identified the need to continue to embed a learning culture and was creating new dedicated roles to improve safety.

Summary of findings

- The board assurance framework included the strategic objectives and the principles risks - actual and potential - from achieving these objectives. These including clinical, organisational and financial risks. Key actions and controls were specified and these were being monitored.
- The trust could demonstrate improvements against its quality priorities. This included progress against national and local clinical audits, although in some areas progress had been slow. For example, following the Stroke and heart failure audits.
- The trust had not yet undertaken an independent external assessment of the governance framework and this would need to occur by 2016.

Leadership of the trust

- The trust had undergone a significant period of change. The trust emergency case mix had led to significant financial disadvantages and had led to fundamental financial problems within the organisation. A planned merger with a The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust was pursued in 2011 and eventually prohibited by the Competition Commission in October 2013 following a detailed investigation. During this time the majority of the board executive members had changed.
- The current chief executive officer (CEO) had been appointed in April 2014 and the majority of the leadership team directors had been appointed in the last two years with the exception of the Medical Director who had been in post since 2008. The Chair was appointed in 2011 and the tenure of the non-executive directors (NEDs) ranged between 2006 and 2015.
- The non-executive directors (NED) had a broad range of business, commercial academic and clinical experience. We met five out of the six NEDs as part of our inspection interview and focus group process. The NEDs we met described excellent communication and relationships with the trust executives. They felt well 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 NEDs described a process of appropriate challenge and a team that had worked together and had agreed the way forward after the failed merger.
- The trust governors described excellent relationships with the trust leadership team. They had quarterly statutory meetings and also had monthly informal meetings with the Chair and some directors and NEDs. The governors identified the

Summary of findings

leadership team as ‘approachable’ and described nothing as being “off the agenda” and an immediate response to concerns. The governors identified that they were able to fulfil their role; they received training and had away days with the board. They frequently undertook walkabouts in the trust with the Director of Nursing and were able to assess and report on patient experience, advise on the trusts strategic direction and board appointments, hold the board to account, and participate in board programmes. Their only concern raised was the ability to keep abreast of all the issues and to further develop patient engagement.

- The NHS Staff Survey 2014 identified that the trust was in the top 20% of trust for staff reporting good communication between senior management and staff. Staff told us the leadership team were very visible, and were approachable and supportive and had an emphasis on joined up, collaborative working.
- The leadership team showed passion, commitment and enthusiasm 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 working with partners would be the key to the strategy across Dorset and they would be supportive of the plans whatever the outcome.
- Staff were aware of the current strategic options for the organisation. There was a sense that the impact of the changes could change Poole. Many staff had concerns about working in a different organisation because they valued their workplace and leadership team they currently had.

Culture within the trust

- The trust had developed a set of values called "The Poole Approach". The Poole Approach was established in the early 1990s as a philosophy of care. It pledges that staff at Poole Hospital will strive at all times to provide friendly, professional, patient-centred care with dignity and respect for all. In 2015, the trust asked staff, patients and the public whether the underpinning values remained valid. Nearly 2,000 people took part and the feedback was used to focus the Poole Approach into five value themes: Compassionate, Open, Respectful, Accountable and Safe.
- We found that these values were well embedded with staff working in the hospital. Many staff described the hospital as a “family”. The values no longer needed to be quoted because they were “just known” and “followed” from the recruitment of new staff to the longest serving staff.

Summary of findings

- We observed that staff were consistently kind and compassionate, putting the patient at the centre of care. Receptionists at the front door made a concerted effort to put any visitors or patients at ease, and this level of high support and regard continued throughout the hospital. Staff told us they were encouraged, no matter how busy, to stop to take time to help or reassure anyone in the hospital.
- The NHS Staff survey 2015 identified that the trust was in the top 20% of all trust for staff considering they are able to contribute to improvements at work. The staff we spoke with in the trust were proud and positive about working in the trust and in the teams. They identified the trust as a good place to work and having an open, and patient focused culture.

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 January 2015. All executive and non-executive directors 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. All directors all board members were requested to, and had all signed, an annual declaration.

Public engagement

- Patient feedback was mainly through national surveys, feedback and the Friends and Family Test and comment cards. The hospital had also worked the local Healthwatch to obtain patient views. The trust patient experience group collated the information to recommend and take action on improvements.
- 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.
- The trust had the support of over 250 volunteers who were trained to support patients and people visiting the trust. Some volunteers had specific roles, for example, to support patients with dementia, or to be meal time companions.

Summary of findings

- There was less evidence of patient engagement to improve services as part of trust strategy. The trust was planning to increase aspects of engagement through the patient experience group.

Staff engagement

- The trust NHS staff survey 2015 engagement score was in the top 20% of trusts. The trust staff survey demonstrated significant improvement compared to 2014. The majority of scores were positive and better than other trusts. The trust had four negative indicators (the bottom 20% of trusts). These were percentage of staff working long hours, incidence of violence from patients and the public, staff satisfaction with the quality of their work and patient care they are able to deliver, percentage of staff witnesses potentially harmful errors, near misses or incidents in the last month. Action was being taken in response to areas that required improvement.
- The staff Friends and Family test identified that 69% of staff would recommend the trust as a place to work (the England average was 62%) and 88% of staff would recommend the trust as a place to receive care (the England average was 79%).
- The workforce race equality indicators (July 2015) demonstrated 8% of staff had a BME background. There was no difference with BME staff and white staff in terms of staff in senior bands, formal disciplinary procedures or accessing mandatory training. However, white candidates were 2.7 times more likely to be appointed for a job role than a BME candidate. In terms of the staff survey, more BME staff did not identify any difference with harassment, bullying or abuse from patients or discrimination from managers. However, more BME staff identified they experience harassment, bullying or abuse from staff and fewer believed the trust **provides equal opportunities for career progression or promotion**. The trust board did not have the expected broad representation and 0% were from a BME background. The trust was reviewing this data to identify actions and was setting up a BME network to explore and take forward the issues.
- 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 leadership of the trust management and identified a collaborative, flexible working style with the trust leadership team. Staff discussed the open and transparent

Summary of findings

communication style within the trust and the supportive attitude, overall, of managers and leaders. Staff commented positively about the trust culture and identified the 'The Poole Approach' as significant in terms of values.

- Some staff did identify a few concerns. These included the inflexibility and unsupportive attitude of some of the senior staff who attended bed meetings. They also identified inflexibility with some systems, that is, electronic rostering and the electronic patient records system. Staff who identified concerns did not consider that they were always being 'listened to' and they wanted the trust to provide an appropriate response.
- The trust leadership team held open engagement sessions with staff and had open session on clinical strategy. The trust had weekly bulletins, monthly team briefs and also produced a quarterly newsletter called The Grapevine.
- The trust presented annual awards which reflected staff who have provided exceptional care, support or customer service over the last year. Staff were nominated by the public and were acknowledged staff for going 'above and beyond' 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. The trust could demonstrate improvements to services and staff support as a result.
- During the year 2015/16, the trust position was a proposed deficit of £6.7m. The main issues leading to this deficit was identified as staffing costs, the under-funding for emergency admissions which has escalated and under achievement against the cost improvement plan which includes reviews to services and estates. The trust was continuing with its financial recovery plan to reduce its financial deficit.
- Cost improvement programmes (CIPs) focused on efficiency savings and better procurement through enhanced budget control within directorates, increases in income opportunities, and reducing agency expenditure. All CIPs had a quality impact assessment at directorate and trust level. This included sign off by the Medical director and Director of Nursing for the larger CIPs. CIPs were monitored on a tracker following agreement.
- The trust's performance was reviewed by the health regulator, Monitor now part of NHS Improvement from 1 April 2016. 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

Summary of findings

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 of 'green' which means 'no evident concerns'.

- The trust was predicting an increase in its current financial deficit position over the next two years. However, the national sustainability transformation formula required the trust to be in surplus by the end of the year. The trust was discussing its present position with its clinical commissioning group and NHS Improvement.

Overview of ratings

Our ratings for Poole Hospital NHS Trust

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

Our ratings for Poole Hospital NHS Foundation Trust

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

- The trust had developed a set of values called "The Poole Approach". The Poole Approach was established in the early 1990s as a philosophy of care. It pledges that staff at Poole Hospital will strive at all times to provide friendly, professional, patient-centred care with dignity and respect for all. These values were well embedded with staff working in the hospital. Staff were consistently kind and compassionate, putting the patient at the centre of care. Receptionists at the front door made a concerted effort to put any visitors or patients at ease, and this level of high support and regard continued throughout the hospital. Staff told us they were encouraged, no matter how busy, to stop to take time to help or reassure anyone in the hospital.
- The rapid assessment consultant evaluation (RACE) unit provided a high multi-disciplinary quality of care specifically for older patients, over the age of 80. The unit provided a seven day service and was reducing the number of elderly patient admissions and the length of stay for elderly patients that were admitted.
- For neonates, children and young people receiving palliative care, the trust had designed a special unit called the Gully's Place Suite. This was a purpose-designed space which provided privacy and dignity for parents and families of babies, children and young people who required palliative and end-of-life care.
- Nuclear medicine was an exceptionally well led multidisciplinary service. They have had an increasing workload, with no breaches of waiting times. Patients interviewed confirmed an outstanding level of care, information provided to patients, and concerns responded to appropriately. The department has also safely introduced two new radio pharmaceuticals based on scientific evidence. Medical Physics have developed a new dental phantom; a commercial product.
- Non-invasive cardiology in CT and MRI imaging have reduced the need for invasive tests on patients with low and medium risk of coronary disease whilst ensuring high risk patients are transferred quickly to the neighbouring hospital. There is excellent team working between cardiology and radiology to provide this service.

Areas for improvement

Action the trust MUST take to improve

Action the hospital MUST take to improve

- Action is taken to improve the cleanliness of clinical areas at St. Marys hospital and this is monitored to ensure good infection control practices.
- Delivery rooms meet with Department of Health regulations
- A review of the midwifery staffing to ensure sufficient staff are available to provide one to one care in labour.
- Medicines are stored at the appropriate fridge temperature and are recorded daily.
- Medicines are stored safely and securely including intravenous fluids. This should be in line with current legislations, trust's policies and standard operating procedures.
- Appropriate dates are placed on medicines once opened.
- Patient group directions are correctly completed and in-date for staff to use.
- Flooring is accessible for cleaning purposes and that equipment is clean and protected from dust.
- There is a process for calling for emergency assistance in the theatre complex.
- There is appropriate support for patients with a learning disability including better flagging and referral for patients to specialist
- Equipment on the wards is in date and stored in a safe manner.
- The five steps to safer surgery checklist is appropriately completed.
- Review the emergency theatre arrangements to ensure patient safety and wellbeing is not adversely affected.
- The staffing levels and skills mix is assessed in all areas and staffing is delivered as planned.

Outstanding practice and areas for improvement

- Patient records are securely stored so as not to breach patient confidentiality and to prevent unauthorised access, particularly in medicine and maternity departments.
- Risk register includes all factors that may adversely affect patient safety.
- Learning from incidents are embedded in practice.
- Implement a flagging alert system to identify Looked After Children within the trust
- Ensure secure access arrangements are in place to the paediatric unit out of hours.
- Implement policies and protocols for children and young people for absconding or for restraint.
- Patients and members are informed of the public of the safety thermometer results.
- Where relevant, DNA CPR forms must be endorsed by a consultant grade doctor.
- There is a clear and measurable action plan which details how they will improve patient outcomes with regard to the organisational targets and key performance indicators as measured in the National Care of the Dying Audit.

- Service leads review how they use data to improve patient outcomes.
- An end-of-life care policy is developed that addresses the withdrawal and withholding of life-sustaining treatment for critical care patients.
- End of life care patients are given sufficient opportunity to identify their preferred place of care.
- There are no mixed sex breaches in critical care

The trust should ensure

- Update the Being Open Policy to ensure there is specific and appropriate reference to Duty of Candour.
- Arrangements for safeguarding continue to improve.
- Action is taken to improve assurance around risk.
- Actions as a result of Workforce Race Equality Indicators are implemented quickly.
- There is an effective response to staff concerns around areas identified as inflexible.
- Further develop patient and public engagement.

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	Regulation
Treatment of disease, disorder or injury	<p>Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect</p> <p>Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Dignity and respect Regulation 10(2) (a)</p> <p>People's privacy and dignity were not maintained at all times.</p> <ul style="list-style-type: none">• People should have access to appropriate and segregated washing and toilet facilities to meet their individual needs and promote their privacy and dignity.

Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014: Safe care and treatment</p> <p>12 (1) (2) (d) (e) (f) (h)</p> <p>People who use services and others were not protected against the risks associated with unsafe care or treatment.</p> <ul style="list-style-type: none">• Medicines management were not in line with current legislation• There should be a robust process for calling for emergency assistance in the theatre complex.• The five steps to safer surgery checklist was not always appropriately completed.• Emergency theatre arrangements required review to ensure patient safety and wellbeing is not adversely affected.

This section is primarily information for the provider

Requirement notices

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 15(1)(a) (c),(2)

Premises and equipment must be kept clean and cleaning must be done in line with current legislation and guidance. Areas in the delivery suite and ANDA were visibly dirty.

Flooring needs to be accessible for cleaning purposes and equipment should be clean and protected from dust.

Premises must be suitable for the service provided and be big enough to accommodate the potential number of people using the service at any one time. The delivery rooms were not big enough to accommodate resuscitation equipment or specialist people in the event of a baby requiring resuscitation.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 17(2)(c)

Records must be stored in accordance with current legislation and guidance. Records on wards and B2 and in the delivery suite were not securely stored to prevent unauthorised access.

Regulated activity

Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3) Regulation 18 (1) (2) Staffing

- Midwifery staffing levels has not been assessed and staff were unable to provide one to one care in labour
- There were not suitable numbers of staff or skill mix as planned on medical and elderly care wards. .
- Paediatric nurse staffing levels had not been assessed and there was not staffing levels as planned on the paediatric wards
- The staffing levels for radiographers was as planned and current working patterns were not sustainable.
- Compliance with mandatory training needs to improve.