

# SELDOC Base - Dulwich Community Hospital

## Quality Report

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This report describes our judgement of the quality of care at this service. It is based on a combination of what we found when we inspected, information from our ongoing monitoring of data about services and information given to us from the provider, patients, the public and other organisations.

# Summary of findings

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# Summary of findings

## Overall summary

South East Doctors London Emergency Cooperative (SELDOC) is made up of a group of local doctors based at East Dulwich Community Hospital. SELDOC has 600 GP members from over 125 practices. They are responsible for providing emergency primary care out-of-hours general practitioner (GP) cover for the boroughs of Lambeth, Southwark and Lewisham. The service is partly commissioned by the CCG covering nine GP practices and partly commissioned by local GPs who have opted in under their GP contract and have elected to have their out-of-hours emergency cover provided by SELDOC. In 2011 the population was estimated at approximately 900,000 for the three boroughs and all have a predominantly younger population and a higher than average black and ethnic minority population. All three boroughs have high levels of deprivations and range between 13th and 26th out of 365 local authorities; however, the majority of people in the boroughs are registered with GPs.

SELDOC (South East London Doctors Co-operative) was established in April 1996 to provide out-of-hours General Medical Services on behalf of its GP members from a base at Dulwich Hospital, London SE22, covering a patient population of around 900,000 people across three South East London boroughs of Lambeth, Southwark and Lewisham.

During our inspection we spoke with five Patients who were using the out-of-hours emergency GP service, and 15 members of staff. Staff members included the medical director, director of operations, registered manager, pharmacy leads and operational staff such as call handlers.

We found that the service had systems in place to ensure that the provider could effectively respond to the needs of the patient's accessing the out-of-hours service safely. Information regarding the care received by patients was shared with the patients' GP in a timely manner to ensure continuity of care between the different service providers.

Patients received a caring service. Patients told us that they were happy with the care they received and that they were involved in the decisions about their care. We were told that staff were polite and respectful and we observed this to be the case. There was opportunity for people to provide feedback as questionnaires were available in the waiting area. There was easy access to the location although the premises were on the site of an old community hospital

The service was responsive to patients' needs. Staff had access to the appropriate equipment, training and support. The provider carried out the appropriate employment checks on new and temporary staff to ensure that they were able and safe to carry out their roles.

Staff told us that they felt supported and that the service was well led. There were regular team meetings to ensure that information was cascaded to all staff team members; this included learning from incidents and changes to practice.

The inspection did not identify that the provider was currently non-compliant with the Health & Social Care Act (2008) regulations.

# Summary of findings

## The five questions we ask and what we found

We always ask the following five questions of services.

### **Are services safe?**

The provider had satisfactory governance systems in place to protect patients from the risk of abuse and ensure that they received the appropriate safe emergency care and treatment. The doctors carried two treatment bags with medications on home visits; however we did note during our inspection visit that one doctor had not listed the medication used. Medicines kept on the premises were stored appropriately and securely. Overall the service provided safe and suitable to protect people from avoidable harm and abuse. Staff were aware of the policies and procedures in place for reporting concerns and safeguarding of vulnerable adults and children.

### **Are services effective?**

The provider managed the demands of the service effectively. Call handlers were trained to ask the appropriate questions to quickly and effectively assess the patients' needs. At the time of our inspection the service was meeting its national quality targets and people received care and treatment in a timely manner. The provider monitored the call handlers to ensure that information was recorded and used effectively to prioritise patients appropriately according to how urgently they required care.

### **Are services caring?**

The service provided was delivered by caring staff that were respectful of people individual needs. Patients we spoke with told us that the service they had received a good service from SELDOC and were happy about the care they received. The people we spoke with and the feedback cards we reviewed were very positive about the care received. People told us that staff were kind, caring and respectful throughout the episode of care that they had received.

### **Are services responsive to people's needs?**

The provider's services were responsive to people's needs. There were systems in place to ensure that there were adequate staffing levels to answer incoming calls with minimum delays and return calls to people requiring a doctor's follow up. Staff were aware of the emergency procedures and most were aware of where the resuscitation equipment was kept. The doctors were provided with bags containing medication to ensure that any medicines needing to be given to patients on home visits were able to be administered promptly. There was the opportunity for people to provide feedback to the provider by way of a questionnaire which was available in the reception area as well as via the website. The provider engaged with commissioners for the local boroughs and had some contact with the GP through locality meetings that they provided an out-of-hours service for. The board appointed two non-executive lay members to the board in 2011, to ensure people's views were considered. There was provision for using interpreters where necessary and the location was adapted for disabled people.

### **Are services well-led?**

Overall the organisation was well led. There was a clear governance structure in place and a process for disseminating information to all members of staff. There was a complaints policy and procedure in place as well as a process for escalating incidents to senior managers by the duty coordinators. All complaints and incidents are reviewed through the Clinical Governance Committee. There were systems in place to demonstrate that SELDOC was well led. There was visible leadership and an organisational structure from the board through to administrative staff. The structure included the reporting of senior staff through to the board.

# Summary of findings

## What people who use the out-of-hours service say

We spoke with five patients that had used the out-of-hours service during our inspection and prior to our visit we received 25 comment cards completed by

patients and relatives that had used the service. All the comments received were positive. Patients told us that staff provided a good caring service and they were treated with dignity and respect at all times.

## Areas for improvement

### Action the out-of-hours service **COULD** take to improve

- The provider should improve the checking of emergency resuscitation equipment such as oxygen and the automated external defibrillator and ensure all staff are aware of where the equipment is kept.
- The provider could improve the system for the monitoring and training of staff relating to the stock control of medication by ensuring that training is appropriate to the role and recording the training dates and content that has been provided for staff.

- Dissemination of action taken following incidents to all staffing levels.
- The recording of staff training and ensuring staff training is kept up to date.
- Safeguarding vulnerable adults training should be undertaken for all staff

## Good practice

Our inspection team highlighted the following areas of good practice:

- The monitoring and auditing of call handlers and doctors consultations are carried out monthly and staff are given regular feedback on their performance

- Robust clinical governance structures and a clinical governance strategy were in place which included the auditing of the service and practice.
- Medicines were managed and stored appropriately
- Information on patients seen was sent to people's usual GPs by 0800hrs

# SELDOC Base - Dulwich Community Hospital

## Detailed findings

### Our inspection team

#### Our inspection team was led by:

The inspection team was led by a Care Quality Commission lead inspector. The team included a GP, two nurses- one with expertise in medicine management and one nurse with expertise in safeguarding and an expert by experience.

### Background to SELDOC Base - Dulwich Community Hospital

South East London Doctors' Cooperative (SELDOC) Ltd, based at East Dulwich Community Hospital in Dulwich East London is a cooperative of local GPs. The service is responsible for providing emergency out-of-hours primary care when GP surgeries are closed. SELDOC covers the boroughs of Southwark, Lambeth and Lewisham which has a population of approximately 850,000 residents.

### Why we carried out this inspection

We inspected this out-of-hours service as part of our new inspection programme to test our approach going forward. This provider had not been inspected before and that was why we included them.

We inspected the provider as part of our new inspection programme for out-of-hours emergency cover for GP services. We carried out an announced visit on the 26 February 2014. We spoke with staff and people that used

the service and reviewed information such as policies, procedures and the systems the provider had put in place to monitor the quality of the care they provided. We carried out a number of interviews with senior staff such as the registered manager, medical director, the doctors and observed staff handling calls. Comment cards were given to the provider prior to the inspection to assess people's views about the care they received and some stakeholders were contacted as part of the inspection process.

### 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?

The inspection team always looks at the following six population areas at each inspection:

- Vulnerable older people (over 75s)
- People with long term conditions
- Mothers, children and young people
- Working age population and those recently retired
- People in vulnerable circumstances who may have poor access to primary care
- People experiencing a mental health problem.

## Detailed findings

Before visiting, we reviewed a range of information we had received from the out-of-hours service and asked other organisations to share their information about the service.

We carried out an announced visit on 26 February 2014 between 1700-0100.

During our visit we spoke with a range of staff, including medical director, director of operations, registered manager, pharmacy leads and operational staff such as call handlers.

We also spoke with patients who used the service. We observed how people were being cared for and reviewed personal care or treatment records of patients.

# Are services safe?

## Summary of findings

The provider had satisfactory governance systems in place to protect patients from the risk of abuse and ensure that they received the appropriate safe emergency care and treatment. The doctors carried two treatment bags with medications on home visits; however we did note during our inspection visit that one doctor had not listed the medication used. Medicines kept on the premises were stored appropriately and securely. Overall the service provided safe and suitable to protect people from avoidable harm and abuse. Staff were aware of the policies and procedures in place for reporting concerns and safeguarding of vulnerable adults and children.

## Our findings

### People's views and accessing the out-of-hours service

We spoke with five patients at our inspection and reviewed 25 comment cards. The majority of comments we received were positive. Comments included "excellent service, happy with all aspects of my son's care". Another patient wrote that "the staff were kind and thoughtful, the care was reassuring and the doctor answered all our questions." The one negative comment referred to the temperature in one of the consulting rooms and not to the quality of the care received. The provider submitted an analysis of the patient feedback completed in January 2014, which showed that 96% of people viewed the service as either excellent or good.

### Safeguarding patients from harm

The provider had policies in place for the safeguarding of children and vulnerable adults and the medical director was the identified lead. Staff we spoke with were aware of the policies and procedures on how to report any concerns. We saw that there was information provided throughout the location to support staff and raise awareness. The computer system flagged up children that were potentially at risk to alert staff providing care. The borough of Lambeth provided a weekly list of children on child protection plans (CPP) but the boroughs of Lewisham and Southwark did not. Staff told us that in these two boroughs SELDOC were reliant on information provided from local GPs to alert them to any concerns.

The majority of staff had received training related to safeguarding children; however, none of the staff had received training for safeguarding of vulnerable adults. The provider submitted a training matrix for the administrative staff which confirmed this.

### Learning from incidents

The provider had a policy and systems in place to report and investigate all incidents. The policy dated May 2012 and is due for review May 2014, provided guidance to staff about the action that should be taken following an incident; the guidance included serious untoward incidents. Staff we spoke with were aware of the reporting procedure. The reporting currently used was a paper reporting system and the form guided staff to determine the seriousness of an incident. We saw that the provider recorded and reported seven serious incidents within the last 12 months and incidents were risk assessed and the medical director told us that incidents were discussed at the clinical governance meetings (CGM). The CGM was held every six weeks and chaired by a board member. We reviewed minutes and confirmed that incidents and significant events were reviewed. However, we reviewed three sets of staff minutes and could not find evidence of dissemination to all staff.

### Infection prevention and control

We found the premises to be clean and tidy. Although the premises were old, the clinical rooms were in reasonably good condition with up to date equipment. All the rooms had sinks, soaps, towels and personal protective equipment such as gloves and aprons available. There was also hand gel available throughout the department. All the areas had information on the correct hand washing guidance. There was a clear distinction between clinical and domestic waste to ensure that contaminated waste was disposed of appropriately. One of the main issues for the provider was the temperature throughout the building due to the age of the heating system and the age of the building. We saw that staff were able to open windows in order to get adequate ventilation throughout the building.

### Medicines Management

The provider held medicines on site for patients that were seen out-of-hours and unable to have medication dispensed at a pharmacy. We saw that the provider had policies in place to instruct staff on the handling and prescribing of medicines. We found that medicines were stored securely in an area accessed only by designated

## Are services safe?

staff. There was a service level agreement in place with a local trust for the ordering of all medicines. The provider had a formulary of agreed medicines and the pharmacist carried out regular audits to ensure that doctors prescribed within the agreed formulary. We were provided with an example of where the pharmacist checks had highlighted an issue relating to prescribing and minutes of the CGM confirmed the actions taken. There were checks in place regarding the supply of prescriptions and these were numbered and recorded. There was a process in place for checking that all medicines were accounted for. However, we did witness during our visit that one of the GPs had not carried out the appropriate stock check and replenishment.

We found that the appropriate temperature checks for the refrigerators used to store medicines had been carried out and all medication was stored at the correct temperature. Controlled drugs (CDs) which are medicines subject to misuse of drugs legislation were checked. However, we noted that there were three occasions where only one signature had been recorded. There was close circuit television monitoring within the corridor at all times. The provider held a list of authorised signatories available for

the signing and ordering of CDs and there was an accountable officer in place to ensure appropriate arrangements were in place to secure the safe management and use of controlled drugs.

There was emergency medication and oxygen available although there were no recorded stock checks in place and some staff were not aware of the location of these items. The first aid kit had expired in August 2012 and was not checked by staff.

All the consulting rooms held up to date British national formularies (BNF). The pharmacist showed us that staff had access to electronic BNFs which were updated continuously. There was also a process for ensuring that any national guidance provided by the National Institute for Health and Care Excellence (NICE) and Medicines and Healthcare products Regulatory Agency (MHRA) alerts were received and acted upon. This ensured that the doctors could access up to date information at all times.

The pharmacist told us that the shift leaders had received training from the pharmacist on the checking and handling of medication, however, no formal records were available to evidence this.

# Are services effective?

(for example, treatment is effective)

## Summary of findings

The provider managed the demands of the service effectively. Call handlers were trained to ask the appropriate questions to quickly and effectively assess the patients' needs. At the time of our inspection the service was meeting its national quality targets and people received care and treatment in a timely manner. The provider monitored the call handlers to ensure that information was recorded and used effectively to prioritise patients appropriately according to how urgently they urgency required care.

## Our findings

### National quality reports

All out-of-hours emergency care providers are required to report on their performance against a series of national quality targets. The requirement measures the clinical effectiveness of the provider to deal with the calls coming through to them. The targets measure the time taken to answer calls and assess people for the level of urgency to ensure the optimum outcome for the patients using the service. People accessed the SELDOC out-of-hours service via a direct contact number on the GP answer phone systems, and approximately 33% of calls were directed from the NHS 111 service. Although the majority of targets had been met since September 2013 there were notable breaches over the Christmas period. For calls waiting to be triaged Board meeting minutes confirmed that this was partly due to the high number of calls being received and a shortage of call handlers. We were told by the director of operations that the provider was currently restructuring staffing levels and shift allocation to ensure that the system was effective for the Easter period. The provider analysed the national quality requirements (NQR) data on a daily basis and we saw that all breaches were reviewed and that performance was discussed at clinical governance and board meetings.

### Access to the out-of-hours service via the call handlers.

We were told that the call handlers were monitored and the calls were recorded for training purposes and to audit the efficiency of the staff. We were told by the staff and the shift coordinators that calls were randomly audited and played back to staff to discuss their questioning techniques and

their decision making and effectiveness in dealing with the call. We were told that if staff were not meeting the standards required this was discussed and that further training and support would be implemented. We observed three call handlers at different times throughout our visit and found that the staff dealt promptly with the calls and assessed people's needs during the initial triage stage. All calls are first passed to a duty doctor once entered on the system by the call handler, and are dealt with in time order, those categorised by the call handler as 'urgent' are prioritised. If the duty doctor assesses the patient as in need of a face to face consultation, they will forward the call to a receptionist to call the patient back to make an appointment for a base visit. If the doctor assesses the patient as in need of a home visit, they will forward the call to the despatcher to allocate the home visit to a mobile doctor.

### Medicines

The pharmacy lead told us that there were controls in place to ensure that there were sufficient medications in place for the provider to ensure that controlled drugs (CDs) were available for palliative care patients should they be required, to maintain an effective programme of care. We reviewed the storage and ordering system and the security systems in place were considered effective.

### Staffing and recruitment

The acting human resources (HR) manager had been in post since September 2013 and outlined the recruitment process in line with the provider's policy dated December 2013. We were told that the HR manager dealt with employed SELDOC staff and medical staffing was managed by the director of operations and the medical director. Personnel records we reviewed contained evidence that the appropriate checks such as criminal records checks, identification, references and interview records had been undertaken prior to employment. The acting HR manager told us that all medical staff applications and agency paperwork was reviewed; qualifications and references were checked by the medical director of SELDOC prior to employment and this was confirmed. However, we noted that one GP's file showed that resuscitation training was out of date and their annual appraisal had not been carried out.

# Are services effective?

(for example, treatment is effective)

The acting HR manager told us that the provider was in the process of implementing a new system which would include clarity around mandatory training for all the staff. However, this was not in place at the time of our inspection and therefore could not be assessed.

# Are services caring?

## Summary of findings

The service provided was delivered by caring staff that were respectful of people individual needs. Patients we spoke with told us that the service they had received a good service from SELDOC and were happy about the care they received. The people we spoke with and the feedback cards we reviewed were very positive about the care received. People told us that staff were kind, caring and respectful throughout the episode of care that they had received.

## Our findings

### Patient information

Patient information was available in the waiting area and throughout the premises. We saw that there was a variety of health promotion information available such as smoking cessation, and flu vaccination. There was also information on requesting a chaperone and accessing the interpreter service. The records we looked at of the doctors consultation demonstrated an assessment of people's needs and a treatment plan and where appropriate medication was either dispensed or prescribed. People's GPs were notified in a timely manner of the contact and treatment given.

### Patient survey

The provider had carried out a satisfaction survey in January 2014 which showed that approximately 96% of patients were happy with the care they received and described it as either excellent or good. We spoke with five

patients that were treated by SELDOC on the day of our inspection and people told us they were treated with respect and listened to. People were generally very happy with the care. Some people told us that they had used the service several times and they had been called back by a doctor within 30 minutes each time. Patients told us that they felt listened to and involved in the decisions about the care and treatment. Staff we spoke with were aware of the need to be polite at all times. We observed and listened to call handlers speaking to people that called the out-of-hours service and found that staff were compassionate and respectful at all times; this was also confirmed in the responses people had made on the comment cards. Our findings supported the findings of the satisfaction survey and the comment cards we reviewed. 24 out of the 25 comment cards returned were positive about the peoples' experiences and one person commented on the temperature of the consulting room.

### Respect and dignity

Patients we spoke with told us that they felt that staff were respectful and polite at all times and we observed this to be the case. We were told that the doctors provided adequate information in an appropriate way and that their dignity was maintained at all times. We saw that staff observed a 'knock and wait' protocol prior to entering the consulting rooms and that there were notices informing people that they could ask for a chaperone. There was also information available on interpreters if they were required. Staff told us that if they were unable to understand a person's needs due to language difficulties people were offered an appointment and a telephone interpreter was used to assist.

# Are services responsive to people's needs?

(for example, to feedback?)

## Summary of findings

The provider's services were responsive to people's needs. There were systems in place to ensure that there were adequate staffing levels to answer incoming calls with minimum delays and return calls to people requiring a doctor's follow up. Staff were aware of the emergency procedures and most were aware of where the resuscitation equipment was kept. The doctors were provided with bags containing medication to ensure that any medicines needing to be given to patients on home visits were able to be administered promptly. There was the opportunity for people to provide feedback to the provider by way of a questionnaire which was available in the reception area as well as via the website. The provider engaged with commissioners for the local boroughs and had some contact with the GP through locality meetings that they provided an out-of-hours service for. The board appointed two non-executive lay members to the board in 2011, to ensure people's views were considered. There was provision for using interpreters where necessary and the location was adapted for disabled people.

## Our findings

### Patient survey

We reviewed the satisfaction survey completed in January 2014 which was complementary and positive about the service people had received. People stated that 93% of their calls were responded to within three rings and 88% were told how long it would be before the doctor called them back to discuss the problem and did so within the timescales.

### Call grading and timeliness of patient access

The call handlers we spoke with told us that a priority rating was given to all calls dependent on the person's condition and the urgency required. For example all emergencies or considered life threatening problems (call priority A) were passed through to the London ambulance service for an immediate response and urgent calls (call priority B) are passed for a doctor to provide telephone advice within 20 minutes; the remaining call which are classified as 'routine' (call priority C) are passed to the doctor for telephone advice within 60 minutes. We were told that the majority of targets are met although some

breaches do occur. The provider also uses self employed doctors to give advice working from home to enable the out-of-hours service to respond within the timescales. The registered manager also told us that they try to have a 'standby' doctor on the rotas to enable flexibility in the system at busy times. We noted that that these shifts were not always filled and this may affect the service's ability to respond to additional demands during busy periods.

### Equipment and the premises

Staff told us that they had adequate equipment to enable them to carry out diagnostic examinations and treatment. This included equipment and medicines to ensure that staff were able to provide the appropriate assessment and treatment in people's homes. There was a picture layout of the medical bags for staff to follow for restocking to ensure that the required equipment was available at all times.

The pharmacist told us that medication was ordered through another provider and that if necessary they are able to get additional stock on the same day. Although the pharmacist told us that this did not happen very often as stock was monitored to ensure that there were adequate supplies

### Vulnerable patients

The provider kept information electronically on vulnerable people this included patients that were receiving palliative care by the GPs being covered to enable a quick response by SELDOC. All calls from these patients or their carers, can be identified as 'urgent' and receive a call back from a duty doctor to assess their needs within 20 minutes, and if required a home visit within 2 hours. The service also had close links with mental health teams who could provide additional specialist support as well as the emergency duty social work teams based at the same location. Information relating to vulnerable patients is stored electronically and is automatically highlighted if the person calls the service. The medical director told us that they did on occasion receive calls from hospital pathology teams when blood tests were grossly abnormal and we were provided with an example where it was necessary for SELDOC to respond and clinically assess the patient's medical condition. We saw that the doctor's handbook referred to a variety of protocols such as laboratory results and requests for

# Are services responsive to people's needs?

(for example, to feedback?)

compulsory admission under the Mental Health Act (1983). This ensured that the appropriate information was available for all medical staff. The doctors told us that they had been provided with the handbook.

# Are services well-led?

(for example, are they well-managed and do senior leaders listen, learn and take appropriate action)

## Summary of findings

Overall the organisation was well led. There was a clear governance structure in place and a process for disseminating information to all members of staff. There was a complaints policy and procedure in place as well as a process for escalating incidents to senior managers by the duty coordinators. All complaints and incidents are reviewed through the Clinical Governance Committee. There were systems in place to demonstrate that SELDOC was well led. There was visible leadership and an organisational structure from the board through to administrative staff. The structure included the reporting of senior staff through to the board.

## Our findings

### Leadership and culture

We saw from the Care Quality Commission comment cards and the patient satisfaction survey that the service had received very positive feedback. We noted that there was not any information posted on the NHS choice website and very little information had been received from Healthwatch. Staff told us that they felt it was an open culture and senior managers were supportive. Staff told us: “there is usually someone senior around or contactable by phone”.

### Management of staff

There was an induction programme in place for all staff and a handbook for doctors and call handlers. Call handlers were given training on customer care and how to ask the appropriate questions. Staff had access to range of policies and procedures which were up to date. We looked at a range of policies such as safeguarding children, vulnerable adults, recruitment, complaints and medication management as well as a range of standard operating procedures. However, we did note that although the recruitment policy had recently been updated it did refer to criminal records bureau rather than the disclosure and barring service; this was raised at the time of the inspection with the registered manager. The majority of policies appeared comprehensive and covered topics in sufficient detail to ensure staff were able to gain insight into dealing with issues appropriately. There was a business continuity

plan in place which was effective from October 2013. The plan outlined that there was a clinical director and manager working on call at any time to support the operational staff with any issues. The plan also detailed the contact numbers for the on call directors of the three boroughs SELDOC covered in the event of a serious untoward incident.

The medical director and the registered manager told us that there were clinical governance meetings (CGM) every six weeks which was chaired by a board member to ensure that information was shared up to board level. The CGM minutes showed that there was evidence of action taken following serious adverse events. The operational manager confirmed that in the review of the SELDOC organisational structure some weaknesses had been noted. This included the capturing of information on incidents which had only been collated since September 2013 and was now regularly being reviewed.

The board had recruited two non-executive directors (NED) to the board in 2011 for a three year term, although one NED stood down and a new one was appointed in 2013. We were told that the board had recently undergone training to ensure that everyone was familiar with recruitment practices. The new structure had been reviewed and board minutes for the 07 January 2014 confirmed this; we were told that final agreement had been agreed and the recruitment of a variety of staff such as human resources manager and operational staff had commenced. The board meeting minutes also showed that performance, patient experience, incidents and risks were discussed. We saw that there were actions identified and individuals allocated responsibility for providing follow up information. For example we saw that results from the patient experience were discussed and requested on a quarterly basis for review and how to gain feedback in other ways.

Staff told us that there were regular departmental meeting at which they were kept up to date with changes to the service and how it affected them. As the meetings were not documented this could not be evidenced, however we were provided with newsletters which were available within the department. The newsletters highlighted patient care such as mental health and palliative care, patient satisfaction results and case studies relating to incidents. This demonstrated that information was disseminated to staff and provided educational support.