

# The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust

## Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

## Ratings

### Overall rating for this trust

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Outstanding 

# Summary of findings

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

## Background to the trust

The Royal Bournemouth and Christchurch Hospital NHS Foundation Trust provides acute general hospital services for a population of around 550,000 people – that is, those living on the eastern side of Dorset and in West Hampshire, with its services commissioned by the Dorset and West Hampshire Clinical Commissioning Groups. It should be noted that the population increases significantly over the summer months, as the Bournemouth, Poole and Christchurch conurbation is a popular holiday destination.

The Royal Bournemouth Hospital has approximately 600 inpatient beds and 123 day care beds. The hospital provides urgent and emergency care, medical care, surgery, critical care, end of life care, outpatient and diagnostic services.

## Overall summary

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

## What this trust does

The Royal Bournemouth Hospital is the larger of two hospitals provided by The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust. The trust provides services to a population of approximately 550,000 in the Dorset, New Forest and South Wiltshire areas, which rises in the summer months due to an influx of visitors to the area.

There is a maternity and gynaecology service, including a three bedded birthing unit and community midwife service. The children and young person's service is limited to eye surgery and outpatients. Additionally, up to 10,000 children present to the emergency department each year.

The main centre for obstetrics and gynaecology and paediatric services is at a nearby NHS hospital provided by a neighbouring trust.

It currently has a 24-hour emergency department and elective surgical admissions via the Sandbourne Suite. A purpose built ophthalmic unit is located on site, as well as a cardiology unit, the Dorset Heart Centre. The hospital also has an orthopaedic service providing hip and knee replacements, including the Derwent Unit.

The hospital provides district-wide services for cardiac interventions, vascular surgery and urology.

Outpatient clinics are provided for all main specialities as well as visiting services such as oral surgery, paediatrics, plastic surgery and ear, nose and throat (ENT), as well as some upper GI and ophthalmology surgery.

The trust achieved foundation status in 2005.

Following a recent county wide clinical service review in Dorset, NHS Dorset Clinical Commissioning Group has published a plan to see the Royal Bournemouth Hospital develop as the main emergency site for residents of east Dorset (including West Hampshire and the New Forest) with the neighbouring NHS trust to become the elective or planned care site. This is in line with the Dorset wide sustainability and transformation plan (STP), entitled 'Our Dorset' which sets out a five-year plan to transform services across Dorset by 2020/21.

# Summary of findings

## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

On 13,14 and 27 March 2018, we inspected four of the core services provided by this trust. At our last inspection, we rated three of these core services (urgent and emergency care, medicine and maternity) as requires improvement. We had some concerns about surgery, rated as good in February 2016, and we decided to review this service as part of this inspection.

For the trust-wide well-led inspection we included both locations of the trust, that is both Royal Bournemouth and Christchurch Hospitals. For the core service inspections we inspected only at Royal Bournemouth Hospital as the services we inspected were not operating out of Christchurch Hospital.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed 'Is this organisation well-led?' We inspected the well-led key question on 11 to 12 April 2018.

## What we found

### Overall trust

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

- Across the trust, we found the services we inspected to be safe, effective, caring, responsive and well led. We rated safe, effective, caring and responsive as good overall and well led to be outstanding.
- The trust had made significant improvements in all the areas we inspected. Trust leaders had taken a cultural approach to improving services, ensuring that quality improvement and continuous improvement were integral to the everyday workings of the trust.
- Patient safety was afforded sufficient priority. Staff kept patients safe from avoidable harm and abuse. When patient safety incidents occurred, the trust took a robust and systematic approach to ensuring that learning was identified and practices improved where appropriate.
- Staff followed best practice and evidence based guidance to ensure patient outcomes were good. Patient outcomes were mostly better or similar to other acute trusts when compared nationally.
- There were sufficient numbers of suitably skilled and trained staff to deliver effective care and treatment.
- Equipment and premises were fit for purpose, clean and managed well. Medicines were safely managed.

# Summary of findings

- Staff, including senior leaders, worked together and followed clear escalation protocols when the hospital was reaching capacity to ensure patient care was not unduly compromised.
- Patients were treated with dignity and respect throughout the trust and trust leaders promoted a person centred culture. Patients and their relatives gave consistently positive feedback about the care they received.
- The trust was responsive to individual needs and made good provision for patients with mental health conditions and/or a learning disability.
- Services were planned in a way that ensured patients could access care and treatment in a timely way.
- The trust was ranked first (highest performing) when compared against acute trusts nationally in the NHS staff survey of 2017.
- Senior leaders at the trust provided exemplary leadership to staff, ensuring staff had the right tools in place to drive improvements and innovate in their everyday work.
- Trust leaders had developed a clear mission, strategy, vision for the trust underpinned by clearly understood strategic objectives and key priorities.
- Robust governance arrangements and risk management ensured the trust could deliver against its strategic objectives.
- The trust were working collaboratively with system partners towards the transformation of services across Dorset.
- The relationship between the board and the Council of Governors had improved and board members were more responsive to challenges and concerns raised by governors.

## Are services safe?

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

- The trust provided mandatory training in key skills to all staff and monitored compliance levels.
- Staff across the trust demonstrated clear understanding of how to protect people from abuse and worked well with other agencies to do so.
- The trust controlled infection risk well. Staff kept themselves, equipment and premises clean. The trust had a consistently low rate of hospital-acquired infections.
- The trust had suitable premises and equipment and looked after them well.
- There were sufficient numbers of staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Records were mostly well managed, clear and up to date.
- The trust followed best practice when giving, recording and storing medicines.
- The trust had an exemplary reporting system, which allowed staff to report incidents, share good practice, share an improvement idea or share a concern. Staff were positively encouraged to report incidents.
- Incidents, including deaths, were investigated thoroughly and learning was shared and used to improve patient safety and experience.
- The trust recognised and responded appropriately to patients whose condition was deteriorating.

However,

# Summary of findings

- Whilst the trust overall was providing safe care, there was inconsistency in some areas with measures to control and prevent infection, medicines management, the completion of patient risk assessments in a timely way and storage of patient records in medicine and surgical services.
- Despite a robust approach to patient safety and learning from incidents, the trust continued to report never events.

## Are services effective?

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

- The trust provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health. Staff used special feeding and hydration techniques when necessary.
- Patients had good access a range of pain relief when required.
- The trust ensured staff were competent for their roles through the investment of additional training, values based appraisals and staff development initiatives.
- Staff across the trust understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff sought consent from patients appropriately, before procedures took place.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. Patient outcomes were mostly positive. Where appropriate, the trust had action plans in place where needed to improve patient outcomes.
- Staff worked well together within and across teams to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The trust provided services across seven days a week, there were consultants either on call or on site over the 24-hour period.
- People who used services were empowered and supported to manage their own health, care and wellbeing to maximise their independence.

However

- There was some variability in staff approach to assessing capacity in the medicine service.
- There were some gaps in completion of nutritional assessments and food and fluid charts across the medical and surgical services.

## Are services caring?

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

- Caring in the medicine service had improved significantly since our last inspection when we rated it as requiring improvement.
- We observed a deeply positive and embedded culture of caring, which was clearly demonstrated by all staff groups in all areas. This internal culture supported patients and relatives and encouraged families to become equal partners in care.
- We observed kind and compassionate care in all areas we inspected. It was of note that the trust was at the highest level of escalation due to increased demand for hospital care at that time.

# Summary of findings

- Staff ensured that patients were treated with dignity and respect and took action to ensure their emotional needs were met.
- Patients and their loved ones consistently provided positive feedback about the care they had received from staff at the trust.
- The trust had introduced Schwartz rounds to support reflection and promote kindness and compassion in practice.

## Are services responsive?

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

- The trust planned and provided services in liaison with the wider health economy to meet the needs of local people.
- The service took account of patients' individual and/or complex needs. The trust had a clear dementia strategy and working group, which had improved care for patients living with dementia.
- Most people could access the hospital when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with good practice.
- Staff and managers worked hard to ensure that patient flow was managed effectively. Patients were mostly treated in a timely way in and discharged home at the earliest clinically safe opportunity.
- The trust treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

However

- A minority of patients stayed in hospital for longer than clinically necessary. Whilst the majority of these patients were awaiting social care provision, the trust was working with system partners to address this.
- Whilst the trust benchmarked in the top 16% of type 1 providers in 2017/18, it breached the national standard of 95% for emergency departments for patient admission, transfer or discharge within four hours of arrival for eight out of 12 months in 2017.
- Not all complaints were investigated within the trust's internally agreed timescales. The trust were reviewing their complaints procedure to allow a longer timescale for particularly complex or challenging complaints to address this.

## Are services well-led?

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

- We were impressed with the leadership across all of the services we inspected. We rated surgery and medicine as good for well led and maternity and urgent and emergency care as outstanding.
- Service managers had the skills, expertise and knowledge to lead teams to deliver safe and quality care.
- Staff at all levels in all services understood the trust values in relation to their daily roles and the values were used as a common language by staff when challenging poor practice.
- Local leaders were empowered to lead effective and high functioning teams.
- Staff at all levels across the services had appropriate tools to drive improvement and innovation in their everyday work. Staff were motivated and inspired to improve patient care in every way possible.
- Staff had access to timely and accurate information that was used to monitor and improve performance.
- Each service had clearly identified governance leads and clear reporting lines to and from the board.

# Summary of findings

- Service managers took financial ownership of the services they were responsible for and understood the trust's overall financial position.
- In maternity, service leaders were working in a highly collaborative way with system partners to best support the needs of local women and babies.
- In the emergency department, service leads followed effective escalation protocols and led by example during times of maximum capacity to reduce the impact on patients. The culture within the department remained exceptionally positive, even at times of peak escalation.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

In addition to the domains we rated as outstanding, we found a number of examples of outstanding practice in the services

- In the medical service, nurse endoscopists trained and worked independently, which reduced waiting times for patients and nurses were trained in gaining consent in endoscopy.

## Areas for improvement

Action a trust SHOULD take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

### Action the trust SHOULD take to improve

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

#### For the overall trust:

- The trust should continue to prioritise improving on their published Workforce Race Equality Standard results ensuring that black and minority ethnic staff do not experience higher levels of bullying, harassment or discrimination.

#### In urgent and emergency care:

- The service should continue to prioritise meeting the national emergency department target of admitting, transferring or discharging 95% of patients within four hours of arrival.
- All staff should receive safeguarding training at the level appropriate to their role.
- Complaints should be routinely investigated within the trust's agreed timescales.

#### In surgery services:

- The service should further consider how to ensure that learning from never events is sustained and mitigates the risk of similar incidences in the future.
- Food and fluid charts should be routinely completed in full to give an accurate picture.

# Summary of findings

- The interface between paper and electronic risk assessments should be reviewed to mitigate the risk of staff using concurrent recording systems.

## In medicine services:

- The trust should continue to review their medicines management policies to promote the consistent safe storage of medicines across the service.
- The trust should continue work to support staff's understanding of where a mixed sex breach may occur and how and when it should be reported.
- The trust should continue working with partners to reduce delayed transfers of care from hospital.
- The hospital should continue work to ensure 'this is me' booklets are always completed.
- The trust should continue to undertake actions to improve compliance with patient electronic nurse assessments.
- The trust should review storage of clean items in the sluice areas.
- The trust should continue to raise staff awareness of the need to offer patients the facilities to wash their hands prior to meals.
- The trust should continue raising awareness of the need to store patients' records securely.

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well-led at the trust as outstanding because:

- The board of directors was made up of individuals with a broad range of skills and expertise. There was robust challenge to and from the board.
- The board and senior leadership team in conjunction with system partners had set a clear vision and values that were at the heart of all the work within the organisation.
- Trust leaders had taken a cultural approach to improvement since our last inspection in 2015. Through the development of team coaching, change champions and wide reaching quality improvement training, quality improvement was deeply embedded in the everyday workings of the trust.
- All staff in all areas were empowered and had access to the right tools to drive improvements and innovate, resulting in a firmly established culture of continuous improvement.
- The trust had developed an innovative reporting system, which enabled staff to not only report incidents, but also to share improvement ideas, raise a concern or highlight good practice. When incidents did occur, investigations were timely, thorough, person centred and led to improvements in patient safety and experience.

# Summary of findings

- The role of the freedom to speak up guardian (FTSG) was well embedded at this trust. Staff knew how to access the FTSG, including through the online reporting system. The FTSG was providing a valued service to staff wanting to speak up and ensuring that any trends, themes or concerns were escalated to the trust board.
- Trust leaders were open and accountable in their approach, engaging with stakeholders in a transparent and collaborative way.
- The culture at this trust was overwhelmingly positive. Staff consistently reported pride in their work and being part of #teamRBCH. Staff were rewarded in a consistent and ongoing way. The trust had set up systems that allowed staff, patients and visitors to praise individuals and teams when they had done something positive.
- The trust was ranked first (highest performing) when compared to other acute trusts nationally in the NHS staff survey 2017 indicating a very high level of staff satisfaction. Trust leaders had prioritised finding out staff hopes, aspirations and concerns. They had sought creative ways to engage with staff in all areas of the trust.
- The trust celebrated diversity. Staff from black and minority ethnic groups reported favourably about leadership at the trust. The trust had established a lesbian, gay, bi-sexual, transgender network. Directors had made efforts to ensure sufficient cultural diversity on the board though this remained an ongoing recruitment challenge.
- Governance structures were robust with clear reporting lines to and from the trust board.
- The trust had been recognised through accreditation and national awards for a variety of achievements. This included the work of the change champions on cultural improvement across the trust, which had won a Health Service Journal award in 2017.
- The trust utilised a range of timely and accurate quality metrics to monitor and improve performance. The trust board understood the need to triangulate data to be assured of its accuracy.
- Trust leaders understood the trust's financial position and knew transformation was essential for the trust's long-term sustainability. The trust benchmarked favourably against other trusts when analysed using the NHS Improvement Model Hospital tool.

However

- Staff from black and ethnic minority backgrounds reported higher levels of bullying, harassment and discrimination in 2017 as shown in data required for the Workforce Race Equality Standard.

## Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	↔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

\* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

### Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑ Mar 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Royal Bournemouth Hospital	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑↑ Mar 2018
Christchurch Hospital	Good Feb 2016	Good Feb 2016				
<b>Overall trust</b>	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑ Mar 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Royal Bournemouth Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑ Mar 2018
Medical care (including older people's care)	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018
Surgery	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018
Critical care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Requires improvement Feb 2016	Good Feb 2016	Good Feb 2016
Maternity	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑ Mar 2018
Services for children and young people	Good Feb 2016	Good Feb 2016	Outstanding Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
End of life care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Outpatients	Good Feb 2016	N/A	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
<b>Overall*</b>	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Outstanding ↑↑ Mar 2018	Good ↑ Mar 2018

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Christchurch Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Services for children and young people	Feb 2016					
End of life care	Good Feb 2016					
Outpatients	Good Feb 2016	N/A	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
<b>Overall*</b>	Good Feb 2016					

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

# Royal Bournemouth Hospital

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## Key facts and figures

The Royal Bournemouth and Christchurch Hospital NHS Foundation Trust provides acute general hospital services for a population of around 550,000 people – that is, those living on the eastern side of Dorset and in West Hampshire, with its services commissioned by the Dorset and West Hampshire Clinical Commissioning Groups. It should be noted that the population increases significantly over the summer months, as the Bournemouth, Poole and Christchurch conurbation is a popular holiday destination.

The Royal Bournemouth Hospital has approximately 600 inpatient beds and 123 day care beds. The hospital provides urgent and emergency care, medical care, surgery, critical care, end of life care, outpatient and diagnostic services.

## Summary of services at Royal Bournemouth Hospital

Good  

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

- Across the trust, we found the services we inspected to be safe, effective, caring, responsive and well led. We rated safe, effective, caring and responsive as good overall and well led to be outstanding.
- The trust had made significant improvements in all the areas we inspected. Trust leaders had taken a cultural approach to improving services, ensuring that quality improvement and continuous improvement were integral to the everyday workings of the trust.
- Patient safety was afforded sufficient priority. Staff kept patients safe from avoidable harm and abuse. When patient safety incidents occurred, the trust took a robust and systematic approach to ensuring that learning was identified and practices improved where appropriate.
- Staff followed best practice and evidence based guidance to ensure patient outcomes were good. Patient outcomes were mostly better or similar to other acute trusts when compared nationally.
- There were sufficient numbers of suitably skilled and trained staff to deliver effective care and treatment.
- Equipment and premises were fit for purpose, clean and managed well. Medicines were safely managed.
- Staff, including senior leaders, worked together and followed clear escalation protocols when the hospital was reaching capacity to ensure patient care was not unduly compromised.

# Summary of findings

- Patients were treated with dignity and respect throughout the trust and trust leaders promoted a person centred culture. Patients and their relatives gave consistently positive feedback about the care they received.
- The trust was responsive to individual needs and made good provision for patients with mental health conditions and/or a learning disability.
- Services were planned in a way that ensured patients could access care and treatment in a timely way.
- The trust was ranked first (highest performing) when compared against acute trusts nationally in the NHS staff survey of 2017.
- Senior leaders at the trust provided exemplary leadership to staff, ensuring staff had the right tools in place to drive improvements and innovate in their everyday work.
- Trust leaders had developed a clear mission, strategy, vision for the trust underpinned by clearly understood strategic objectives and key priorities.
- Robust governance arrangements and risk management ensured the trust could deliver against its strategic objectives.
- The trust were working collaboratively with system partners towards the transformation of services across Dorset.
- The relationship between the board and the Council of Governors had improved and board members were more responsive to challenges and concerns raised by governors.

# Urgent and emergency services

Good  

## Key facts and figures

At the time of our inspection, the emergency department (ED) for The Royal Bournemouth and Christchurch Hospitals (RBCH) was based on the Bournemouth hospital site. The ED was open twenty-four hours a day, seven days a week. It treated people with serious and life-threatening emergencies and those with minor injuries, which need prompt treatment.

Patients who attended the ED and needed tertiary emergency surgery were transferred to another NHS hospital around 20 minutes or 8.5 miles away.

The ED at RBCH was not a trauma unit and did not treat patients requiring emergency orthopaedic surgery. The Trust did provide emergency general surgery.

At the time of our inspection, the department consisted of a 3-bay resuscitation area; one resuscitation bay contains equipment for children, although children requiring an ambulance were taken to the specialist children's emergency facility at a neighbouring NHS trust. There was a 13-bedded majors area; a minors area, which included a paediatric assessment cubicle, as well as a rapid assessment and treatment area (RAT). A triage system was in place to enable staff to prioritise patients according to medical need.

A helipad was located just outside the ED, which the local air ambulance services used to bring patients from remote locations and transfer out to tertiary centres as required.

Co-located with the ED was a radiology suite with digital imaging facilities.

## Summary of this service

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

- We previously undertook a comprehensive inspection of urgent and emergency care in October 2015. At that time we rated the service in the emergency department as requires improvement for safe, effective, responsive and well-led services. Care of patients was rated as good.
- We observed impressive escalation protocols in action that served to protect patients from avoidable harm whilst the trust was at the highest escalation level. Similarly, staff morale remained high and care did not appear to be compromised.
- The environment was safe and staff ensured that equipment was looked after and used control measures to reduce the spread of infection.
- Staff knew how to safeguard patients from avoidable harm and abuse. Staff showed good understanding of MCA and DoLS legislation.
- The department had sufficient numbers of staff to provide safe care and treatment. Staff were observed to be competent and skilled within their roles. A wide variety of staff worked effectively together for the benefit of patients.
- Records were stored securely and completed accurately. Medicines were stored and administered safely.
- Care and treatment was evidence based, followed national guidance and mostly produced positive outcomes for patients.

# Urgent and emergency services

- Staff worked in a person-centred way, demonstrating kindness and compassion to patients and their loved ones.
- The trust planned and provided services in a way that met the needs of local people. Staff worked hard to meet national waiting time targets and ensure patients were treated in a timely and responsive way.
- The service took account of patients' individual needs. Staff made suitable adjustments where needed for patients with individual or complex needs.
- The directorate had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Governance processes were robust and we saw clear reporting lines from ward to board.
- Risks were identified, escalated and mitigated where possible. When incidents, including deaths, occurred these were reported, investigated and learning shared.

## Is the service safe?

Good  

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Since our previous inspection, we found that staff compliance with the use of control measures to prevent the spread of infection had improved.
- The service had suitable premises and equipment and looked after them well. There were systems and processes in place to ensure that the maintenance and use of equipment kept people safe. Emergency equipment was checked regularly and available to patients as required.
- Staff assessed and responded to patient risk appropriately thus improving patient safety and their care. The department safely triaged, assessed and treated patients within the department, resulting in around half the number of 'black breaches' (ambulance handover delays) than at the time of our previous inspection.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment. Though the service had experienced some medical staff shortages, as of April 2018 the department was staffed in accordance with guidelines issued by the Royal College of Emergency Medicine.
- Staff kept appropriate records of patients' care and treatment. Records were clear, up-to-date and available to all staff providing care.
- The service prescribed, gave, recorded and stored medicines well. Patients received the right medicines at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learnt with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety-monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. The service used information to improve the service. The trust scored "about the same" as other trusts for all five of the A&E Survey questions relevant to safety.

# Urgent and emergency services

## Is the service effective?

Good  

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

- The service provided care and treatment for adults and children based on national guidance and evidence of its effectiveness. We observed that assessment and interventions of staff reflected the appropriate pathway.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- The trust scored better than other trusts in the emergency department survey 2016 for ensuring that patients received timely pain relief.
- Patient outcomes were mostly positive and readmission rates within seven days were better than the England average.
- The service made sure staff were competent for their roles, appraisal rates were above the trust target.
- We observed a multidisciplinary approach to the review of activities and patient case mix, with staff sharing up to date information in a clear manner. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. All staff had access to an electronic records system that they could all update.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.

## Is the service caring?

Good   

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

- Staff cared for patients with compassion; Patients we spoke with consistently gave positive feedback about their experience in the department. The friends and family performance data confirmed this.
- In the care of children staff showed kindness and compassionate to both the child and their parents.
- Staff provided emotional support to patients to minimise their distress.
- We observed consistently positive interactions between staff and patients throughout our inspection. This was noteworthy, given the trust were at the highest level of escalation during our visit.

## Is the service responsive?

Good  

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

# Urgent and emergency services

- The trust planned and provided services in a way that met the needs of local people. Staff had responded well to the previous CQC inspection and made changes that reflected the needs of patients and carers using the emergency service.
- The staff took account of patients' individual needs; they were able to support patients with mental health problems and/or learning disabilities.
- Staff and managers worked hard throughout the trust to ensure that patients coming in through the emergency department were discharged home or admitted to an appropriate ward at the earliest clinically safe opportunity. It should be noted that the trust benchmarked within the top 16% of Type 1 providers during 17/18.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However

- The trust breached the Department of Health's standard of 95% for emergency departments for patient admission, transfer or discharge within 4 hours of arrival. The standard was missed for eight out of the 12 months between January and December 2017.
- Not all complaints were investigated within the trust's internally agreed timescales.

## Is the service well-led?

**Outstanding**  

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

- The directorate had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action.
- Managers across the service and wider trust promoted an exceptionally positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- Service leads had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.
- Service leads followed clear and effective escalation protocols at times when the department was at peak escalation. The culture remained exceptionally positive during such times ensuring patient care was not affected.

# Urgent and emergency services

## Areas for improvement

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

# Medical care (including older people's care)

Good  

## Key facts and figures

The Royal Bournemouth and Christchurch Hospitals NHS Foundation trust has indicated that there are between 342 and 344 beds across 26 wards within medicine.

*(Source: Routine Provider Information Request - Acute-Sites)*

The trust had 53,576 medical admissions from October 2016 to September 2017. Emergency admissions accounted for 18,715 (35%), 3,065 (6%) were elective, and the remaining 31,796 (59%) were day cases.

Admissions for the top three medical specialties were:

- General Medicine – 25,941 admissions.
- Clinical Haematology – 6,345 admissions.
- Cardiology – 6,016 admissions.

*(Source: Hospital Episode Statistics)*

During this unannounced visit, we visited the following medical wards and departments:

- Acute Medical unit with 52 beds including five beds for patients with very acute needs
- Treatment Investigation Unit had 13 chairs, two single rooms and 10 beds.
- Medical Ward 1 gastroenterology with 22 beds including four acute beds
- Medical ward 2 respiratory with 26 beds including a four bedded acute lung unit
- Medical ward 3 respiratory, gastroenterology, endocrinology and general medicine with 28 beds
- Endoscopy
- Coronary care unit with 15 beds (six acute and nine stepdown)
- Ward 23 cardiac investigations unit, cardiac ward and medical outliers
- Ward 22 an acute 28 bedded cardiac ward with medical outliers
- Ward 26 a 25 bedded older persons assessment unit
- Ward 4 a 28 bedded older persons short stay ward
- Ward 5 a 28 bedded older persons ward for people with complex discharge planning needs
- Ward 24 a 25 bedded older persons short stay ward
- Ward 25 a 25 bedded older persons short stay ward
- Ward 11 a 15 bedded Haematology ward
- Stroke unit a 36 bedded ward including four high acuity beds
- Ward 9 winter pressures ward with 23 beds (opened on 1 January 2018 and closed 28 March 2018).
- Discharge lounge with 11 chairs. Occasional patient in a bed taken within a dedicated space.

# Medical care (including older people's care)

We did not visit the day hospital at Christchurch Hospital during this inspection

Whilst we inspected the medical wards and departments the inspection team:

- Observed and spoke with 41 patients and 11 relatives.
- We received 89 comments cards
- Reviewed 26 Individual records
- Observed and spoke with 101 different staff members including doctors, nurses, therapists, healthcare assistants, managers and non-clinical staff

The Care Quality Commission last inspected the hospital in 2015, and rated the medical directorate stroke services, older people's medicine and medicine as requires improvement. Effective, responsive and well-led domains were rated as good.

There were five requirement notices issued to the trust following the last inspection and a number of must and should actions for the trust to make improvements.

## Summary of this service

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

- People were protected from harm and abuse. Staff understood and worked with other agencies to ensure patients were protected from abuse and poor care.
- Where incidents occurred, lessons were learned and communicated widely to support improvement in other areas where appropriate.
- The service mostly controlled and prevented the spread of infection well. There were effective dirty and clean flow areas in endoscopy, and a clear process for the decontamination and sterilisation of endoscopes.
- The service had suitable premises and equipment and looked after them well.
- The service made sure staff were competent for their roles. Managers regularly appraised staff, and held regular meetings to support them.
- People had good outcomes because they received effective care and treatment that met their needs. Up to date information about patient outcomes and audit results were shared, and used to improve care and treatment and people's outcomes.
- People were supported, treated with care, dignity and respect and were involved as partners in their care. People received care in a compassionate manner and we observed they were treated with kindness during all interactions with staff.
- Patients were overwhelmingly positive about the care and treatment they had received.
- People's needs were met through the way services were organised and delivered. Reasonable adjustments were made and action taken to remove barriers when people found it hard to access or use services.
- Leaders at every level were visible and approachable. Compassionate, inclusive and effective leadership was evident in the medical care service. The trust had effective recruitment, deployment, support processes for staff and succession planning.

# Medical care (including older people's care)

- The leadership, governance and culture promoted the delivery of high quality person-centred care. Quantifiable and measurable outcomes supported strategic objectives, which were cascaded throughout the organisation.

However

- Whilst the service overall was provided safe care, there were some inconsistency with measures to control and prevent infection, medicines management, the completion of patient risk assessments in a timely way and storage of patient records.
- Staff compliance with screening patients' nutritional needs using a national tool was 84% against a trust target of 100%.
- Staff demonstrated some variation in how and when to assess whether a patient had the capacity to make decisions about their care.
- A proportion of patients did experience a delay when medically fit with their transfer from hospital. The trust's greatest concern was delays in transfers to community hospitals, services and packages of care.

## Is the service safe?

Good  

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

- Staff understood how to protect patients from abuse and services worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. Control measures were in place to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well. Patients assessed as at risk of pressure ulcers were provided with appropriate equipment. Emergency equipment was checked regularly and available to patients as required. Risks to people who use services were assessed, monitored and managed on a day to day basis. These included signs of deteriorating health, medical emergencies or behaviour that challenged.
- Staff kept records of patients' care and treatment and these were fully completed.
- The service managed patients' safety incidents well. Staff recognised incidents and reported these appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used safety monitoring well. Staff collected information and shared it with staff, patients and visitors. Managers used this information to improve the service.
- The service mostly followed best practice when prescribing, giving, recording and storing medicines.

However

- There was some inconsistency in implementing control measures to prevent infection. Patients were not always offered hand washing before meals, and a small number of clean items such as toiletries were stored in some sluice areas.
- Staff did not always complete patient electronic nurse risk assessments within agreed timescales. The trust undertook monthly audits and compliance from February 2017 to February 2018 ranged from 79% to 84%.

# Medical care (including older people's care)

- Records of patients care were not always stored securely.
- Patient medicines were not stored safely in the discharge lounge. We found some areas where staff were not sufficiently monitoring expiry dates of intravenous medicines. Trust leaders took prompt action to mitigate these risks when we raised this to them.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Service leads made efforts to ensure staff understood and could follow pathways of care based on best practice guidance.
- Staff gave patients enough food and drink to meet their needs and support their health and wellbeing. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them. Patient outcomes were mostly positive. Staff had action plans in place where needed, to improve patient outcomes.
- The service made sure staff were competent for their roles. Managers regularly appraised staff, and held regular meetings to support them.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- The trust provided medical care services across seven days a week, there were consultants either on call or on site over the 24-hour period.
- People who use services were empowered and supported to manage their own health, care and wellbeing to maximise their independence. They felt they were involved and supported in the decision-making process of their treatment.

However

- Staff compliance with screening patients' nutritional needs using a national tool was 84% against a trust target of 100%.
- Staff demonstrated some variation in how and when to assess whether a patient had the capacity to make decisions about their care.

## Is the service caring?

Good  

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

# Medical care (including older people's care)

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them kindly with dignity and respect. Staff introduced themselves to the patients before starting any care interventions.
- We observed a deeply positive and embedded culture of caring, which was clearly demonstrated by all staff groups. This internal culture supported patients and relatives, and encouraged families to become equal partners in care.
- Staff provided emotional support, with great sensitivity, to patients to minimise their distress. People were supported to maintain and develop their relationships with those close to them, their social networks and the community.
- Staff involved patients and those close to them in decisions about their care and treatment. Staff communicated with people and provided information in a way that they could understand.

## Is the service responsive?

Good   

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

- The trust planned and provided services in a way that met the needs of local people.
- The trust had invested time and money to support people living with dementia. The needs and preferences of different people were taken into account when delivering and co-ordinating services, including those in vulnerable circumstances or with complex needs.
- Wards in medicine were dementia friendly with appropriately designed surroundings. Processes were in place to support patients with a learning disability.
- People could access the right care at the right time. Access to care was managed to take account of people's needs, including those with urgent needs.
- Waiting times from referral to treatment and arrangements to admit and treat patients were in line with good practice.
- The trust treated concerns and complaints seriously, investigated them and learned lessons from the results and shared these with staff.

However

- A proportion of patients' experienced a delay when medically fit with their transfer from hospital. The greatest concern for the trust was waiting for beds in the community hospitals.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- The service had managers at all levels with the right skills and abilities to run a service providing high quality sustainable care.
- The managers were knowledgeable about the issues and priorities for the quality and sustainability of services, understood what the challenges were and acted to address them.

# Medical care (including older people's care)

- The trust had a clear strategy for the period 2015 to 2020 to ensure the maintenance of high quality sustainable clinical services. The trust launched a new vision in January 2018 to work in partnership and continually improve services.
- Against the background of the Dorset clinical services review, managers were taking initiatives to support closer joint working with neighbouring trusts.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The leadership actively promoted staff empowerment to drive improvement, and raising concerns was encouraged and valued.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment where staff felt empowered to drive improvements.
- The service had a system for identifying and mitigating risks, and coping with both the expected and unexpected. We observed learning from never events when reviewing patient records and speaking with staff.
- The service collected, analysed, managed and used information well to support its activities using secure electronic systems with security safeguards. Data or notifications were consistently submitted to external organisations as required.
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The trust was committed to improving services by learning from when things went well and when they went wrong and by promoting training, research and innovation.
- The service used external accreditation appropriately, and participated in research.

## Outstanding practice

Nurse endoscopists trained and worked independently, which reduced waiting times for patients.

Nurses were trained in gaining consent in endoscopy.

## Areas for improvement

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

# Surgery

Good   

## Key facts and figures

Royal Bournemouth Hospital provided elective adult orthopaedic and both emergency and elective surgery, which were all part of the surgical care group.

Surgical specialties included general (breast, upper and lower GI), urology and vascular surgery. The trust was the hub for regional vascular and urology (including robotic) services and for some upper GI cancer surgery. There were five surgical inpatient wards and day case environments. There was a short stay unit (Ward 12), a surgical admissions unit and an ambulatory emergency care centre for surgical patients. Sandbourne Unit was an elective admission suite and a day treatment unit for surgical and orthopaedic patients.

Trauma and elective orthopaedic services were shared between the Poole and Royal Bournemouth hospitals, with trauma services based at Poole. Elective orthopaedics at the Royal Bournemouth were provided on two wards; ward seven (12 beds) which provided care for more complex elective orthopaedic cases and Derwent. Derwent was a dedicated primary joint replacement unit (of 20 beds serving two theatres). Spinal surgery was provided at a neighbouring NHS hospital.

The trust has between 179 and 197 surgical inpatient beds, depending on the season.

The trust has 12 surgical wards, which specialised in:

- Day surgery unit
- Two elective Orthopaedics
- Emergency surgical admissions
- Anaesthetics
- Ophthalmology
- Trauma and orthopaedics
- Colorectal/breast surgery
- Emergency admissions
- Vascular surgery
- Upper gastro intestinal /bariatric
- Urology/gynaecology
- Ambulatory emergency care
- Oral surgery
- Women's health
- Orthopaedics
- Ophthalmology
- Private patient facilities (these were not inspected)

# Surgery

Pre-operative education classes had been established for patients having hip and knee replacement surgery, and formed part of their preoperative preparation for surgery.

An emergency theatre is available 24/7 in line with the National Confidential Enquiry into Peri Operative Deaths (NCEPOD) recommendations. There are 17 theatres within main theatres, Derwent, day surgery and the day treatment centre - Sandbourne.

During this two-day inspection, we spoke with twenty patients and relatives and sixty-two members of staff. These included nursing, medical, theatre, therapy and senior management staff. We reviewed twenty sets of patients' records and 16 medicine prescription charts.

We undertook seventeen visits to wards, theatres and surgical departments. We received 60 patient comment cards.

## Summary of this service

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

- The surgical services had improved overall since the last inspection; active staff recruitment had taken place with innovative methods to increase staff retention in theatres. Staffing levels were regularly reviewed by senior staff with a method for escalation of red flag shifts to the board. Patients were risk assessed for safety regularly with reviews and reassessments on line.
- The patients' care and treatment was broadly based on current national guidance, audits and monitoring took place internally and nationally to monitor effectiveness and to improve patient outcomes.
- Care was delivered in line with the Mental Health Act 1983 and Mental Capacity Act 2005, staff were aware of their responsibilities to safeguard their patients from harm.
- Patients told us of the compassionate care they received, with respect for their privacy and dignity. They felt supported with information to make decisions about their care.
- Patients could access surgical services that were planned around their needs. Most surgical services met or were better than the national access targets.
- Complaints or concerns were dealt with appropriately with any learning shared across the trust.
- The service had engaged with staff and created a vision that reflected the trust values.

However,

- Recent never events did not illustrate that learning from a previous incident had been embedded.
- Clinical cleaning compliance was inconsistent.
- There was no reference to online risk assessments in the paper based nursing documentation including care plans.
- Fluid charts were not consistently totalled to give an accurate 24-hour balance. Food charts were not always fully completed.

## Is the service safe?

Good  

# Surgery

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

- The trust provided mandatory training in key skills to all staff and monitored staff compliance. The trust target for compliance was not met by surgical medical staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. They used control measures to prevent the spread of infection. Clinical cleaning compliance was not consistent.
- The surgical services used mostly suitable premises and equipment and looked after them well. Some wards were an unconventional lay out and there were no secure doors on most clean utility rooms.
- Staff completed and updated on line risk assessments for each patient.
- The surgical care group worked hard to provide enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- The service followed best practice when prescribing, giving and recording medicines. Storage of medicines was not always appropriate.
- The surgical services usually managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The surgical services used safety monitoring results well. Staff collected safety information and shared it with staff, patients and visitors. Managers used this to improve the service.

However

- Some recent never events did not show learning had taken place and been embedded following previous never events.
- Staff kept records of patients' care and treatment either online or in paper formats. There was no link from the online patient safety risk assessments to the paper nursing records. Some previous records scanned into the electronic patient record were proving hard to access.

## Is the service effective?

Good ● → ←

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

- The service provided care and treatment broadly based on national guidance and evidence of its effectiveness. The service provided care and treatment based on national guidance and evidence of its effectiveness.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly to see if they were in pain. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.

# Surgery

- Managers monitored the effectiveness of care and treatment and used the findings to improve them. They compared local results with those of other services to learn from them.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance to provide support and monitor the effectiveness of the service.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent. Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005.

However

- Fluid charts were not consistently totalled to give an accurate 24-hour balance.
- Food charts were not always completed.

## Is the service caring?

Good  → ←

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

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

## Is the service responsive?

Good  → ←

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

- The trust planned and provided services in a way that met the needs of local people
- The service took account of patients' individual needs.
- Most people could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were mostly in line with good practice.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, and shared these with all staff.

## Is the service well-led?

Good  → ←

Our rating of well-led stayed the same. We rated it as good because:

# Surgery

- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.
- Managers across the trust promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The trust used a systematic approach to continually improving the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The trust collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards
- The trust engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively
- The trust was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

## Areas for improvement

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

# Maternity

Good  

## Key facts and figures

The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust (RBCH) offers a midwife-led maternity service from a freestanding unit on the Royal Bournemouth Hospital (RBH) site. The three bedded midwife-led unit at RBH provides birthing services for low-risk women only, with the majority of women in the area giving birth at the main obstetric unit for the region, at Poole Hospital NHS Foundation Trust (Poole Hospital). Although the RBH service does not provide obstetric labour care, women access a range of antenatal and postnatal care within the trust's maternity services, including screening and support from obstetricians. RBCH midwives discuss place of birth options with women that include the trust's midwife-led unit, at home with support from trust community midwives or at Poole Hospital where there is an obstetric unit and an alongside midwifery led unit.

Maternity services were part of a recent Dorset-wide clinical services review, and a decision had been made in September 2017 to merge the Bournemouth and Poole maternity services, and to build a new obstetric unit on the Bournemouth site. These changes, including those relating to the estate, were still in the planning phase at the time of the inspection.

For this core service inspection, we reviewed the birthing unit, an antenatal clinic and screening session and a community clinic.

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings. In 2015, and we judged these services as requires improvement in effectiveness and leadership. We found services did not have an effective audit programme, they were unable to demonstrate compliance with clinical standards and appraisal levels were low. Governance arrangements did not ensure quality issues and risks were identified and used to improve services. We made a requirement, under Regulation 12 of the Health and Social Care Act, that protocols must be developed for the safe evacuation of women from the birthing pool. Under Regulation 17, we required the provider to improve the clinical governance of these services.

During our visit on 13 and 14 March 2018, we spoke with 14 women and their partners and 19 staff members. Staff included senior departmental staff, midwives and maternity care assistants, non-clinical staff, doctors and managers. We looked at six sets of notes and collected two feedback cards from women attending the service.

The trust carried out 266 births in the birth centre, 46 home births in the year October 2016 to September 2017. Twenty-nine births occurred in transit or other areas during this period.

## Summary of this service

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

- People, including vulnerable women, were protected from harm and abuse. Staff understood and worked with other agencies to ensure expectant women were protected from abuse and poor care.
- Where incidents occurred, lessons were learned and communicated widely, including with system partners, to support improvement.
- The service controlled and prevented the spread of infection well.
- The service had suitable premises and equipment and looked after them well.
- Staff were competent for their roles. Managers regularly appraised staff, and held regular meetings to support them.

# Maternity

- Women had good birthing outcomes because they received effective care and treatment that met their needs. Up to date information about patient outcomes and audit results were shared, and used to improve care and treatment outcomes.
- Women and their families received care in a compassionate manner by staff that displayed kindness and respect in their interactions.
- Women and their families were overwhelmingly positive about the care and treatment they had received.
- Leaders at every level were visible and approachable and highly regarded by staff at all levels. Leaders were working in a highly collaborative way with system partners to ensure outcomes for women were positive.
- The leadership, governance and culture promoted the delivery of high quality person-centred care.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and monitored compliance levels.
- Staff understood how to protect people from abuse and the service worked well with other agencies to do so.
- The service controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measure to prevent the spread of infection.
- The service had suitable premises and equipment and looked after them well.
- Midwives carried out detailed risk assessments, from the booking appointment onwards, kept clear records and asked for support when necessary.
- The service had enough staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff kept detailed records of women's care and treatment. Records were clear and up to date, with guidance on how to file documents and create robust records.
- The service followed best practice when giving, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learnt. When things went wrong, staff apologised and gave women and their families honest information and suitable support.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. Managers checked to make sure staff followed guidance.
- Staff gave women enough food and drink to meet their needs during labour.

# Maternity

- Staff assessed and monitored women to see if they were in pain and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to implement improvements.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and provided support.
- Staff in different roles worked together as a team to benefit women and babies.
- Maternity services were planned to support 24/7 labour support.
- Staff supported women to live healthier lives and helped them provide a healthy start in life for their babies.
- Staff understood how and when to assess whether a woman had the capacity to make decisions about their care. They followed trust policy and procedures when a woman could not give consent.

## Is the service caring?

Good ● → ←

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

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

## Is the service responsive?

Good ● ↑

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

- The trust planned and provided services in liaison with the wider health economy to meet the needs of local women.
- The service took account of women's individual needs and preferences.
- Women could access maternity services when they needed it, with access to 24/7 telephone guidance and prompt responses.
- The service treated concerns and complaints seriously, investigated them and learned lessons where appropriate. The service shared lessons learned with all staff.

## Is the service well-led?

Outstanding ☆ ↑↑

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

# Maternity

- Managers throughout the service had the right skills and abilities to run the service and provide high quality sustainable care. They had implemented changes in the past year to prioritise safety and promote effective staff support.
- The trust had a vision for what it wanted to achieve and workable plans to turn the vision into action. This was developed with involvement from staff, partners in service delivery and women who used the service. Leaders understood local service issues and worked with partners across the health economy to develop a system-wide strategy. All staff knew about the changes planned for the service and understood the benefits for women in the area.
- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. There was a strong sense of teamwork and staff felt listened to and supported. Leaders encouraged an inspiring and motivating culture.
- The service had a systematic approach to improving the quality of care and safeguarding high standards. It created an environment in which excellence in clinical care could flourish. The service had systematic governance arrangements and managers encouraged all staff to participate in risk and governance meetings.
- The service had effective systems for identifying risks, planning to eliminate or reduce them and coping with both the expected and unexpected. It had reviewed policies and practices to improve safety and addressed issues promptly. Lessons learnt were shared across the service.
- The service collected, analysed, managed and used information well to support its activities. It used a secure electronic system as well as paper records.
- The service engaged well with women, staff, the public and local organisations to plan and manage appropriate services. It collaborated effectively with partner organisations to implement changes advised by the clinical services review.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. Managers encouraged staff to suggest improvements.

# Our inspection team

Emma Bekefi inspection manager with the CQC, led this inspection overseen by Mary Cridge, Head of Hospital Inspection with the CQC. ,this An executive reviewer, Joanne Medhurst Medical Director of Central London Community Healthcare (CLCH) NHS Trust supported our inspection of well-led for the trust overall.

The team included six inspectors and seven specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.