



Dorset County Hospital

NHS Foundation Trust

Quality Account 2025 / 2026

Published 30 June 2026



 Healthier lives  Empowered citizens  Thriving communities

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Our Year 2025 - 26



What is a Quality Account?

The Trust is required by law to publish a Quality Account each year. This requirement is set out in the Health Act 2009, the Health and Social Care Act 2012, and the National Health Service (Quality Accounts) Regulations 2010.

A Quality Account is a public report that describes the quality of services provided by the Trust over a full year and includes details of progress and achievements against the Trust's quality and safety priorities for the previous year and describes what the Trust will focus on in the next year.

What should a Quality Account look like?

Some parts of the Quality Account are mandatory and are set out in accordance with the [The National Health Service \(Quality Accounts\) Regulations 2010](#) and Department of Health - Quality Accounts Toolkit 2010 / 2011). This toolkit can be accessed via www.gov.uk/government/news/quality-accounts-toolkit

Other sections allow the Trust to explain how we are improving the quality, safety and experience of care. In these sections, we aim to demonstrate the quality of our services, highlight key achievements during the year, and explain the impact these improvements have had on the people who use our services.

To improve accessibility, we have also produced an Easy Read version of this Quality Account, which is available on our website.

What does it mean for Dorset County Hospital NHS Foundation Trust?

The Quality Account allows NHS healthcare organisations such as Dorset County Hospital NHS Foundation Trust to demonstrate their commitment to continuous, evidence-based quality improvement and to explain progress against agreed quality and safety priorities.

It also enables review of how the organisation performed in various other quality areas, including service delivery.

Finally, it ensures that the Trust informs the public of its future quality plans and priorities.

What does it mean for patients, members of the public and stakeholders?

By putting information about the quality of services into the public domain, NHS healthcare organisations are offering up their approach to quality for scrutiny, debate, and reflection.

The Quality Accounts should assure the Trust's patients, members of the public and stakeholders that, as an NHS healthcare organisation, it is scrutinising each and every one of its services, providing particular focus on those areas that require the most attention.

How will the Quality Account be published?

In line with legal requirements all NHS Healthcare providers are required to publish their Quality Accounts electronically on the Trust website by 30th June each year.

Welcome to the Dorset County Hospital NHS Foundation Trust 2025 / 2026 Quality Account

About Us

Dorset County Hospital NHS Foundation Trust has a joint strategy as part of the federation with Dorset HealthCare. Their mission is to work in partnership to provide high quality, compassionate services and to nurture an environment where people can be at their best. Dorset County Hospital NHS Foundation Trust achieved Foundation Trust status on 1 June 2007 under the Health and Social Care (Community Health and Standards Act 2003). It is the main provider of acute hospital care to the residents of the west and north of Dorset, Weymouth and Portland, and increasingly serves populations in the Purbeck area.

The Trust serves a population of approximately 275,000 people but provides specialist services including Renal Services to the whole of Dorset and South Somerset. The population served has a proportion of older patients much greater than the national average (over 65 years representing 30% of the total population vs 19% for England and Wales). Dorset continues to experience an increasing total population, with 0.4% per annum forecast in the coming years, and the older population growing around 2% per annum. The main hospital opened on its current site in 1987, with major additions in 1996, and is situated centrally in the county town of Dorchester. The population served is in large part rural or coastal and has areas of marked deprivation, particularly in Weymouth and Portland.

The Trust delivers community based as well as hospital-based services, through providing services in GP practices, in patient homes (through the Acute Hospital at Home and Discharge to Assess teams), and at community hospitals in Weymouth, Bridport, Sherborne and Blandford. The Trust works closely with primary care and social services to ensure integrated services are provided. As a Foundation Trust, Dorset County Hospital is accountable to Parliament, rather than the Department of Health, and is regulated by NHS England. We are part of the NHS and are committed to meet the national standards and targets set us. Our governors and members ensure that we are accountable and listen to the needs and views of our patients.

The Trust provides the following services for patients:

- Full Emergency Department services;
- Emergency assessment and treatment services, including critical care (the hospital has trauma unit status);

- Acute and elective (planned) surgery and medical treatments, including day surgery and endoscopy, outpatient services, older persons services, acute stroke care, cancer services and pharmacy services;
- Comprehensive maternity services including a midwife-led birthing service, community midwifery support, antenatal care, postnatal care and home births. A Level 1 Special Care Baby Unit with accommodation for 9 babies with flexibility accordingly to acuity and dependency.
- Children's services including emergency assessment, inpatient and outpatient services;
- Diagnostic services such as fully accredited pathology, liquid based cytology, CT scanning, MRI scanning, ultrasound, cardiac angiography and interventional radiology;
- Renal services to all of Dorset and parts of Somerset;
- A wide range of therapy services, including physiotherapy, occupational therapy and dietetics;
- An integrated service with social services to provide a virtual ward enabling patients to be treated in their own homes.

Our Strategy: Working Together, Improving Lives (2024-2029)

During 2024, Dorset County Hospital and Dorset Healthcare continued to progress their integration journey and agreed to work together through a federated model. This approach provides a structured way for both Trusts to collaborate more closely while remaining separate organisations. It is a well-established model that is being used successfully in other areas of the country.

Under this arrangement, each Trust retains its own board, governance arrangements and accountability to NHS England and the Care Quality Commission. At the same time, we share a common vision, mission and strategic direction, and work together wherever it makes sense to do so for the benefit of patients, staff and communities.

As federated NHS Trusts, working closely with our partners across the Dorset health and care system, we have set out clear shared intentions and ambitions. Together, we aim to transform services and ways of working to better meet the needs of Dorset's people and communities, both now and in the future.

A key ambition is to reshape out-of-hospital services across the whole health and care system. This is essential to meet the challenges facing the NHS, improve access to care, and ensure services are delivered in the right place at the right time for local people.

Working in partnership with citizens and communities and ensuring their voices are central to everything we do, is vital to our success. We are committed to supporting people to manage their own health and wellbeing, with empowered communities and innovative digital solutions playing an important role in this transformation.

Our shared strategy is aligned with national NHS priorities and with the ambitions set out in the Dorset Integrated Care Partnership strategy, Working Better Together. We strongly believe in the power of partnership and that, by working together as two Trusts alongside our system partners, we can achieve more for the people of Dorset.

Dorset County Hospital
and Dorset HealthCare

Working together, improving lives

Joint strategy 2024-29

Our vision is for healthier lives, empowered citizens, thriving communities.

Our mission is to work in partnership to provide high quality, compassionate services and to nurture an environment where people can be their best.

Our values

Our strategic objectives

Care

We provide safe, compassionate care.

- Improved access to the right care, at the right time, in the right place
- People are equal partners in their care and have a positive experience
- Patients and service users are always safe in our care

Communities

We help build strong communities where people live well and are healthier.

- Improved population health and wellbeing through joined up working across health and care
- People staying well through prevention, detection and early intervention, with more control over their own health
- People and communities involved in shaping health and care services

Colleagues

We are empowered, skilled, caring colleagues who can thrive at work.

- Colleagues are positive about their experience at work
- All colleagues feel they belong and are included
- A sustainable workforce with the right skills now and for the future

Sustainability

Our services are sustainable environmentally and financially and we make best use of resources.

- Releasing time to care through improved processes, skill mix and digitally enhanced technology
- Sustainable models that optimise use of the available resources
- Using our size, scale and reach to make a positive difference to the economic and social wellbeing of Dorset
- Minimise our negative impact on public health and the environment

Dorset County Hospital

- Respect
- Integrity
- Teamwork
- Excellence

Dorset HealthCare

- Working together for patients
- Respect and dignity
- Commitment to quality of care
- Compassion
- Improving lives
- Everyone counts
- Commitment to learning

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Part 1

Statement on Quality from the Chief Executive Officer

In July 2025, the publication of the NHS 10 Year Health Plan, Fit for the Future, set a clear national direction for the decade ahead. The plan outlines three fundamental shifts: moving care from hospital settings into communities, accelerating the transition from analogue to digital, and placing far greater emphasis on prevention rather than treatment alone. These ambitions strongly reflect what people tell us matters most – access to care that feels joined-up, timely and tailored to their lives – and they align closely with our own local strategy.



Our shared strategy with Dorset Healthcare Foundation Trust - [Working, together - improving lives](#) - provides a strong foundation for responding to this national agenda in a way that is rooted in the needs, strengths and aspirations of Dorset's communities. Across our strategic objectives, we have continued to focus on improving quality and experience, strengthening neighbourhood-based services, supporting our workforce, and securing the long-term sustainability of care for local people.

Central to our approach is a clear commitment to listening to and involving patients, carers and communities. We know that services are most effective when they are designed with the people who use them. During the year, colleagues across Dorset County have continued to seek and respond to feedback, working with governors, community groups and partners to improve experience, enhance equality of access and ensure our services reflect the diverse needs of the population we serve.

Our voluntary and community sector partners play a particularly important role in this approach. They bring deep knowledge of local communities, trusted relationships with people who may otherwise struggle to access services, and the flexibility to respond quickly to emerging needs. Increasingly, we are working with these partners not only to inform service design but also to deliver aspects of care where it makes most sense for them to do so. This collaborative approach strengthens community resilience and helps ensure support is available in ways that feel accessible and right for individuals.

Partnership working across the Our Dorset Integrated Care System, and now the wider regional cluster, continues to be essential. We work closely with University Hospitals Dorset, primary care, local authorities and voluntary sector organisations to improve patient flow, reduce unwarranted variation and support people to receive care in the most appropriate setting. Neighbourhood-based models of working are developing across Dorset as part of this system approach, and Dorset County Hospital is an important partner in this work.

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Our Associate Medical Director for primary care is working closely with the Chief Medical Officer and colleagues across the Trust. The role includes maintaining relationships between primary and secondary care, enabling effective problem-solving for GPs—particularly in diagnostics, prescribing, patient pathways, and access. It also involves sharing key updates and emerging issues in primary care that may impact hospital working practices

Significant progress has been made this year on our New Hospital Programme developments, which represent a once-in-a-generation opportunity to transform emergency and critical care services for the people of West Dorset. These modern, high-quality facilities will support safer care, better patient flow and improved working environments for staff, ensuring the hospital is equipped to meet growing demand now and in the years to come

Alongside this, we have now embarked on a significant digital transformation with the kick-off of the Healthset electronic patient record programme, which is being delivered in partnership with Dorset Healthcare, University Hospitals Dorset and Somerset NHS Foundation Trust. This shared approach will ultimately improve information sharing, reduce duplication and enhance safety for patients who move between services, while supporting more integrated working across organisations.

As with all NHS organisations, we continue to operate within a challenging financial environment. We have maintained a strong focus on productivity, efficiency and the responsible use of public resources, while keeping quality and patient safety at the forefront of decision-making.

None of this would be possible without our workforce. The challenges we face – rising demand, workforce shortages in some areas, and ongoing financial constraints – inevitably place pressure on colleagues. We want to recognise both the scale of that challenge and the extraordinary commitment shown by staff across Dorset County Hospital. Day after day, colleagues continue to provide compassionate, high-quality care in demanding circumstances, often going above and beyond to support people at their most vulnerable.

Supporting staff health, wellbeing and development remains a priority. We continue to invest in leadership, learning and opportunities to manage change, while encouraging open conversations about workload, wellbeing and improvement. Our most recent NHS National Staff Survey results remained above the average for our benchmark group in six of the seven NHS People Promise elements, reflecting the strength of our organisational culture even during a challenging period. Kindness and compassion – for patients, carers and for one another – will remain central as we move into what we know will be another demanding year.

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Over the course of 2025/26, colleagues have celebrated a range of achievements that demonstrate how national priorities and local strategy are being translated into practical improvements for people and communities. These include:

- Opening a new patient experience and community involvement hub at the hospital
- Praise from children, young people and parents in a national CQC survey for the kindness, compassion and commitment of staff
- Completion of the £2M Fortuneswell chemotherapy unit transformation
- A rating of good from the Care Quality Commission for the hospital's maternity unit
- The opening of a new sensory courtyard garden created with £50,000 from the Greener Communities Fund
- An upgrade of the hospital's stoma care facilities thanks to a donation by the Ducks and Drakes Cancer Trust.

We are grateful to our governors for their continued challenge and support, to our volunteers for the time and care they give so generously, and to our partners across health, care and the voluntary sector who work with us to support people and communities every day. We also thank the patients, service users and carers who share their experiences and insights, helping us to learn and improve.

Looking ahead, the scale of ambition set out in Fit for the Future is significant, as are the challenges of transformation facing the wider NHS. However, we are confident that by staying focused on people and communities, working together across boundaries, and supporting our colleagues with compassion, Dorset County Hospital can continue to make a positive difference to the lives of those we serve.

This report is an open and honest assessment of what we have achieved and how we have improved the quality of our services through our quality priorities and other quality indicators. The report is consistent with internal and external information presented to and agreed by our Quality Committee in Common (QCiC) and the Trust's Board of Directors.

In preparing our Quality Account Report, we have worked hard to ensure that the information presented is accurate and provides a fair reflection of our performance during the year. I hope you find this report an interesting and informative document. I think it presents a fair and balanced view of what we have achieved and what we hope to achieve this coming year. To the best of my knowledge the information in the document is accurate.

Matthew Bryant
Joint Chief Executive Officer

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Part 2

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Quality Improvement Priorities 2026-2027

Dorset County Hospital NHS Foundation Trust (DCH) continues to work to deliver changes to continuously improve both the effectiveness and the quality of its services. To ensure that improvement is monitored, and change can be observed over time, the Trust board has given approval to carry over specific 2025/26 priorities into 2026/27.

Patient Safety – prioritising harm reduction through better detection of clinical deterioration; medication safety and; discharge Optimisation

Clinical Deterioration –

- develop an early deterioration alert digital dashboard following the adoption of an upgraded VITALs system
- deliver targeted training which enhances staff skills in recognising and responding promptly to patient deterioration
- implement regular high-risk handovers to improve situational awareness and foster efficient teamwork in patient care escalation.
- Martha’s Rule - enhance communication and family engagement which supports transparency and timely escalation of care

Medication Safety –

- develop a program of Patients Own Administration including self-administration of established and long-term medicines e.g. insulin, inhaled therapies
- analyse near-miss and incident data to look at frequent low harm errors.
- Implement pharmacy led review of high-risk medications in falls management
- develop structured medicines safety training
- consider role of ward based clinical pharmacists in medicines safety, reconciliation and real time feedback on medicines risks to clinical teams

Discharge –

- aim to reduce delays for medically optimised patients in line with the ‘Enabling Discharge’ workstream of Your Future Hospital patient flow improvement collaborative
- promote multi-disciplinary responsibilities and expansion of Criteria-led Discharge and use of the Discharge Lounge
- use of data and multi-agency working to develop personalised plans of care for those with the highest levels of attendance and complexity of need
- pharmacy led improvements in medicines safety on transfer or discharge to another setting
- enhanced partnership with community and voluntary sector agencies and use of real-time dashboards to monitor for safe discharge and avoidable readmissions

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Patient Experience - Improving engagement and care environments, especially for young people with complex social, emotional and mental health needs.

Improving Engagement -

- develop real time feedback data to enable frontline teams to be able to access daily ward-level insights
- support Trust-wide quality improvement by identifying communication, dignity, and waiting time issues through analytics and targeted efforts with seldom heard groups
- in collaboration with Dorset Youth Association, implement early intervention and support for young people in crisis to reduce reattendances and support community led wellbeing interventions within their own neighbourhoods
- train staff in trauma-informed and autism-friendly approaches working towards Autism Friendly Accreditation for the Emergency Department
- implementation of Enhanced Therapeutic Observations of Care across identified areas of need
- use of coordinated Creative Health activities for targeted groups
- implementation of digital & interactive tools such as cognitive stimulation apps, Virtual Reality and touch-screen systems across all age groups

Clinical Effectiveness - Advancing digital consent, mortality review learning and maternity safety excellence

Digital Consent –

- implement a pilot on the use of e-consent to ensure patients understand risks, benefits, and alternatives before treatment.
- target staff training programs on high-quality documentation and how to improve consent conversations across specialties
- completion of regular audits and monitoring of quality of consent

Mortality Review Learning –

- explore AI-assisted coding audits to identify discrepancies in diagnostic recording
- increase Learning from Deaths through Grand Rounds
- strengthen connections between mortality learning and quality teams
- strengthen delivery of Morbidity and Mortality reviews within identified clinical teams

Maternity Safety Excellence –

- develop an Equity dashboard
- focus on improving Trust and personalised care for communities with poorer maternity outcomes and in line with CORE20Plus5 and learning from use of the Perinatal Mortality Review Tool (PMRT) and morbidity reviews.

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- collaborations with local maternity and neonatal services to promote seamless, equitable high-quality care
- delivery of improvements in perinatal vaccination programmes in accordance with inequalities in uptake

In addition to the agreed quality priorities outlined above, two further areas will be progressed as priorities for 2026/27.

Reducing Health Inequalities – through the delivery of targeted interventions designed to improve access, experience and outcomes for deprived and underserved population groups. This will be defined and delivered through an annual programme of work and monitored by the Joint Health Inequalities Group together with Dorset Healthcare.

Strengthening Workforce and Culture – by fostering psychological safety, strengthening compassionate leadership, and promoting open, cross-team safety conversations to support learning and improve quality and patient outcomes. This will be underpinned by improved triangulation and reporting of staff feedback.

Quality Improvement Priorities 2025/2026 Results & Achievements

In line with national guidance, the Trust developed priorities following engagement with staff, partners, the executive team, local community representatives, governors together with patients and their families.

Dorset County Hospital NHS Foundation Trust (DCH) continued to work to deliver changes to improve both the effectiveness and the quality of its services throughout 2025/26. Achievement against the priorities are set out as follows:

Patient Safety
Reducing Avoidable Harm – deliver a continuous reduction in the overall number of patients experiencing hospital acquired pressure ulceration as measured by incidence of hospital acquired pressure ulcers
<p>Progress: Reducing hospital acquired pressure ulcers remains a key priority for the Tissue Viability Service. For the period 1st April 2025 to 31st March 2026 there were 354 acquired Pressure ulcers of all categories. This represents a 13% reduction in hospital acquired skin damage compared to 2023/24. The monthly average decreased from 34 cases to 27.5, thus demonstrating a sustained downward trend.</p> <p>While overall improvement has been achieved, Category 2 pressure ulcers remain the main area of focus, having shown the least improvement with a 5.8% reduction. Strengthening preventative measures and reinforcing earlier links between risk assessment and intervention from the start of the patient pathway will be a key priority for 2026.</p> <p>Since June 2024, the Trust has consistently reported five or fewer Category 3 pressure ulcers per month. In 2025, this contributed to a 52% reduction in overall Category 3 pressure ulcer prevalence. During the year, five moderate pressure ulcer incidents were reported in line with Patient Safety Incident Response Framework (PSIRF)</p>

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definitions, and Duty of Candour correspondence was issued to all affected patients. Acquired pressure ulcers continue to represent the most frequently reported patient safety incident within the Trust.

The Tissue Viability Steering Group meets monthly to review reported incidents and support learning. Ward leaders and representatives are invited to discuss incidents and share learning within their teams, with key themes disseminated across divisions via Divisional Quality Managers. Targeted walkarounds continue in areas of higher prevalence, supported by task-and-finish groups where unexpected increases occur, enabling issues to be identified and addressed promptly.

Education to clinical staff remains a priority, with monthly 3.5-hour training sessions complemented by bespoke teaching for specific areas, including the Emergency Department. The hybrid mattress replacement programme is now in its second year, with wards using OSKA 4H mattresses reporting reductions in pressure ulcer prevalence. Additional capital funding has been approved for 2026/27, with further rollout plans to be confirmed following final funding allocation.

The Trust remains committed to further reducing pressure ulcer prevalence, with the aim of achieving a 30% reduction from the 2023/24 baseline in line with Trust objectives.

Implement the Patient Safety Incident Response Plan (PSIRP) and deliver and maintain effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety - as measured by progress with implementation of this year's patient safety priorities.

Progress: Good progress has been made in implementing the PSIRP (Patient Safety Incident Response Plan) and embedding PSIRF processes. Governance is established through divisional and Trust-wide huddles, supporting oversight and shared learning.

The Trust continues to embed PSIRF across all areas, with increased awareness and stronger multidisciplinary engagement. Significant training has been undertaken in PSIRF methodologies such as After-Action Reviews, and examples of audits, including cases of nosocomial infections, are applied in accordance with PSIRF principles.

Proportionate learning responses are being applied using standardised tools and templates. Key challenges remain around capacity to lead and follow through learning responses, action tracking, and variation in divisional maturity – mitigation plans underway.

Work is ongoing to improve data quality and reporting (including transition to the new electronic risk management system) and ensure alignment between harm grading and Duty of Candour processes.

Overall, the Trust is progressing from implementation towards embedding consistent practice with a continued effort on demonstrating measurable improvements in patient safety. Focus continues on the PSIRP priorities, including those in Maternity Services, with no indication of new or emerging safety concerns.

The formal appointment of the Trust Patient Safety Specialist was confirmed in September 2025, following the retirement of the previous post holder.

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Implementing Marthas Rule - improve and sustain compliance with national guidance and local policy on recognition and rescue of the deteriorating patient. As measured by progress with implementation of the three national components and audit of use of the escalation process and incidence of deteriorate.

Progress: Dorset County Hospital (DCH) was selected as a pilot site for *Martha's Rule*, Call for Concern service, a national NHS initiative that helps patients, families and carers raise concerns if they are worried about a patient's condition. To ensure patients receive the right care from the right clinicians, services such as Maternity and Paediatrics have their own specialist pathways, so that concerns are reviewed by staff with the appropriate expertise. The initiative involved establishing operational processes.

The Emergency Department was piloted as a separate tranche and launched in October 2025. At the point of launch, Components 2 and 3 of Martha's Rule were met. Component 1, the Patient Wellness Question (PWQ), is due to commence imminently and is expected to be implemented within the next two months.

Compliance against the three components as follows.

Component 1 – Patient and family engagement

The Patient Wellness Question (PWQ) was piloted in four adult inpatient wards in March 2025. Deployment has been constrained by the absence of a digital solution, requiring paper documentation and limiting audit capability. Trust-wide rollout across all adult inpatient wards is underway, with completion expected by May–June 2026. Digital integration options (Vitals platform / EHR) are being actively explored.

Component 2 – Staff 24/7 access to rapid review

DCH has had an established 24/7 CCOT service in place since 2017. All staff are able to escalate concerns and receive a timely response. The management of deteriorating patients is supported through the All-Cause Deterioration (ACD) pathway, providing a clear and consistent escalation algorithm.

Component 3 – Patient and family 24/7 access to rapid review (Martha's Rule)

A dedicated Call for Concern telephone line has been operational since December 2024, providing 24/7 access for patients, families, carers and staff. A one-hour call-back safety net is in place where immediate response is not possible. CCOT practitioners triage calls, undertake ward-based review, document outcomes and liaise with the responsible clinical teams.

Audit activity and reporting to NHS England are ongoing to ensure compliance, effectiveness and continuous improvement of the service.

Priorities for the coming year include improving accessibility for patients with complex communication needs, cognitive impairment, and sensory impairments, continued development of digital solutions, and securing sustainable funding for the Call for Concern Administrator role, which is currently funded on a fixed-term basis through NHS England targeted investment funding and is essential for data capture and audit requirements.

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Patient Experience - Build our patient and public engagement activity contributing to the Trust strategic objectives and system wide engagement priorities, supporting patient / public involvement in service developments.

Progress: Over the past year, team restructuring has strengthened cross-working and improved service delivery, supporting the Trust’s mission to provide high-quality, compassionate care. The team acts as a central point for concerns, advice, and feedback, supported by over 200 volunteers, and monitors performance through the Experience of Care Committee and the Quality Committee in Common.

Engagement activities have increased, including the use of the HIVE (Health and wellbeing, Information, Volunteering and Engagement hub) that now offers greater signposting to services, including use by Dorset Mental Health Forum, Dorset Youth Association, the Defence Medical Welfare Service and the British Legion. In addition, a weekly Carers Café runs on a Wednesday for those with a loved one receiving care at DCH. The café offers support, and a cup of tea in an informal environment, to provide information and signposting to services available in local communities and neighbourhoods. Wider patient and public engagement activities have included events with Dorset Carers forum, Armed Forces groups, blind and partially sighted communities in Weymouth and Portland, and joint working with the Council of Governors on listening to feedback and experience of services such as those suffering with dementia.

In addition, the team oversees national patient surveys and the implementation of actions based on findings, while also increasing opportunities for public feedback through initiatives such as Care Opinion. Resulting improvements include those to the environment to promote privacy and dignity, initiation of a project on Care at Night, and improved signage to external buildings.

Ongoing work to improve carers’ support, promote the Carer’s Passport, and enhance identification of carers and veterans ensures that the Trust continues to respond to the needs of its local communities.

Expand therapeutic activity support to patients, recognising and demonstrating the positive impact and benefits linked to specific measures including slips, trips and falls and violence and aggression incidents

Progress: The continued development of the Creative Health Programme has played a significant role in engaging patients meaningfully in their care and, in targeted areas, reducing the risk of physical, cognitive and emotional deconditioning during hospital stays. Through charity-funded partnerships with Bournemouth Symphony Orchestra, Arts in Hospital and the NHS Ranger, the Trust has delivered a range of therapeutic, creative and activity-based interventions that actively encourage movement, interaction and stimulation for patients and staff.

These initiatives directly support the Trust’s Quality Priorities for Patient Activity Programmes and the Active Hospital approach, recognising that inactivity during admission is a key contributor to deconditioning, loss of independence and poorer outcomes. Creative and therapeutic activities provide an accessible and motivating means for patients to participate in gentle physical movement, social interaction and cognitive engagement, particularly for those who may be less able or willing to participate in traditional therapy or exercise programmes.

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Improvements to outdoor and green spaces, alongside the recruitment of the NHS Recovery Ranger, have further enhanced opportunities for safe mobility, orientation and sensory engagement. Access to outdoor environments has supported patients to sit outside, walk short distances and reconnect with nature, all of which are known to contribute to maintaining physical function, mood and motivation during recovery.

The expansion of the Creative Health Programme has extended these benefits across diverse patient groups and care settings. Initiatives such as Operation Jackanory in Paediatric Services, led by the Knowledge and Library Team, have promoted engagement, reassurance and emotional wellbeing for children and families, helping to reduce anxiety and encourage participation in care and normal developmental activities during admission.

Programmes including Form Theatre and Poetry Reading have supported patients' cognitive stimulation, communication and social connection, particularly benefiting older people and those with prolonged lengths of stay. These activities help maintain attention, memory, confidence and a sense of identity, all of which contribute to reducing the risk of cognitive and emotional deconditioning.

Recent funding secured for staff training and wellbeing opportunities has strengthened the sustainability and reach of the programme. By equipping staff with the skills and confidence to incorporate creative health approaches into everyday care, and by supporting staff wellbeing, the programme reinforces a culture where patient activity, engagement and holistic recovery are embedded into routine practice.

Overall, the Creative Health Programme demonstrates how innovative, inclusive and evidence-informed approaches can improve patient experience, increase levels of purposeful activity, and mitigate the risks associated with deconditioning, while also creating supportive and enriching environments for staff and patients alike.

Continue to deliver our Children and Young People programme to improve the experience of Children and Young People admitted to hospital with emotional, psychological, and mental health needs

Progress: Since the completion of the Parity of Esteem Flagship Programme in September 2024, the project team has continued to take forward the improvement actions identified. In 2025/26, the following areas have seen further development.

Youth Work Service – delivered in partnership with Dorset Youth commenced in January 2026, for young people aged 11-25. The service provides early, preventative support for those with emerging emotional health and wellbeing presentations, with or without a long term condition. Working with two youth workers from Dorset Youth the pilot service is working with 18 young people and continues to receive referrals with the intention to source longer term funding.

CYP ED Patient Pathway Development - Collaborative work between Paediatric Services and the Emergency Department progressed to develop clearer pathways for children and young people presenting with complex mental health needs. This work focuses on timely signposting, improved partnership arrangements across Dorset, and a consistent, child-centred approach to decision-making for young people and families.

High Intensity User Group - Monthly High Intensity User (HIU) meetings were established to support children and young people who frequently attend hospital. Individuals are identified through business intelligence reporting, with patient-centred

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plans developed and shared with relevant professionals, including primary care. This coordinated approach supports joined-up working, improves consistency of care, and aims to reduce avoidable emergency attendances.

Clinical Effectiveness

Consent - Improve and sustain compliance with national guidance and local policy on consent, through the delivery of training and the implementation and use of a digital consent system. As measured by training numbers, audit of policy compliance, delivery of the e-consent implementation programme, related complaints, adverse incidents, litigation, and claims

Progress: Limited progress with improvements in the delivery of sustained best practice has been made due to changes in clinical leadership during the year. Whilst amendments to the Trust policy in relation to consent for postmortem was made, and e-learning training was secured using an approach adopted at University Hospitals Dorset, a planned, progressive roll out has yet to be achieved.

Agreement to initiate implementation of the Concentric E-Consent System was secured following a review of risks and assessment of priorities of the Digital Demand Group and a Quality Improvement Group has been established during Quarter 4. Implementation across identified surgical specialities for inpatient and day case procedures will commence in 2026/27.

Deliver full compliance with the Maternity Incentive Scheme (MIS) Year 7

Progress: Dorset County Hospital has achieved full compliance with the Maternity Incentive Scheme (MIS) Year 7 requirements, meeting all ten national safety actions. This demonstrates strong leadership, effective governance, and sustained delivery of safe, high-quality maternity care.

Compliance evidence confirms embedded safety practices, effective learning from incidents, and meaningful engagement with women and families. DCH is well positioned to sustain improvements and meet future maternity safety priorities.

Achievement is underpinned by further CQC inspection of Maternity Services in June 2025 looking at the domains of Safe and Well led. The inspection followed a national programme of maternity inspections in 2023 and resulted in an uplift of ratings from Requires Improvement to Good for both domains.

Deliver the Health Inequalities Action Plan including EDS2 and CORE20Plus5 all age priorities

In collaboration with voluntary and statutory partners, communities and people with lived experience, the Trust has been continuing efforts to tackle health inequalities through a focused delivery of a Joint Health Inequalities Plan in partnership with Dorset Healthcare Foundation Trust, and participation and completion of the Equality Delivery System 2, ensuring services meet our population need.

Key achievements this year include:

- Delivering a perinatal vaccination programme together with Dorset Healthcare and University Hospitals Dorset Trust, winning the Royal College of Midwives 2026 Excellence in Public Health Award
- Completing service reviews to better understand inequities in access, experience, and outcomes of our patients through a CORE20, Inclusion Health and Learning

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Disability population health perspective, as part of the Equality Delivery System Framework

- Launching the Unison Anti-racism Framework
- Implementation of National Quality Board Equality Quality Impact Assessments and internal audit of arrangements.
- The Health Inequalities Statement can be found in Part 3.

Statements of Assurance from the Board Review of Services

During 2025/26, Dorset County Hospital NHS Foundation Trust (DCH) provided and/or subcontracted 35 relevant health services.

The Trust has reviewed the data available to them on the quality of care in all these relevant health services. The income generated by the relevant health services reviewed in 2025-26 represents 100% of the total income generated from the provision of relevant health services by the Trust for 2025-26.

The Trust income in 2025/26 was not conditional on achieving quality improvement and innovation goals through the Commissioning for Quality and Innovation (CQUIN) payment framework.

Participation in Clinical Audits and National Confidential Enquiries

During 2025-26 65 national clinical audits and 4 national confidential enquiries covered relevant health services that Dorset County Hospital NHS Foundation Trust provides.

During that period Dorset County Hospital NHS Foundation Trust participated in 95.29% national clinical audits and 100% national confidential enquiries of the national clinical audits and national confidential enquiries which it was eligible to participate in.

The national clinical audits and national confidential enquiries that Dorset County Hospital NHS Foundation Trust participated in during 2025-2026 are as follows:

What is Clinical Audit?

Clinical Audit is a quality improvement process that seeks to improve patient care. Elements of care are selected and evaluated against a specific set of criteria. Where deviation from the standards

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Name of Audit		Trust Eligible	Trust Participation	Cases Submitted	% of Registered Cases
1	Trainee Research Intensive Care Network (TRIC) Antimicrobial prescribing and resistance in Critical Care Units in the United Kingdom (TRIC-MAN) 2025	Y	Y	6238	100%
2	UK Parkinson's Audit 2025	Y	Y	40	100%
The British Association of Urological Surgeons (BAUS)					
3	Environmental Lessons Learned and Applied to the Bladder Cancer Care Pathway (ELLA) 2024	Y	Y	no DCH report	6179
5	BAUS Data & Audit Programme: a) British audit Of the investigation and referral of women with recurrent urinary tract infection using recent Guidance (BOOMERANG) 2025	Y	Y	9	100%
6	BAUS Data & Audit Programme. b) Evaluating the Management Pathway for Suspected Testicular Cancer Referrals (EMPAST) 2023-25	Y	Y	26	100%
NHS England					
7	Breast and Cosmetic Implant Registry 2025	Y	Y	10	100%
8	Learning from lives and deaths – People with a learning disability and autistic people (LeDeR) 2025	Y	Y	10	100%
9	National Adult Diabetes Audit (NDA): a) National Diabetes Core Audit 2025-26	Y	Y	1286	100%
10	National Adult Diabetes Audit (NDA): d) National Diabetes	Y	Y	12	100%

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Name of Audit		Trust Eligible	Trust Participation	Cases Submitted	% of Registered Cases
	Inpatient Safety (NDISA) Audit 2024-25				
11	National Adult Diabetes Audit (NDA): e) National Pregnancy in Diabetes Audit (NPID) 2025-26	Y	Y	13	100%
12	National Adult Diabetes Audit (NDA): f) Transition (Adolescents and Young Adults) and Young Type 2 Audit 2024-25	Y	Y	Continuous data	N/A
13	National Adult Diabetes Audit (NDA) g) Gestational Diabetes Audit 2025-26	Y	Y	Continuous data	N/A
14	National Adult Diabetes Audit (NDA) c) National Diabetes Footcare Audit (NDFA) 2025	Y	Y	Continuous data	N/A
Intensive Care National Audit & Research Centre (ICNARC)					
15	Critical Care: Case Mix Programme (CMP) 2025-26	Y	Y	716	100%
King's College London					
16	Sentinel Stroke National Audit Programme (SSNAP) 2025-26	Y	Y	563	100%
Royal College of Physicians					
17	National Respiratory Audit Programme (NRAP): a) COPD Secondary Care 2025-26	Y	Y	156	100%
18	National Respiratory Audit Programme (NRAP): c) Adult Asthma Secondary Care 2025-26	Y	Y	63	100%
19	National Respiratory Audit Programme (NRAP): d) Children and Young People's Asthma Secondary Care 2025-26	Y	Y	17	100%
20	National Respiratory Audit Programme (NRAP) b) Pulmonary Rehabilitation 2025-26	Y	Y	352	100%

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Name of Audit		Trust Eligible	Trust Participation	Cases Submitted	% of Registered Cases
21	Falls and Fragility a) Fracture Audit Programme (FFFAP) Fracture Liaison Service Database (FLS-DB) 2025	Y	Y	877	100%
22	Falls and Fragility b) Fracture Audit Programme (FFFAP) National Audit of Inpatient Falls (NAIF) 2025	Y	Y	22	100%
23	Falls and Fragility c) Fracture Audit Programme (FFFAP) National Hip Fracture Database (NHFD) 2025	Y	Y	412	100%
24	Serious Hazards of Transfusion (SHOT): UK National Haemovigilance Scheme 2025	Y	Y	149	100%
25	National Audit of Care at the End of Life (NACEL) 2025	Y	Y	87	100%
26	National Joint Registry 2025	Y	Y	Awaiting quality checks	
Royal College of Anaesthetists					
27	National Emergency Laparotomy Audit (NELA) Year 12 a) Laparotomy 2025-26	Y	Y	113	100%
28	National Emergency Laparotomy Audit (NELA) Year 12 b) No Laparotomy 2025-26	Y	Y	8	100%
29	Perioperative Quality Improvement Programme (PQIP) 2025-26	Y	Y	27	100%
MBRRACE-UK, National Perinatal Epidemiology Unit, University of Oxford					
31	Maternal, Newborn and Infant Clinical Outcome Review Programme a) Maternal morbidity confidential enquiry - annual topic based serious maternal morbidity 2025	Y	Y	Continuous data	N/A

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Name of Audit		Trust Eligible	Trust Participation	Cases Submitted	% of Registered Cases
32	Maternal, Newborn and Infant Clinical Outcome Review Programme b) Maternal mortality confidential enquiries 2025	Y	Y	Continuous data	N/A
33	Maternal, Newborn and Infant Clinical Outcome Review Programme c) Maternal mortality surveillance 2025	Y	Y	Continuous data	N/A
34	Maternal, Newborn and Infant Clinical Outcome Review Programme d) Perinatal mortality and serious morbidity confidential enquiry 2025-26	Y	Y	Continuous data	N/A
35	Maternal, Newborn and Infant Clinical Outcome Review Programme e) Perinatal Mortality Surveillance 2025	Y	Y	Continuous data	N/A
UK Kidney Association					
36	UK Renal Registry a) Chronic Kidney Disease Audit 2025	Y	Y	Continuous data	N/A
University of York					
38	National Audit of Cardiac Rehabilitation 2025-26	Y	Y	Continuous data	N/A
Intensive Care National Audit & Research Centre (ICNARC)/Resuscitation Council UK (RCUK)					
41	National Cardiac Arrest Audit (NCAA) 2025-26	Y	Y	64	100%
Royal College of Surgeons of England					
42	National Cancer Audit Collaborating Centre (NATCAN) a) National Audit of Metastatic Breast Cancer (NAoMe) 2025-26	Y	Y	Continuous data	N/A

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Name of Audit		Trust Eligible	Trust Participation	Cases Submitted	% of Registered Cases
43	National Cancer Audit Collaborating Centre (NATCAN) b) National Audit of Primary Breast Cancer (NAoPri) 2025-26	Y	Y	Continuous data	N/A
44	National Cancer Audit Collaborating Centre (NATCAN) c) National Bowel Cancer Audit (NBOCA) 2025-26	Y	Y	Continuous data	N/A
46	National Cancer Audit Collaborating Centre (NATCAN) e) National Lung Cancer Audit (NLCA) 2025-26	Y	Y	Continuous data	100%
47	National Cancer Audit Collaborating Centre (NATCAN) f) National Non-Hodgkin Lymphoma Audit (NNHLA) 2025-26	Y	Y	Continuous data	100%
48	National Cancer Audit Collaborating Centre (NATCAN) g) National Oesophago-Gastric Cancer Audit (NOGCA) 2025-26	Y	Y	Continuous data	100%
49	National Cancer Audit Collaborating Centre (NATCAN) h) National Ovarian Cancer Audit (NOCA) 2025-26	Y	Y	Continuous data	100%
50	National Cancer Audit Collaborating Centre (NATCAN) i) National Pancreatic Cancer Audit (NPaCA) 2025-26	Y	Y	Continuous data	100%
51	National Cancer Audit Collaborating Centre (NATCAN) j) National Prostate Cancer Audit (NPCA) 2025-26	Y	Y	Continuous data	100%
National Institute for Cardiovascular Outcomes Research (NICOR)					
52	National Cardiac Audit Programme (NCAP): c) National Heart Failure Audit (NHFA) 2025-26	Y	Y	Continuous data	N/A

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Name of Audit		Trust Eligible	Trust Participation	Cases Submitted	% of Registered Cases
53	National Cardiac Audit Programme (NCAP) d) National Audit of Cardiac Rhythm Management (NACRM) 2025-26	Y	Y	Continuous data	N/A
54	National Cardiac Audit Programme (NCAP) e) Myocardial Ischaemia National Audit Project (MINAP) 2025-26	Y	Y	Continuous data	N/A
55	National Cardiac Audit Programme (NCAP) f) National Audit of Percutaneous Coronary Intervention (NAPCI) 2025-26	Y	Y	421	100%
University of Bristol					
56	National Child Mortality Database (NCMD) 2025-26	Y	Y	9	100%
Outcomes & Registries Programme, NHS England					
57	National Major Trauma Registry 2025-26	Y	Y	528	100%
58	Royal College of Obstetrics and Gynaecology National Maternity & Perinatal Audit (NMPA) 2025-26	Y	Y	Continuous data	N/A
Royal College of Paediatrics and Child Health					
59	National Neonatal Audit Programme (NNAP) 2025	Y	Y	Continuous data	N/A
60	National Paediatric Diabetes Audit (NPDA) 2025-26	Y	Y	Data to be submitted	N/A
61	Epilepsy12: National Clinical Audit of Seizures and Epilepsies for Children and Young People 2023-2025	Y	Y	Data to be submitted	N/A
University of Oxford					
62	National Perinatal Mortality Review Tool (PMRT) 2025	Y	Y	Continuous data	N/A
British Thoracic Society					
63	UK Interstitial Lung Disease (ILD) Registry 2025-26	Y	Y	Continuous data	N/A

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Name of Audit		Trust Eligible	Trust Participation	Cases Submitted	% of Registered Cases
NHS Blood and Transplant					
64	NICE QS138 - Appropriate use of blood, avoiding unnecessary transfusion and informed consent 2025	Y	Y	Continuous data	N/A
65	National Comparative Audit of Blood Transfusion. 2025 Major Haemorrhage Audit	Y	Y	Continuous data	N/A

National audit reports are distributed on publication to the relevant service and local audit leads.

Audit leads review the national report and complete a local summary report template. Areas of learning are shared with relevant teams and recommendations discussed; actions are agreed where a need for a local quality improvement action plan is identified.

21 National Clinical Audit reports have been reviewed by DCH in 2025/26.

The following table includes details of national reports where areas for improvement were identified at a local level and quality improvement action plans developed

National audit	Local review actions
National Confidential Enquiry into Patient Outcome and Death (NCEPOD) Endometriosis Study,	<p>In response to the NCEPOD review of endometriosis, which highlighted national variation in recognition, treatment and long-term management, the Trust implemented a targeted improvement programme to address gaps identified through the national audit.</p> <p>This work focused on improving patient information, informed consent, pain management, medication review and continuity of care, in line with NCEPOD recommendations.</p> <p>Key actions included :</p> <ul style="list-style-type: none"> • a standardised NCEPOD patient information leaflet, • updated consent processes for diagnostic laparoscopy, • clearer discharge and follow-up arrangements, including patient-initiated follow-up. • Dedicated education for Obstetrics and Gynaecology

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National audit	Local review actions
	<p>staff, strengthened to improve symptom recognition and management of endometriosis as a chronic condition,</p> <p>The actions were supported by a local audit of medication review processes, and a Trust-approved endometriosis clinical guideline was developed, aligned with NICE, ESHRE and NCEPOD guidance.</p> <p>These improvements support the Women’s Health Strategy priority to improve experiences and outcomes for women with gynaecological conditions, by promoting earlier recognition, better information, and more coordinated long-term care.</p>
<p>The National Audit of Inpatient Falls (NAIF)</p>	<p>In response to the National Audit of Inpatient Falls (NAIF), the Trust reviewed falls prevention arrangements initially within Elderly Care services, using national audit methodology alongside local incident data and dashboards. This work identified variation in the quality of multifactorial falls assessments and opportunities to strengthen multidisciplinary engagement and oversight.</p> <p>Learning from the audit informed the redesign of the Falls Safe Assessment to improve clarity and usability, supported by the introduction of a bi-monthly audit programme to drive sustained improvement. Collaboration with clinical pharmacists was strengthened to support medication reviews as part of falls risk management.</p> <p>Key learning and improvements have been shared across the organisation through specialist falls service oversight, training and post-fall reviews. The Falls Safe Assessment will be fully embedded into inpatient assessment records in 2026, helping to support consistent, NICE-compliant falls care and reduce avoidable harm across services.</p>
<p>Medical and Surgical Clinical Outcome Review Programme: Blood Sodium (NCEPOD)</p>	<p>The national review highlighted variation in how blood sodium abnormalities are assessed, documented and managed. Abnormal blood sodium levels can have serious consequences if not identified and managed promptly.</p> <p>In response, the Trust is improving the accessibility and usability of clinical guidance to support clearer and more consistent decision-making by clinical teams. Further improvements are focused on ensuring that key clinical information, such as fluid balance and point-of-care test results, is clearly recorded in the patient record. These</p>

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National audit	Local review actions
	<p>requirements are being incorporated into the design of a future electronic patient record system.</p> <p>The findings and improvement actions from the NCEPOD Blood Sodium review have been shared through the Trust's Clinical Effectiveness Committee to support organisational learning and oversight. Progress will continue to be monitored to ensure that changes are embedded into practice and support safer, more reliable care for patients</p>
<p>Rehabilitation Following Critical Illness</p>	<p>The Audit identified the need to strengthen the coordination and delivery of rehabilitation for patients following critical illness, emphasising continuity of rehabilitation across the patient pathway. Effective rehabilitation should support patients from admission to intensive care, through ward-based recovery, and into community services.</p> <p>In response the Trust is developing a proposal for a Trust-wide Rehabilitation Pathway Co-ordinator to provide consistent oversight of rehabilitation needs and improve handover across care settings. Interim measures are also being explored to strengthen continuity, including enhanced handover processes and the identification of a named rehabilitation contact.</p> <p>The review also highlighted the importance of clear communication with patients and families about the impact of critical illness and the recovery journey. Existing supportive resources, including patient diaries and the 'Road to Recovery' booklet, continue to be used, with further improvements planned to strengthen coordinated support.</p>
<p>Behaviour Change Audit and Fracture Liaison Service Improvement</p>	<p>As part of the National Falls and Fragility Fracture Audit Programme (FFFAP), the Trust reviewed the Fracture Liaison Service to assess compliance with national standards for fracture risk identification, follow-up and treatment. This work directly supports the Trust's patient safety priorities by focusing on the prevention of avoidable harm following fragility fractures.</p> <p>Learning from the national audit informed a series of actions aimed at embedding sustainable behaviour change, including strengthening multidisciplinary oversight, improving escalation and performance monitoring, and recognising workforce stability as a key component of safe and effective service delivery. Approaches to patient feedback were also broadened, introducing questionnaires</p>

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National audit	Local review actions
	<p>to increase engagement and capture patient experience more consistently.</p> <p>By combining structured national audit requirements with feedback mechanisms and strong clinical leadership, the Trust strengthened assurance around fracture prevention and improved its ability to monitor practice, support staff behaviour change and deliver safer, more patient-centred care.</p>

Dorset County NHS Foundation Trust received 207 local clinical audit registration forms in 2025 / 2026 and intends to take the following actions to improve the quality of healthcare provided:

Following completion of a local audit, an initial action plan is proposed by the Audit Lead. The action plan will then be reviewed and agreed by the relevant service governance meeting.

Local audit action plans will be monitored by the nominated Audit Lead and will be reported on to the service and upwards through division quarterly or as necessary.

Results will be discussed at governance meetings and will then be cascaded to staff via the relevant manager.

Audits reports and action plans will also be shared with the Clinical Effectiveness Committee and other appropriate groups to maximise shared learning opportunities.

Participation in Clinical Research

The Research Department at Dorset County Hospital delivers clinical research and has been operational since 2001. The Department currently has around 23 whole-time equivalent substantive staff as well as a consistent group of bank staff based at Trust Headquarters.

The Department receives good support from a number of active Patient Research Ambassadors. It is part of the Corporate Service of the Trust, under the executive leadership of the Chief Medical Officer. Dorset County and Dorset Healthcare have worked over the last year to bring the two Research teams together and now have a federated leadership structure which is looking to drive opportunities for collaborative cross-setting research delivery in line with the three NHS shifts and responding to the life sciences plan to increase commercial research capability across all care settings.

Research Steering Committee receives escalation reports from three sub-groups and gives assurance to Quality Governance Group on a quarterly basis. The number of patients receiving relevant health services provided or sub-contracted by the Trust in 2025-26 that were recruited during that period to participate in research approved by a research ethics

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committee was 429. The Weymouth Research Hub supported 82 healthy volunteers to participate in commercial research trials under the Wessex Research Hub model.

Over the last 12 months the Trust has developed its' ATIMP trial capability and has successfully run the first commercial cancer vaccine trial, also as part of the Cancer Vaccine Launchpad. This NHSE funded initiative supported patients from both Dorset and Somerset to take part in this extremely innovative research opportunity. Reducing inequality of access to cancer research has been a key strategic focus over the last year and DCH have led work regionally across Wessex with support from WHP to set up the Wessex Cancer Research and Innovation Network.

The department has run a number of early detection cancer studies including some strong regional collaborations having recruited 150 patients to the Modernised trial sponsored by University Hospital Southampton which is evaluating a new blood test that aims to identify multiple cancers in 10 different tumour sites in their very early stages.

Renal and Cardiology portfolios continue to offer a range of commercial and non-commercial research - with 21 patients recruited to EASi-KIDNEY, a clinical trial being led by Oxford Population Health to find out whether taking vicadrostad (BI 690517) in combination with empagliflozin every day prevents worsening of kidney disease or deaths from heart disease in people who have kidney disease. This trial provides patients opportunities to participate in preventative health studies and aligns with the Fit for the Future- 10-year health plan objectives.

In April 2025, the Weymouth Research Hub became part of the Wessex CRDC with dedicated and funded infrastructure and resource. Key highlights include:

- Developing the Hub and resource using dedicated NIHR CRDC funding to build resilience and sustainability within the regional model.
- Continuing to work collaboratively with staff from multiple regional partner organisations.
- Recruitment into a range of studies including the nationally prioritised commercial norovirus vaccine study where the Weymouth Hub recruited the greatest number of participants across Wessex.

The Research Team have successfully increased the number of Principal Investigators and Associate Principal Investigators across a range of clinical specialities which is supporting building overall research capability and capacity. As well as developing staff awareness and embedding research into core clinical business, a key focus has been promoting and developing clinical academic career pathways and ensuring staff have the opportunity to take part in NIHR initiatives such as the INSIGHT and Internship programmes; a number of staff have engaged in these programmes. In addition, the department has successfully run the inaugural 'Research Leaders Programme' at DCH which has enabled staff to have dedicated time for their own research, as well as access funding for academic research training such as PhD programmes. Trust sponsorship of research has also been a priority to support this overall growth of Chief Investigators and enable research grant funding to come into the

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Organisations – the aim is to develop this further and under the federated leadership of research over the next 12 months.



Care Quality Commission (CQC)

The Trust is required to register with the Care Quality Commission (CQC) under section 10 of the Health and Social Care Act 2008.

Maternity services received an unannounced follow-up on-site assessment from the Care Quality Commission on 20 May 2025. This assessment was supplemented by virtual interviews with key staff and a review of performance and governance data submitted by the Trust. The outcome of the assessment was an improved overall rating of **Good**.

Inspectors reported that staff provided care that was kind, caring and compassionate, and that women were able to access care and treatment in a timely manner. The service was described as well-led, with strong maternity senior leadership who demonstrated the values and culture of the workforce. A positive safety culture was evident, with incidents and events appropriately investigated and learning embedded to support continuous improvement and promote good practice.

The inspection also recognised that the maternity service had strengthened its governance arrangements, with improved oversight, the introduction of a structured audit programme, and the implementation of updated clinical guidelines.

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A further CQC comprehensive unannounced inspection of Dorset County Hospital was undertaken on the 20–21 January 2026, assessing Urgent & Emergency Services and Medical Care (including older peoples care).

The reason for inspection was due to the aged rating, with inspectors observing care delivery, speaking with staff and patients, reviewing documentation, and engaging with partners as part of the CQC’s single assessment framework.

High level feedback was received with no immediate areas of concern. The full inspection report is not available at the time of writing this report.

The Care Quality Commission has undertaken a review of their assessment framework, which continues to focus on Key Lines of Enquiry (KLOEs) aligned to the five key questions: safe, effective, caring, responsive, and well-led. A consultation process with providers has been underway for several months. Pilot inspections using the new assessment framework are expected to commence in summer 2026.

The Trust maintains ongoing engagement with the Care Quality Commission providing regular updates on progress against action plans and responding to requests for information as required. During the reporting year, the Trust remained under routine surveillance, with no concerns identified that required escalation or additional inspection activity.

The Trust currently holds an overall CQC rating of **‘Good’**, with the hospital location rated as **‘Good’**.

The ratings grid below, published on the CQC’s website, illustrates the current ratings awarded to the Trust and the hospital location across core services and the five key questions.

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Last rated
13 May 2025

Dorset County Hospital NHS Foundation Trust



Are services

Safe?	Good
Effective?	Good
Caring?	Good
Responsive?	Good
Well-led?	Good

The Care Quality Commission is the independent regulator of health and social care in England. You can read our inspection report at www.cqc.org.uk/location/LOCATIONIDHERE
We would like to hear about your experience of the care you have received, whether good or bad. Call us on 03000 61 61 61, e-mail enquiries@cqc.org.uk, or go to www.cqc.org.uk/givefeedback

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Submission of Records to the Secondary uses Service (data quality)

The Trust submitted records during 2025-26 to the Secondary Uses Service for inclusion in the Hospital Episode Statistics which are included in the latest published data. The percentage of records in the published data which included the patient's valid NHS number was:

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	National Average 2025/26
Admitted Patient Care	99.9%	100%	99.9%	99.9%	99.9%	99.9%	99.9%	99.7%
Outpatient Care	100%	100%	100%	100%	100%	100%	100%	99.8%
Accident and Emergency Care	99.2%	99.7%	99.7%	99.6%	99.6%	99.8%	99.6%	99.0%

The percentage of records which included the General Medical Practice Code was:

	2019/20	2020/21	2021/22	2022/23	2023/24	2024/25	2025/26	National Average 2025/26
Admitted Patient Care	100%	100%	100%	100%	100%	100%	100%	99.8%
Outpatient Care	100%	100%	100%	99.9%	100%	100%	100%	99.6%
Accident and Emergency Care	100%	100%	99.7%	100%	100%	100%	100%	99.7%

The Trust will be taking the following actions to improve data quality:

- The Information Assurance Manager will continue to work with the Business Intelligence Team to validate the data held in the Patient Administration System to provide improved assurance to the end users of reports.

Data quality metrics and reports are used to assess and improve data quality. The Data Quality Maturity Index (DQMI) and the CDS Data Quality Dashboards are monitored, and reports run on a daily/weekly/monthly basis via the PAS system and the Data Warehouse to highlight and address areas of concern.

The Trust was not subject to the Payment by Results clinical coding audit during 2025 – 2026.

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Data Security

On 31st December 2025, the Trust submitted the interim Data Security and Protection Toolkit (DSPT) baseline submission to NHS Digital to demonstrate that, to date, it had started to gather the evidence and had so far completed 6 of the 47 of the new National Cyber Security Centre, Cyber Assurance Framework requirements.

The mandatory internal audit on 12 of the contributing outcomes was conducted by BDO LLP in February and March, we await exec approval of the draft final report which will be submitted to the June Audit Committee by BDO. One outcome was incomplete due to the timing of the clinical coding audit which meant that the overall risk rating across all five CAF objectives has been rated as Moderate, as per NHS England scoring, but with a high level of confidence by the auditor in the veracity of the DSPT self-assessment due to a low level of deviation between the independent and self-assessments.

The Data Protection Officer continues to gather the evidence needed to complete the 2025/26 Data Security and Protection Toolkit, which is due for submission on 30 June 2026. To date, 15 are complete, 26 are near completion, and the remaining 6 have been assigned to individuals for completion before submission.

Learning from Deaths 2025/26

The Trust is committed to learning from deaths to improve the quality and safety of care. Robust arrangements are in place to ensure that all deaths are reviewed proportionately, that learning is identified and acted upon, and that the Board receives appropriate assurance. These arrangements align with the National Quality Board guidance on Learning from Deaths and are set out in the Trust's Mortality Review Policy and Process.

Identification and Review of Deaths

All inpatient deaths, and deaths occurring within 30 days of discharge, are reviewed through the Trust's Medical Examiner service. Medical Examiners, who are independent of the patient's care, undertake an initial scrutiny of each case. This includes review of the medical record, discussion with the consultant responsible for the patient, and engagement with bereaved families to identify any questions or concerns.

Where learning or concerns are identified, cases are escalated for proportionate further review through Structured Judgement Reviews, specialty Morbidity and Mortality meetings, or Patient Safety Incident Investigations, in line with the Patient Safety Incident Response Framework. Nationally mandated reviews, including deaths of people with learning disabilities or autism, all in-hospital cardiac arrests, and maternal, perinatal, infant and child deaths, continue to be undertaken.

Governance and Oversight

Oversight of the mortality review process is provided by the Hospital Mortality Group (HMG), chaired by the Deputy Chief Medical Officer. The group provides assurance that reviews are completed, learning themes are identified, and actions are agreed where required. A quarterly Learning from Deaths report is escalated through the Trust's quality governance arrangements to the Joint Quality Committee in Common and the Trust Board.

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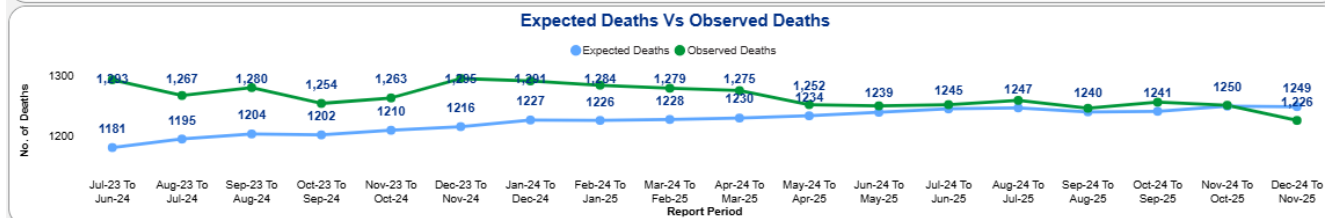
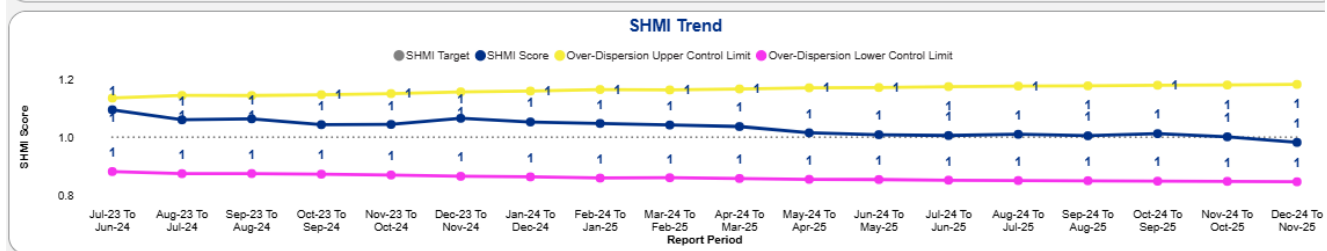
Mortality Data and Indicators

Summary Hospital-level Mortality Indicator (SHMI)

The Trust uses national mortality indicators to support oversight and learning, with a particular focus on the Summary Hospital-level Mortality Indicator (SHMI).

SHMI is published by NHS England and represents the ratio of observed deaths to expected deaths following hospital admission, adjusted for patient case mix. It includes deaths occurring in hospital and within 30 days of discharge. A SHMI value of 1.0 indicates mortality that is *as expected* compared to the national average. SHMI data is published approximately five months in arrears.

Report Period (Newest to Oldest)	No. of Patients	Observed Deaths	Observed Deceased %	Expected Deaths	Expected Deceased %	Excess Deaths	SHMI Score	SHMI Banding	In Hospital Deaths	Outside Hospital Deaths	Poisson Lower Control Limit	Poisson Upper Control Limit	Over-Dispersion Lower Control Limit	Over-Dispersion Upper Control Limit
Dec-24 To Nov-25	38,332	1,226	3.37%	1,248.71	3.44%	-22.25	0.98	2 - As expected	810	416	0.91	1.09	0.85	1.18
Nov-24 To Oct-25	38,203	1,251	3.46%	1,249.55	3.45%	2.24	1.00	2 - As expected	833	418	0.91	1.09	0.85	1.18
Oct-24 To Sep-25	35,869	1,256	3.50%	1,241.05	3.46%	15.52	1.01	2 - As expected	843	413	0.91	1.09	0.85	1.18
Sep-24 To Aug-25	35,520	1,246	3.51%	1,240.14	3.49%	6.40	1.00	2 - As expected	833	413	0.91	1.09	0.85	1.18
Aug-24 To Jul-25	35,350	1,259	3.56%	1,246.68	3.53%	13.01	1.01	2 - As expected	843	416	0.91	1.09	0.85	1.18
Jul-24 To Jun-25	34,800	1,252	3.60%	1,244.98	3.58%	7.48	1.01	2 - As expected	839	413	0.91	1.09	0.85	1.17
Jun-24 To May-25	34,413	1,250	3.63%	1,239.39	3.60%	11.24	1.01	2 - As expected	837	413	0.91	1.09	0.85	1.17
May-24 To Apr-25	34,306	1,252	3.65%	1,233.64	3.60%	18.85	1.01	2 - As expected	836	416	0.91	1.09	0.85	1.17
Apr-24 To Mar-25	34,238	1,275	3.72%	1,229.93	3.56%	45.56	1.04	2 - As expected	840	435	0.91	1.09	0.86	1.17



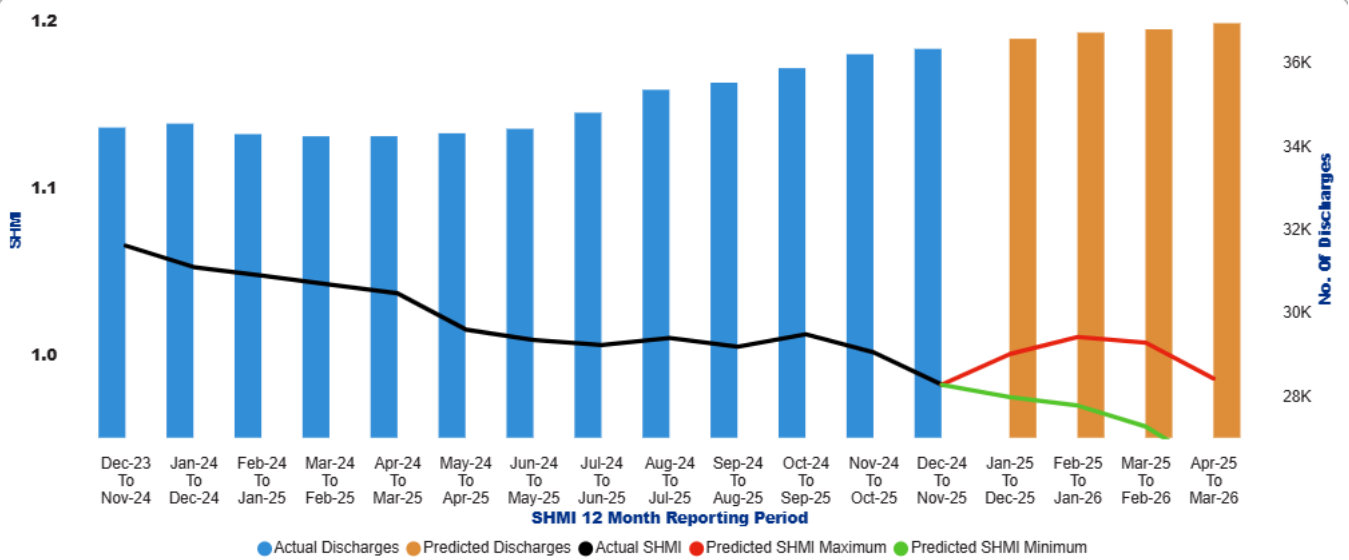
The Trust's SHMI has consistently remained within the 'as expected' range and is currently at its lowest level observed to date. In the most recent comparative publication, the Trust is ranked 27 out of 46, with a total of 118 organisations.

For the 12-month period to November 2025, the Trust recorded 1,226 observed deaths, compared with an expected number of 1,249 deaths, based on national case-mix adjustment. Current modelling indicates that SHMI is predicted to remain within the 'as expected' band in forthcoming publications.

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SHMI 12 Month Reporting Period Comparing The Number Of Discharges Against SHMI - Latest Publication Dec-24 To Nov-25

DCHFT SHMI Value Was 0.9818 With 1226 Observed Deaths Against 1248.71 Expected Deaths



Prediction For Jan-25 To Dec-25 - Between 1228 And 1221 Deaths Within 30 Days Of Discharge

This Would Contain 36573 Discharges

Based On The Casemix We Are Calculating The Expected Number Of Deaths To Be Between 1253.10 And 1227.74

Resulting In A SHMI Value Of Between 1.0002 And 0.9744 - Last Updated 29-Apr-2026

SHMI is used as a screening and surveillance tool, supporting enquiry and thematic review where appropriate, rather than as a standalone measure of quality.

Quality Improvement Identified Through Learning from Deaths

Learning from mortality reviews during 2025/26 has informed a focused set of quality improvement priorities:

- Nasal high-flow oxygen therapy: development of a clearer clinical process to support consistent assessment, escalation and management of patients requiring nasal high-flow.
- Traumatic intracerebral bleeding: improved clarity in management, supported by a new pathway developed by the Stroke Service to enable timely and coordinated care.
- Surgical clerking documentation: re-audit and further work to strengthen the quality and consistency of surgical documentation, building on previous improvement activity.
- Condition-specific SHMI review: ongoing specialty-level analysis of condition-specific SHMI to better understand variation and inform targeted improvement. Outputs from this work will be reported through the 2026/27 Learning from Deaths reports.

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Alongside these priorities, the Trust continues to strengthen the timeliness and capacity of mortality reviews, ensuring learning is identified promptly and acted upon effectively.

Freedom to Speak Up (FTSU) – Raising Concerns

It is a contractual requirement for all NHS Trusts to have a Freedom to Speak Up Guardian (FTSUG). The Guardian's role is to help foster an open, positive learning culture where staff feel safe to raise concerns, confident that they will be listened to and that appropriate action will be taken.

The Trust has established a comprehensive Freedom to Speak Up (FTSU) structure. This includes the Freedom to Speak Up Guardian, an Executive Director lead, a Senior Independent Officer who is a Non-Executive Director on the Trust Board, and more than 70 trained FTSU Champions working across the Trust. All individuals in these roles have completed appropriate training, either delivered internally by the FTSUG or through nationally recommended programmes provided by the National Guardians Office (NGO).

Staff are supported to raise concerns through a wide range of routes. These include line managers and supervisors, colleagues, Human Resources, the Patient Safety and Risk Team, trade union representatives, Occupational Health and Chaplaincy Services, professional regulators, staff governors and the National Guardians Office. The Guardian promotes awareness of all available options so staff can choose the route that feels right for them.

The FTSUG reports directly to the Joint Director for Corporate Affairs and has an open door policy to the Chief Executive and Executive Board. The FTSUG meets monthly with senior leaders, including the Chief People Officer, Chief Nursing Officer, Joint Director for Corporate Affairs, Safeguarding Lead and Temporary Staffing Manager. Monthly information-sharing meetings also take place with Human Resources, Education, Organisational Development and Recruitment teams to ensure themes and emerging risks are identified and addressed early.

In line with national recommendations, the FTSUG reports monthly to the People and Culture in Common Committee and provides formal updates to the Trust Board twice a year. The FTSUG also meets quarterly with the Chief Executive and every two months with the Non-Executive Director.

Staff are encouraged to Speak Up about any concerns. These may relate to patient safety or quality of care, staff safety and wellbeing (including sexual misconduct), bullying or harassment, or other inappropriate behaviours. Staff are also welcome to share ideas for improvement. Any concerns relating to patient safety are acted upon immediately, with the FTSUG working closely with the Risk Management Team and attending the Trust's fortnightly Patient Safety Huddle.

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At Dorset County Hospital the FTSUG role is primarily a facilitator and enabler rather than 'fixer' of issues, following up with line managers on progress in resolution and identification of trends to support organisational learning. There are several enabling factors that support 'speaking up' throughout the Trust, including a visible leadership culture that supports and encourages the raising of concerns at all levels in all parts of the organisation. The FTSUG ensures that those raising concerns are listened to, feel valued and that their concerns receive the appropriate level of review and response. Embedding a restorative and just culture lies at the heart of our philosophy.

Between 1st April 2025 and 31st March 2026, a total of 475 contacts were made to the service. Most contacts to the FTSU service are initially by email as the contact details are shared widely across the organisation in posters, cards, on the intranet and through contact during raising awareness sessions or attending team meetings. Once a contact is made this is logged and next steps are agreed with the individual. The new Joint Freedom to Speak Policy (2025) is aligned to the national policy and outlines how staff raising a concern will be supported. The FTSUG also explores barriers to speaking up and is an ally of the Staff Network groups and address barriers to speaking up and works closely with Staff Network groups to support inclusive and equitable access to the service.

Unless a concern is raised anonymously, the FTSUG provides feedback directly to those who spoke up or ensures appropriate feedback is given by managers or HR colleagues. Where staff are worried about potential negative consequences, confidentiality is maintained wherever possible and in line with legal requirements. Anonymous reporting options are available through the Trust's incident reporting system, the Working in Confidence platform and the Freedom to Speak Up post-box.

The Freedom to Speak Up Guardian regularly attends regional meetings and national conferences to share learning and keep up to date with best practice. The Guardian is also part of the Dorset and Somerset network, where senior themes are shared and peer support and supervision are available. As part of the federation between Dorset County Hospital and Dorset HealthCare, the Guardians work closely together, meeting monthly to share learning, collaborate on projects and support consistent approaches across organisations.

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Reporting Against National Core Quality Indicators 2025 / 2026

Emergency Readmissions

The table below shows the percentage of emergency readmissions to the Trust within 30 days of a patient being discharged. A readmission to hospital within 30 days may suggest either inadequate initial treatment or a poorly planned discharge process.

Readmissions within 30 days	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22	2022/23	2023/24*	2024/25*
Aged 0 to 15 years										
Total Spells	3,045	3,170	3,010	3,065	3,015	1,775	2,785	3,190	3,145	3,460
Of which, readmitted as an emergency within 30 days	370	400	390	420	435	255	395	465	515	635
Dorset County Hospital	11.9%	12.2%	12.9%	13.3%	14.1%	13.8%	13.5%	13.7%	15.6%	17.0%
<i>National average</i>	<i>10.9%</i>	<i>10.9%</i>	<i>11.2%</i>	<i>11.6%</i>	<i>11.6%</i>	<i>11.5%</i>	<i>11.7%</i>	<i>11.8%</i>	<i>12.0%</i>	<i>12.0%</i>
<i>Lowest</i>	<i>2.1%</i>	<i>1.9%</i>	<i>2.2%</i>	<i>3.4%</i>	<i>3.5%</i>	<i>5.8%</i>	<i>3.3%</i>	<i>3.6%</i>	<i>1.9%</i>	<i>1.2%</i>
<i>Highest</i>	<i>16.1%</i>	<i>16.1%</i>	<i>21.1%</i>	<i>27.9%</i>	<i>25.1%</i>	<i>23.8%</i>	<i>18.2%</i>	<i>18.5%</i>	<i>19.0%</i>	<i>23.4%</i>
Aged 16 years and over										
Total Spells	18,465	18,835	17,815	17,610	17,440	13,920	16,675	15,170	20,250	21,965
Of which, readmitted as an emergency within 30 days	2,345	2,490	2,290	2,510	2,515	2,120	2,380	1,885	3,365	3,860
Dorset County Hospital	12.1%	12.4%	12.1%	12.8%	12.9%	13.3%	12.6%	11.2%	14.5%	15.4%
<i>National average</i>	<i>10.70%</i>	<i>10.80%</i>	<i>11.1%</i>	<i>11.8%</i>	<i>12.1%</i>	<i>12.7%</i>	<i>12.0%</i>	<i>11.6%</i>	<i>11.9%</i>	<i>11.3%</i>
<i>Lowest</i>	<i>0.5%</i>	<i>0.9%</i>	<i>1.0%</i>	<i>0.8%</i>	<i>0.7%</i>	<i>1.0%</i>	<i>2.0%</i>	<i>3.0%</i>	<i>3.7%</i>	<i>0.6%</i>
<i>Highest</i>	<i>22.4%</i>	<i>40.9%</i>	<i>31.3%</i>	<i>31.0%</i>	<i>24.2%</i>	<i>29.6%</i>	<i>18.8%</i>	<i>21.8%</i>	<i>23.6%</i>	<i>22.6%</i>

***2025/26 data not published.** Information is available in Emergency readmissions to hospital within 30 days of discharge : indirectly standardised percent trends broken down by age bands and sex (I02040 / I00712) - NHS England Digital but only up until March-24
Expected values are rounded to the nearest whole number. Numerators and denominators are rounded to the nearest 5 as per the HES suppression method.
Source - [Compendium - Emergency readmissions to hospital within 30 days of discharge - NHS England Digital](#)

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Responsiveness

Staff Friends and Family Test (SFFT)

This test forms part of the national NHS Staff Survey undertaken in quarter 3 of each year. These figures are taken from the 2025 survey.

Staff survey feedback - staff who would recommend the Trust as a place to receive treatment to family or friends	2019	2020	2021	2022	2023	2024	2025
Dorset County Hospital	78%	80%	66%	66%	72%	74%	66%
National Average (median)	69%	74%	58%	62%	63%	61%	62%

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Infection Prevention Management

Healthcare-associated infections (HCAs) present a significant risk to patients, staff, and visitors across health and social care settings. HCAs can result in serious morbidity and mortality and place a substantial and ongoing financial burden on the NHS and the wider health and care system.

During 2025-2026, NHS England updated national trajectory figures for *Clostridioides difficile* infection (CDI) and Gram-negative bloodstream infections (GNBSIs). The GNBSI organisms included within national surveillance are *Escherichia coli* (E. coli), *Klebsiella* species (*Klebsiella* spp.) and *Pseudomonas aeruginosa* (P. aeruginosa).

Cases are categorised using the nationally agreed definitions below:

- HOHA (Hospital Onset Healthcare-Associated): Infections detected more than 48 hours after admission.
- COHA (Community Onset Healthcare-Associated): Infections occurring in the community or within 48 hours of admission, where the patient was an inpatient in the reporting Trust within the previous four weeks.
- COIA (Community Onset Indeterminate Association): Infections occurring in the community, with admission to the reporting Trust within the previous 12 weeks but not within the previous four weeks.
- COCA (Community Onset Community-Associated): Infections occurring in the community, with no admission to the reporting Trust within the previous 12 weeks.

For the purposes of national trajectory monitoring and reporting, HOHA and COHA cases are now combined.

The Infection Prevention and Management Committee (IPMC) fulfils the Trust's statutory responsibilities under the *Health and Social Care Act 2008: Code of Practice on the Prevention and Control of Infections* (updated in December 2022). Assurance is provided through structured reporting to the Quality Governance Group and Quality Committee in Common.

2025–2026 was another successful year, with the Trust meeting key infection prevention standards and regulatory requirements. Key highlights for the year include:

- **MRSA bloodstream infections** remained consistently low, whilst **MSSA bloodstream infection rates** remained stable.
- **Gram-negative bloodstream infections:**
 - *E. coli* and *Klebsiella* spp. showed a slight increase and were marginally above the NHS England trajectory.

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- *P. aeruginosa* rates were also slightly above trajectory; however, they demonstrated an improvement compared with the previous year.
- **Clostridioides difficile** infection rates remained below the NHS England threshold and are now at a **four-year low**, demonstrating sustained improvement.

Patient Safety Incidents

A patient safety incident is any unintended or unexpected incident which could have or did lead to harm for one or more patients receiving NHS care.

The Trust actively encourages staff to report incidents and 'near-miss episodes. Incident reporting is a positive culture of open transparency on safety within The Trust. All reporting is disseminated to ensure that key learning points are shared throughout the organisation.

Patient safety incidents reported	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22*	2022/23*	2023/24*	2024/25*	2025/26
Number of patient safety incidents reported to NRLS/LFPSE	4,493	4,838	4,997	5,542	5,552	7,582	8,763	9,181	5,528	4,415
Incidents resulting in severe harm or death [^]	24	22	25	28	23	22	28	27	18	10
Percentage of incidents resulting in severe harm or death	0.53%	0.45%	0.50%	0.51%	0.41%	N/A	N/A	N/A	0.33%	0.23%
National Average	0.37%	0.34%	0.32%	0.30%	0.44%	N/A	N/A	N/A	N/A	N/A
Lowest	0.00%	0.00%	0.00%	0.00%	0.00%	N/A	N/A	N/A	N/A	N/A
Highest	1.58%	1.76%	1.35%	1.31%	2.80%	N/A	N/A	N/A	N/A	N/A

[^]**From 2nd April 2024 incidents reported via LFPSE (not aligned)**

***Data no longer nationally published by provider. Following national consultation, the NHS Outcomes Framework publication now only includes 5 approved 'hospital based episode statistics' based indicators, which does not include the patient safety figures.**

Source [5.6 Patient safety incidents reported \(formerly indicators 5a, 5b and 5.4\) - NHS England Digital](#)

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Part 3

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Overview of the Quality of Care

In this part of the report, we aim to provide an overview of the quality of care offered by the Trust and areas of success and celebration during 2025 – 2026. The Overview is presented under the three domains of quality.

Learning Disability Benchmarking

The improvement standards were launched in 2018 by NHS Improvement to ensure the provision of high quality, personalised and safe care from the NHS for the estimated 950,000 adults and 300,000 children with learning disabilities as well as the 440,000 adults and 120,000 children with autism across England. These standards were designed together with people with learning disabilities, autistic people, family members, carers and health professionals, to drive rapid and substantial improvements to patient experiences and equity of care.

The NHS Long Term Plan, published in 2025, focuses on tackling preventable deaths and morbidity among people with a learning disability and autistic people. The plan also emphasizes reasonable adjustments in healthcare services and staff training.

The four improvement standards against which Trust performance is measured cover:

- Respecting and protecting rights
- Inclusion and engagement
- Workforce
- Specialist learning disability services

The first three ‘universal standards’ apply to all NHS Trusts, and the fourth ‘specialist standard’ applies specifically to Trusts that provide services commissioned exclusively for people with a learning disability and/or autistic people.

The benchmarking enables DCH to explore areas of work and improvement to help address any health inequalities experienced by our local community.

DCH submitted data to the NHS I E Learning Disability Benchmarking exercise (year 8). This year there were additional elements to the organisational data collection and staff survey. These were an online patient survey, an online carers survey, and a clinical case note review.

Key areas for work that have been completed since the last report include:

- Paediatric and adult reasonable adjustment and risk assessment care plans have been reviewed and updated following consultation with the learning disability and autism advocates.
- Audit completed to check adherence of the Trust’s Was Not Brought/ Did Not attend policy (For those people flagged with a learning disability/ autism).

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- Patient Engagement: Linked with Dorset Abilities Group to gather feedback on their experience of DCH- focus on surgery and outpatients.

Negative:

- Signage is hard to understand and find way around the hospital, not being told how long the wait is in ED or for appointments, not enough time during the appointment to ask questions patient felt rushed, the group would like more easy read material and there aren't enough disabled parking spaces.

Positive:

- Felt supported by nurses, staff took time to listen and explain, and the group would all come into hospital if needed. Hospital videos well received, and service users found these helpful.
- The Trust continues to notify the LeDeR (learning from lives and deaths of people with a learning disability & or autistic) programme of any deaths of people with a learning disability or Autism. Any learning from the reviews relevant to areas in the Trust is shared with the Divisions and via the Mental Health and Learning Disability Steering Group. The reports are now also shared with the Hospital Mortality Group.
- Oliver McGowan Mandatory Training for learning disabilities and autism. This continues to be rolled out to relevant teams across the Trust
- Some feedback from Community Learning Disability Nurse regarding a cardiology appointment.

Thank you all so much, I received the following email from XXX mum who is incredibly impressed with all the support from everyone.

"Thank you so much for all the effort you've put into XXX's hospital appointment. She was so pleased knowing the echocardiographer's name! We've watched the videos several times now! Pretty sure it won't be the last!"

CYP Mental Health Parity of Esteem Flagship Programme

Since the completion of the Flagship Programme in September 2024, the project team has continued to take forward the improvement actions identified. In 2025/26, the following areas have seen further development.

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Youth Work Service – The Dorset County Hospital / Dorset Youth, youth work service for 11-25yr olds commenced in January 2026. Designed as a service to work preventatively with young people who have emerging emotional health and wellbeing presentations, with or without a long term condition. Working with 2 youth workers from Dorset Youth, the service is now working with 18 young people and is continuing to receive new referrals. The service is running as a pilot project for 2 years, and aims to secure further funding in the future to continue.

CYP ED Patient Pathway Development – Collaborative work between Paediatric and Emergency Department teams is progressing to develop clear pathways for Children and Young People with complex mental health presentations in the Emergency Department. The pathway focuses on timely signposting for CYP and their families, strengthened partnership arrangements across Dorset, and a consistent, child-centred approach to decision-making.

High Intensity User Group

- Monthly HIU meetings established, focusing on the top 3 users over 12 months and top 5 from the most recent month, identified via BI reporting.
- Terms of Reference and processes developed; core membership agreed with flexible attendance based on individual need.
- Patient-centred plans recorded, uploaded to PDocs, and shared with GP practices; Dorset Care Record options under consideration to improve system visibility.
- No dedicated administrative support currently, creating a delivery risk.
- Work aligns with the Integrated Neighbourhood Health Programme and wider system HIU approach.

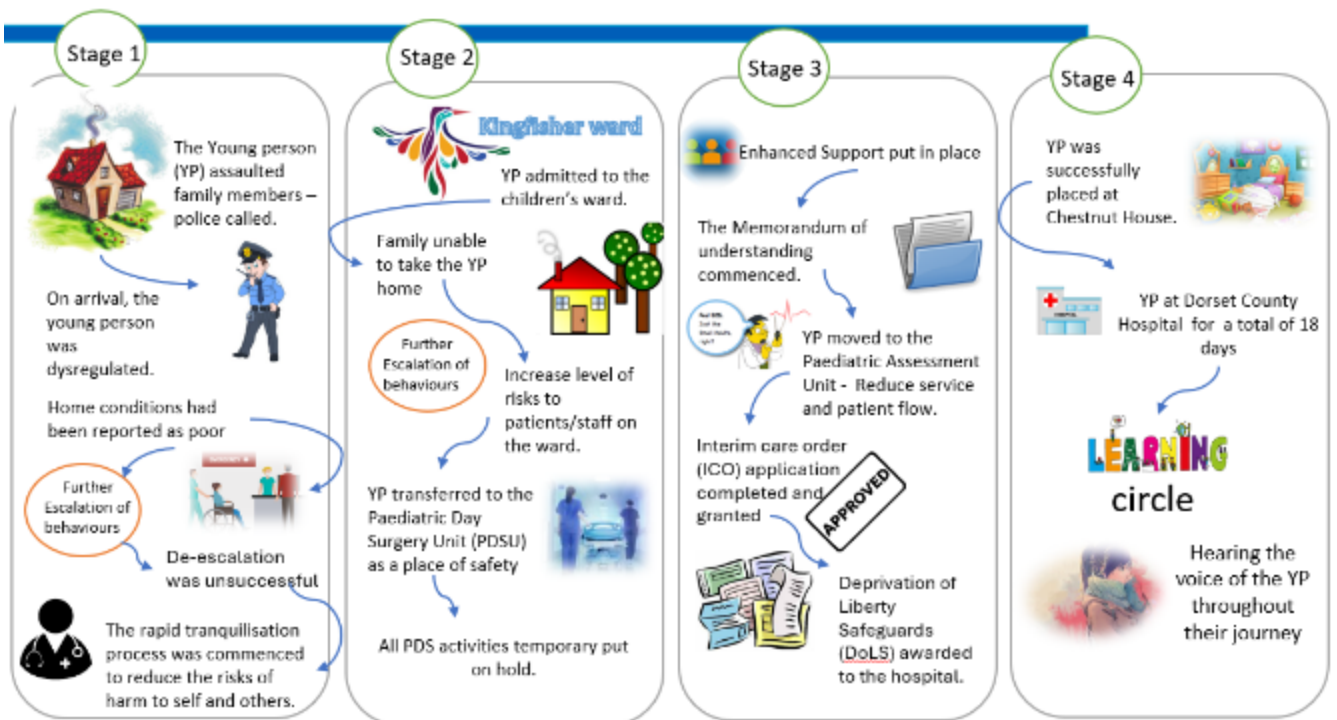
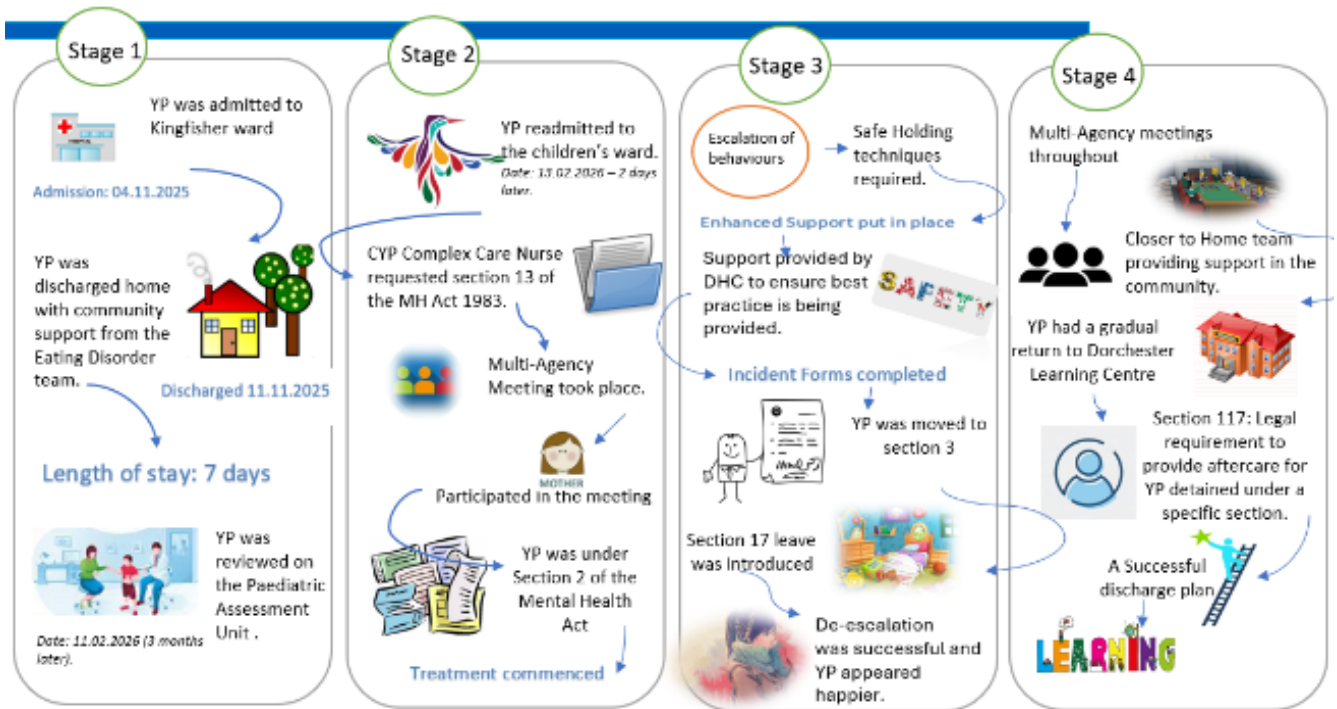
Workforce - The Complex Care Nurse role is now fully embedded, the benefits of the role for CYP are multifaceted.

- **Reviewing Pathways for CYP with Complex Care Meeting:** an opportunity to review the service DCH provide for CYP with complex care, bringing professionals together to make positive changes collaboratively.
- **Multi-Agency Reflective Discussion:** benefits of this are significant and provides an opportunity for all professional (internal and external staff) to come together and reflect on individual cases. This supports staff wellbeing and drives positive change.

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Improvements to Patient Care

A Young Person's Journey at Dorset County Hospital



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- **Supporting young people in the Community:** Working with external agencies help support young people in the community. This ensures that young people receive the appropriate support within the community, reduces the level of risks and helps prevent Hospital attendances.

Development of Frequent Attenders Plans: The frequent attenders plan are useful for staff because they help manage patients who repeatedly use service in a more coordinated and proactive way.

- Improve patient care by identifying underlying physical, mental health, or social issues driving repeat attendance.
- Support joined-up working between hospital teams and external services such as primary care, mental health, and social services.
- Reduce avoidable admissions and ED visits, easing pressure on busy hospital departments.
- Ensure consistency, so staff follow agreed plan rather than delivering fragmented care each time.
- Improve patient outcomes and wellbeing through earlier interventions and more appropriate support.

Feedback:



Staff Feedback: Due to the ongoing hard work, commitment, teamwork, and dedication, we are now seeing shorter lengths of Hospital stays for CYP with complex care needs. Thank you, Sarah.



Family Feedback: “Thank you so much for all your support and help. We wouldn’t be where we are with our son without your guidance. We feel much more positive moving forward”.



Patient Feedback: Thank you so much for all your support and help. You have really helped made difference.



Patient Feedback: Thank you for taking the time to walk around the Hospital grounds with me and for listening to me.

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I'm please to share some positive feedback regarding the continued development of the service.



Staff Feedback: We feel more supported when caring for CYP with complex needs. This service has helped to reduce the pressure and enabled them to focus more on delivering care to patients.



Joint feedback from the CYP Complex Care Practitioner, Dorset Healthcare and Social Care: We have strengthened our working relationships, leading to improve collaboration in supporting young people and their families both in Hospital and in the Community.



External Agencies/ CYP Complex Care Practitioner: Through effective partnership working and proactive risk management for young people in the community, we have successful managed to prevent Hospital admissions.

Creative Health – DCH Arts in Hospital

Arts in Hospital is continuing to promote existing, and establish new partnerships between DCH and our community, delivering activities which reduce inequalities, increase opportunities and improves health and wellbeing for all. Creative Health delivers multiple forms of Social Value, particularly when looking at the wider social impact. Our work is feeding into the NHS 10-year plan with our community outreach, and as part of an anchor institution we are helping to reduce health inequalities through socially engaged art. Our outcomes can be hard to quantify but we know from qualitative data gathered that participating in creative activities can reduce boredom, anxiety, agitation for our patients as well as promote socialisation, recovery and positive mood. The DCMS are currently working on developing a set of outcome metrics which we will utilise to measure our projects against.



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Our Art collection is a valued cultural resource, used by local schools and colleges and other outreach groups. We have recently given tours to REACH, a local drug and alcohol recovery group who have an art group as part of their programme of activities. They will reflect on their visit and produce a body of work inspired by our collection, which will then go on display in the hospital.



Our current exhibition is a collaboration with *In Jolly Good Company* a Dementia friendly charity that works creatively with all ages to bring friendship, joy and a sense of community to older people living in Dorset. By helping to alleviate the physical and mental issues caused by loneliness and isolation they celebrate creativity, connection, and identity in later life. This exhibition has been featured in the *Sherborne Times*, a publication that we continue to write for to promote our activity and share the importance of Creative Health.

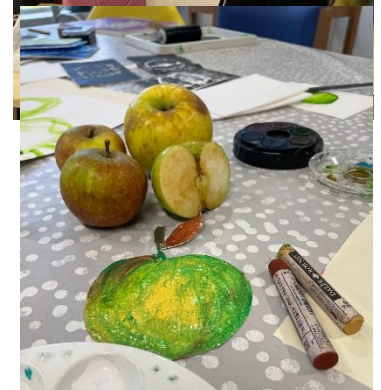
DCH commission local and regional artists to produce work for the hospital. The most recent of these is for the Fortuneswell Unit as part of their refurbishment. Local artist Bethan Venn designed the artwork and then her and her husband's print company produced and installed the artwork.



One of our long-term projects is our partnership with Bournemouth Symphony Orchestra (BSO), which continues to thrive. We are working with them on a long-term plan to deliver activity across patient pathways and to focus on prevention within the wider community. As well as delivering interactive sessions on our acute site, they are also working in the Alderney Hospital (DHC).



Participation activities, with our Creative Health Specialist, working with Stroke and patients with Dementia continues, reducing strain on staff and increasing wellbeing on the wards. This includes recruiting and training volunteers, providing skills training and prospects for members of the wider community. Our team is flourishing, with these opportunities giving real life work experience for often younger volunteers, equipping them with skills for employment within the healthcare, creative, and creative health industries. In addition, *Melody and Mindfulness* is a collaboration between Chaplaincy, Dementia Team, Nature Ranger and AIH that provides a mindful activity, singing and a moment of reflection.



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This monthly event is open to staff, volunteers and patients. We have recently partnered with *Dorchester Arts* to deliver their *Art for Memory* programme. By providing creative activities for those with early onset Dementia in community settings we're creating consistency across patient pathways. This resource is receiving referrals from CMHTs.

We have an active partnership with Dorset Museum who regularly lend the hospital themed loan boxes of handing collections which are used to promote discussion, connect patients with artefacts from Dorset and inspire new artworks.

We are focusing on staff wellbeing in this coming year and building a programme of in-person creative workshops. We are collaborating with *Dorset Art Weeks* and one of their venues, *Dower House Studios*. Their group of artists are offering free staff workshop on site for 3 days in May. We will continue to programme free activities for staff relating to each or our exhibitions throughout the year.

Art in Poundbury is a local CIC that we've built a great relationship with. We host their work, judge competitions they're involved with, while they continue to fundraise for us at all their events. Money from their donations will pay for a new art trolley for the wards and bespoke Arts in Hospital t-shirts.



Accessible Information Standards

The Trust remains committed to meeting its statutory duties under the Accessible Information Standard (AIS), ensuring that patients, service users, carers and families with communication or information needs related to disability, sensory loss or impairment receive information they can access and understand, and appropriate communication support. During the reporting year, services continued to identify, record, flag, share and meet individual communication needs across care pathways, supporting person-centred and safe care.

The Trust's approach aligns with the Equality Delivery System 2 (EDS2), embedding equality, diversity and inclusion into service delivery, workforce practice and leadership. Progress has been overseen through Trust governance structures, with engagement from patients, staff and system partners to assure equitable access, experience and outcomes for all protected groups.

Key work has focused on addressing health inequalities, recognising the disproportionate impact of barriers to access on people from protected characteristic groups as defined under the Equality Act 2010. The Trust continues to promote early identification of need, inclusive service design and reasonable adjustments, consistent with the NHS Core20PLUS5 and local population priorities.

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Significant progress has been made in developing electronic patient record (EPR) and clinical systems to better support the recording, visibility and reporting of protected characteristics, including age, disability, sex, ethnicity, religion or belief, sexual orientation, gender reassignment, pregnancy and maternity, and marriage or civil partnership (where relevant). This enhancement supports:

- Improved identification of inequalities in access, experience and outcomes
- More effective implementation of reasonable adjustments and communication support
- Robust equality impact assessment and EDS2 assurance
- Data-driven quality improvement and population health management

The Trust continues to work with digital, clinical and commissioning partners to improve data completeness, staff confidence in sensitive data collection, and consistent use of equality and accessibility information to improve care quality and patient safety.

Anti Racism Framework

During 2025/26, Dorset County Hospital strengthened its approach to anti-racism as part of its wider inclusion and belonging work and through joint working with Dorset HealthCare. The focus during the year was on establishing a clearer framework for sustained action, recognising that becoming an anti-racist organisation requires visible leadership, staff voice, data-informed improvement and clear accountability.

A key milestone was the development and approval of the Joint Anti-Racism and Inclusion Framework, followed by Board approval of the UNISON Anti-Racism Charter as a visible statement of the Trusts' commitment. The Framework brings together existing and planned activity across leadership, culture, staff experience, data, governance and communication, and aligns this work with national expectations including the Workforce Race Equality Standard (WRES), the Equality Delivery System (EDS2) and, where relevant through Dorset HealthCare, the Patient and Carer Race Equality Framework (PCREF).

Staff Networks continued to play an important role in shaping this work by providing routes for colleagues to share lived experience, raise concerns and inform organisational learning. This included engagement with networks representing ethnically diverse and internationally recruited colleagues, alongside wider inclusion networks that support belonging, psychological safety and respectful workplace culture.

Their insight helped to strengthen the understanding of how racism, discrimination and exclusion are experienced in practice, and where further action is needed.

Senior leadership engagement was supported through a Board Development session focused on anti-racism and the role of leaders in setting expectations, listening to staff experience and addressing inequity. This helped support a shared understanding that anti-racism must be visible through leadership behaviour, decision-making, governance and the way concerns are heard and acted upon.

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Preparatory mapping work also began to align current activity with the UNISON Anti-Racism Charter commitments. This included reviewing how existing work on WRES, staff experience, speaking up routes, staff network feedback, inclusion training, guidance on unacceptable behaviours and governance arrangements supports delivery of the Charter, and where further development is required. The Charter was signed in April 2026.

This work provides an important foundation for the next phase, including continued engagement with staff, clearer communication on expectations and support, and further action to address racism and discrimination. The aim is to improve staff experience, strengthen Trust and support safer, more equitable care for patients, carers and communities.

NHS Ranger

Our [Nature Recover Ranger](#) came into post in June 2025. As part of the [Healthy by Nature Project](#), with the Trust working in partnership with Centre for Sustainable Healthcare to host the role in the Sustainability team. The ranger is delivering greenspace improvements while engaging staff, patients, visitors and local community with nature for health and wellbeing.

- **Staff gardening group:** Over 20 members have joined the mailing list, with several regular attenders. The group meets monthly. 5 sessions have been run over the past year, with additional ad-hoc activities. A weed and tidy up of the chemotherapy garden in October were particularly well-received.
- **Staff wellbeing:** A [winter wellbeing leaflet](#) for staff was produced by Ranger using local resources, this was included in the libraries' comfort boxes initiative and is available to staff on StaffNet. This was shared to all Dorset Trusts and picked up by SWAST. The Ranger and Sustainability Manager are working on a summer version.
- **Patient activities:** Weekly ranger-led patient activities from March 2026, semi-regular activities on Kingfisher ward, including bulb planting, collaborative monthly activities with Mary Anning and Stroke patients working with Arts in Hospitals, Dementia and Chaplaincy Teams. Building on creative therapies to pilot nature-based therapies and immersion outside grounds and inside.

Green Spaces Strategy

The Trust is committed to improving its environment to enhance staff and visitor wellbeing. Evidence demonstrates that even brief exposure to natural environments supports physical and mental health and emotional regulation.

The Staff Gardens and Greenspaces Steering Group met bi-monthly throughout the year. Chaired by the Director of Nursing. This multidisciplinary group provides strategic oversight for the Ranger project, stakeholder engagement and the development of Trust greenspaces.

While most evidence for nature-based interventions comes from long-term or rehabilitation settings, small-scale initiatives in acute environments show significant potential benefits.

The Sensory Courtyard Garden was delivered with funding from Greener Communities. The design was developed with Coastal College horticultural students and enhanced through

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planting and support from Dobbies in the Community. The wheelchair-accessible garden includes raised planters and peace gates, supplied by Dorchester Men's Sheds and provides year-round sensory interest.

The Ranger led delivery of a new herb garden outside Damer's Restaurant, with over 1,000 bulbs planted across the hospital site during the autumn and winter period. Around 50 herb plants were added in September.

Work is underway with the Staff Pride Network to develop an inclusive greenspace for all staff, alongside further improvements outside Damer's House.

Bringing the Outside In

An immersive nature pilot was introduced using ward-based iPads to provide birdsong and wildlife livestreams for patients unable to go outdoors. Further development and potential grant funding are being explored.

The livestream bird feeder, funded by Hospital Charities, continues to operate in staff areas at Damer's Restaurant and the Terrace Café. It supported the RSPB Big Garden Birdwatch in January 2026 through staff engagement, guided micro-walks, and patient craft activities.

Cross-departmental work continues to enhance the Fortuneswell Courtyard, integrating outdoor refurbishment with internal light, art and wellbeing spaces in partnership with Arts in Hospital, Capital Projects and clinical teams.

Wildlife and Biodiversity

A Trust biodiversity project has been established on iNaturalist for Dorset County Hospital and South Walks House, with 197 wildlife records to date. Staff and patient engagement is supported through a wildlife sightings board in Mark's Meadow.

Grassland management continues across the site, including reduced cutting regimes around the multistorey car park, Williams Avenue bank, Mark's Meadow and Robert White Centre verges. This supports wildflower recovery, slows soil nutrient enrichment and encourages biodiversity. Wildflower seed collection, including yellow rattle, has contributed to increased primrose and cowslip coverage, particularly on the Williams Avenue bank. A local wildflower group has been commissioned to undertake a formal survey.

Climate Adaptation

The Trust is exploring a pilot desktop analysis with Plain Site to map the role of vegetation and green spaces in soil stability and water management, supporting informed future development decisions. Climate adaptation activity also contributes to the Dorset Trusts Climate Change Risk Assessment and Adaptation Plan, aligned with the NHS-E Climate Adaptation Framework following publication of the Fourth Health and Climate Adaptation Report in April 2026. This work will involve local authorities, emergency partners and stakeholder engagement.

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Statement on Information - Health Inequalities

Dorset County Hospital (DCH) remains committed to reducing unjust and avoidable differences in access, experience, and outcomes of care. NHS England's 2025 Statement on Information on Health Inequalities, issued under section 13SA of the NHS Act 2006, sets out clear requirements for NHS bodies to collect, analyse, use and publish health inequalities information to inform improvement action and annual reporting. [[england.nhs.uk](https://www.england.nhs.uk)]

This statement outlines how DCH meets these duties across five nationally mandated domains:

1. Understanding health needs
2. Understanding healthcare access, experience, and outcomes
3. Improving data quality, collection and analysis
4. Using information on healthcare inequalities to drive action
5. Publishing information

This statement outlines the extent to which the Trust has exercised its functions on information on health inequalities; exercised its functions to publish both quantitative and qualitative health inequalities information within or alongside the Annual Report; goes beyond qualitative statements of ambition and descriptions of activity and demonstrates an evidenced based response to service level and population level inequalities.

The statement will also set out how information on how inequalities have been identified and addressed within the following reporting categories:

- Operational priorities
- CORE20PLUS5 clinical priorities
- Completeness of ethnicity data.

Understanding Health Needs

NHS England requires Trusts to use local analysis, demographic insights and population health outcomes data to understand risk factors for inequalities and identify Core20PLUS groups.

In 2025/26 DCH has:

- **Used population health datasets**, including deprivation indices, ethnicity distributions, age and sex breakdowns to identify groups at higher risk of poorer health outcomes, following the Core20PLUS5 guidance.
- **Worked closely with the Dorset Integrated Care System (ICS)** to assess local drivers of inequality, including coastal/rural deprivation, long-term conditions prevalence, mental health needs, and access barriers for inclusion health groups.

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- **Applied Core20PLUS5 principles**, identifying the most deprived quintile of our local population, and locally defined PLUS groups, including people with a learning disability, ethnic minority communities, those in contact with Health and Justice services and individuals facing social exclusion.

The Trust completed EDS2 Case studies for Domain 1 to consider population level inequalities and associations with DNA rates. These included the CORE20 population identified by deprivation indices, those with a Learning Disability and Prisoner Health in relation to the population of The Verne. The outcome of analysis, learning and areas for identified action and improvement are published within the EDS2 submission on the Trust website. [EDS Report & Action Plan 2024](#)

In addition, the Trust has developed a data dashboard that analyses health inequalities data for missed appointments (DNA rates), elective admissions including referral to treatment times (waiting lists), and DMO1 standards (diagnostic waiting times). The analysis compares key metrics across deprivation, age groups, ethnicity, sex and locally identified groups including people with a learning disability or military veterans.

This analysis shows:

- Inequality in **DNA rates**, particularly for people from the most deprived areas and people from Black or Mixed ethnic backgrounds. There is some inequality for people with a learning disability and for young people (aged 17-25).
- Some inequality in **referral to treatment (RTT)** waiting times with children and young people waiting 6 to 11 weeks longer, and people with learning disabilities waiting 3 weeks longer.
- No inequality in waiting times for **diagnostic tests (DM01)**.

Understanding Healthcare Access, Experience and Outcomes

NHS England expects all NHS bodies to disaggregate data—at minimum by deprivation, ethnicity, age, and sex—to identify unwarranted variation in access, experience and outcomes.

In line with national requirements, DCH has:

- **Analysed elective activity, emergency activity, mental health-related indicators, and key condition-specific measures** with a focus on identifying variation. National guidance specifies indicators such as elective activity levels, emergency admissions and tooth extraction rates for under-10s; these indicators inform DCH's monitoring framework.
- **Examined referral-to-treatment (RTT) pathways and waiting list profiles**, disaggregating data to understand inequalities in access, aligned with expectations for Trust Board reporting.

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- **Developed insights on outcomes** relating to the Core20PLUS5 priority areas (e.g., respiratory disease outcomes including Targeted Lung Health Checks).
- **Looked to strengthen patient experience analysis** by ensuring that the incorporation of demographic segmentation into complaints, PALS themes, and Friends and Family Test returns will be possible with the procurement and supply of a new Local Risk Management System for implementation during 2026/27.

This analysis will support identification of groups experiencing poorer access or outcomes, guiding targeted actions as described below.

Improving Data Quality, Collection and Analysis

NHS England's 2025 statement emphasises identifying dataset gaps—particularly unknown ethnicity—and taking steps to improve completeness and quality.

During 2025/26, DCH has:

- **Implemented targeted data quality initiatives** to improve the completeness of ethnicity and deprivation-linked data, acknowledging the national challenge of under-recording. Results on ethnicity and protected characteristics can be found in the EDS2 publication.
- **Enhanced analytical tools and dashboards** in collaboration with the ICB using DiIS (Dorset Intelligence and Information System) and in the development of internal dashboards that can determine inequalities at service level.
- **Strengthened staff training and operational processes** to ensure accurate demographic data collection at all points of care and within existing digital systems. Further improvements will be available with the implementation of a new Electronic Health Record (Healthset) across the Dorset and Somerset system in 2028.

Using Information on Healthcare Inequalities

NHS England requires Trusts to use health inequalities information to inform service design, resource allocation, delivery, and evaluation.

In response, DCH has:

- **Embedded health inequalities metrics in clinical and operational governance**, ensuring Board-level oversight and accountability via the Joint Health Inequalities Steering Group with Dorset Healthcare Trust to Quality Committee in Common on a bi-annual basis.
- **Aligned improvement work with the Core20PLUS5 clinical priorities**, including maternity (using the Perinatal Mortality Tool/PMRT), respiratory disease, early cancer diagnosis (Targeted Lung Health Checks) and hypertension optimisation.

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- **Worked with community partners and voluntary sector organisations**, reflecting the national evidence that co-production and community connectors improve uptake and outcomes. [scwcsu.nhs.uk]
- **Applied data to target interventions**, such as improving vaccine uptake in at-risk communities especially in perinatal care, addressing barriers to early diagnosis, and developing equitable access pathways for identified services.

This evidence-led approach ensures that actions are focused where they can have the greatest impact.

Publishing Information

NHS England mandates that NHS bodies **publish information on health inequalities within or alongside their Annual Reports** and embed health inequalities data in public Board papers throughout the year.

DCH has complied by:

- Including this **Health Inequalities Statement** in the 2025/26 Quality Account.
- Publishing **regular Board updates** on access, experience and outcomes, with disaggregated data.
- Ensuring transparency through publicly available reports, in line with legal duties outlined in n
- National compliance guidance e.g. EDS2.

Conclusion and Forward Priorities

During 2025/26, DCH strengthened its understanding of health needs, deepened its analytical capability, and embedded health inequalities considerations across service planning and delivery. National reports highlight the scale and persistence of inequalities across England—particularly among deprived communities and ethnic minority groups—which reinforces the need for continued local focus. [gov.uk]

For 2026/27, DCH will:

- Further expand Core20PLUS5-aligned improvement programmes to expand on early cancer diagnosis for additional tumour sites, Children and Young People Core20PLUS5 (Epilepsy) and Inclusion health Groups (Learning Disabilities; HIV positive population)
- Enhance community engagement to ensure services are shaped by lived experience
- Improve demographic data completeness, especially ethnicity, marital status and religion.
- Strengthen evaluation of targeted interventions to monitor impact on outcomes

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- Expand the Health Inequalities data dashboard with particular emphasis on cancer waiting times, epilepsy services for children and young people and in neurodiversity assessment waiting times.

DCH acknowledges that addressing health inequalities is a long-term commitment requiring partnership, high-quality data, and continuous learning.

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Annex 1: Feedback from our stakeholders

I am pleased to be able to provide a contribution to this year's Quality Account and am greatly encouraged to read about all of the activities that have taken place and are continuing to improve the quality, safety and experience of care at Dorset County Hospital. As Governors, one of our main functions is to hold the Non-Executive Directors to account for the performance of the Board and quality of care is very much at the front of our thinking when carrying out this duty.

As Governors we also represent the views of the public and have been very active during the last year in gathering feedback from a wide range of views. We have met with groups such as the WI, church groups, veterans, carers and many more and whilst they all have their own stories to tell we have been able to extract a number of themes which we can discuss with the Trust Board in order to try to improve the quality of care and patient experience. We also feedback the many positive comments that we hear and this shows how health improvements are about more than just the treatment that people receive - the wonderful artwork, uplifting musical performances and the wild flower meadow have all been mentioned as simply making people feel better.

This report shows the huge amount of work going on but we are conscious that there is more to do. The excellent practices that we come across must be shared more widely to bring the areas that are not performing so well up to the standard that the public expect and deserve. Governors will continue to challenge the Board on your behalf.

It is always heart warming to hear stories of the real care and kindness that people receive as part of their package of treatment at DCH and I hope we can continue to find ways to show staff how much they are truly appreciated and valued and by doing so allow the quality of what they do to shine. It is a privilege and pleasure to be part of Team DCH.

Kathryn Harrison
Lead Governor

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1 June 2026

PRIVATE AND CONFIDENTIAL

Dawn Dawson,
Chief Nursing Officer
Dorset County Hospital NHS Foundation
Trust
Williams Avenue
Dorchester
DT1 2JTY

Nursing & Quality Directorate

County Hall
Colliton Park
Dorchester
DT1 1XJ

Dear Dawn,

Statement from NHS Dorset Integrated Care Board on Dorset County Hospital NHS Foundation Trust Quality Account for 2025/2026.

NHS Dorset Integrated Care Board welcomes the opportunity to review and comment on Dorset County Hospital NHS Foundation Trust Quality Account for 2025/2026. Insofar as the ICB has been able to check the factual details, the view is that the Quality Account is materially accurate and is consistent with information presented to the Integrated Care Board through monitoring discussions and established quality governance routes during 2025/26. The ICB also notes that the Account appears to address the expected NHS England Quality Account requirements.

NHS Dorset notes the comprehensive overview of the Trust's achievements, challenges and future priorities, aimed at continuing the delivery of high-quality care. It is the view of the ICB that the Quality Account reflects Dorset County Hospital NHS Foundation Trust ongoing commitment to continuous improvement in patient care and safety, and recognises the Trust's key achievements and areas of progress in the following areas:

- reducing avoidable harm, including a reported reduction in hospital acquired pressure ulcers, continued focus on tissue viability, targeted learning, education and preventative interventions;
- continuing to embed the Patient Safety Incident Response Framework and Patient Safety Incident Response Plan, with established governance arrangements, multidisciplinary engagement and proportionate learning responses;
- implementation of Martha's Rule and the Call for Concern service, including 24/7 access for patients, families, carers and staff to raise concerns about clinical

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- deterioration;
- strengthening patient and public engagement through the HIVE, the Carers Café, Care Opinion, national patient surveys, volunteer support and targeted engagement with local communities;
 - expanding therapeutic and creative health activity to support patient experience, purposeful activity, wellbeing and the reduction of deconditioning during hospital stays;
 - improving support for children and young people with emotional, psychological and mental health needs, including development of a Youth Work Service, clearer pathways and High Intensity User arrangements;
 - achievement of full compliance with the Maternity Incentive Scheme Year 7 requirements, alongside improved maternity inspection ratings for Safe and Well-led;
 - continued focus on health inequalities, including joint work with Dorset HealthCare, service reviews using CORE20, Inclusion Health and Learning Disability perspectives, and delivery of a perinatal vaccination programme

The ICB recognises the Trust's 2026/2027 plan to improve the quality of care. This provides a clear and focused direction for improvement, aligned to the Trust's wider strategic themes of population health and system working, our people, patient experience, quality outcomes and safety, and sustainable services. Specific areas identified for further development during 2026/2027 are:

- prioritising harm reduction through better detection and response to clinical deterioration, including an early deterioration alert digital dashboard, targeted staff training, high-risk handovers and further development of Martha's Rule;
- strengthening medication safety, including patient self-administration of established long-term medicines, analysis of near-miss and incident data, pharmacy-led review of high-risk medicines in falls management and structured medicines safety training;
- improving discharge optimisation, including reducing delays for medically optimised patients, expanding Criteria-led Discharge and Discharge Lounge use, and enhancing multi-agency working to support safe discharge and reduce avoidable readmissions;
- improving patient experience and care environments, particularly for young people with complex social, emotional and mental health needs, including real-time feedback, trauma-informed and autism-friendly approaches, enhanced therapeutic observation and creative health activities;

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- advancing clinical effectiveness through digital consent, improved consent documentation and audit, strengthened mortality review learning, and continued focus on maternity safety excellence;
- reducing health inequalities through targeted interventions designed to improve access, experience and outcomes for deprived and underserved population groups;
- strengthening workforce and culture through psychological safety, compassionate leadership, open cross-team safety conversations and improved triangulation of staff feedback.

We look forward to seeing progress with the quality priorities identified in this Quality Account. This will be supported by the continued maturity of the Patient Safety Incident Response Framework, the Trust's contribution to learning and improvement across Dorset, and ongoing delivery of the quality strategy.

NHS Dorset Integrated Care Board is committed to sustaining strong working relationships with Dorset County Hospital NHS Foundation Trust and, together with wider health and social care partners, will continue to work collaboratively to achieve our shared priorities as an Integrated Care System in 2026/2027.

Yours sincerely,



Shelagh Meldrum,
Cluster Chief Nursing Officer

NHS Bath and North East Somerset, Swindon and Wiltshire, NHS Dorset and NHS Somerset

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Annex 2: Statement of Director's' Responsibility for the Quality Report

In preparing the Quality Account, Directors are required to take steps to satisfy themselves that:

- The Quality Account presents a balanced picture of the Trust's performance over the period covered.
- The performance information reported in the Quality Account is reliable and accurate.
- There are proper internal controls over the collection and reporting of the measures of performance included in the Quality Account, and these controls are subject to review to confirm that they are working effectively in practice.
- The data underpinning the measures of performance reported in the Quality Account is robust and reliable; conforms to specified data quality standards and prescribed definitions; is subject to appropriate scrutiny and review; and the Quality Account has been prepared in accordance with Department of Health guidance.

The Directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Account.

By order of the board:

Chairman
David Clayton-Smith

Chief Executive
Matthew Bryant

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Annex 3: Glossary of Abbreviations and Definitions

ACP (Advanced Clinical Practitioner)

A highly trained healthcare professional with advanced clinical skills who can assess, diagnose, and manage patient care.

ADA (After Death Analysis)

A structured review carried out after a patient's death to understand care provided and identify learning.

AHP (Allied Health Professional)

Healthcare professionals such as physiotherapists, occupational therapists, and speech therapists who support patient care.

BAU (Business as Usual)

The normal day-to-day operations of a service after a project has been completed.

CAMHS (Child and Adolescent Mental Health Services)

Services that support children and young people with mental health needs.

CIRG (Clinical Incident Reporting Group)

A group that reviews and grades incidents and determines appropriate responses.

Clinical Audit

A process that reviews care against standards to improve patient outcomes.

CKD (Chronic Kidney Disease)

A long-term condition where the kidneys do not function properly.

CMHT (Community Mental Health Team)

A multidisciplinary team providing mental health care in the community.

CQC (Care Quality Commission)

The independent regulator of health and social care services in England.

CQUIN (Commissioning for Quality and Innovation)

A framework linking a portion of NHS provider income to quality improvement goals.

Data Quality

The accuracy, completeness, and reliability of data used in healthcare decision-making.

DiiS (Dorset Intelligence and Insight Service)

A system used to access and analyse health data to support decision-making.

DNACPR (Do Not Attempt Cardiopulmonary Resuscitation)

A clinical decision not to attempt CPR if a patient's heart stops.

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DQSG (Data Quality Steering Group)

A group responsible for improving and maintaining high-quality data across the organisation.

EDS (Equality Delivery System)

The Equality Delivery System (EDS) is a system that helps NHS organisations improve the services they provide for their local communities and provide better working environments, free of discrimination, for those who work in the NHS, while meeting the requirements of the Equality Act 2010. The EDS was developed by the NHS, for the NHS, taking inspiration from existing work and good practice.

EPMA (Electronic Prescribing and Medicines Administration)

A digital system used to prescribe and manage medicines safely.

EPS (Electronic Prescription Service)

A system enabling prescriptions to be sent electronically to pharmacies.

EIP (Early Intervention in Psychosis)

Services that provide early support for people experiencing psychosis.

FTSU (Freedom to Speak Up)

A process that supports staff to raise concerns about safety, malpractice, or wrongdoing.

GP (General Practitioner)

A doctor who provides primary medical care.

H@H (Hospital at Home)

A service allowing patients to receive hospital-level care at home

HES (Hospital Episode Statistics)

Data about hospital activity used for analysis and planning.

ICB (Integrated Care Board)

An NHS organisation responsible for planning and funding healthcare services in a local area.

ICRT (Integrated Community Response Team)

A team providing urgent care and support to people in the community.

IDS (Integrated Discharge Summary)

A document summarising care provided and instructions for ongoing care after discharge.

LeDeR (Learning from Lives and Deaths)

A programme reviewing deaths of people with learning disabilities or autism to improve care.

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LFPSE (Learn from Patient Safety Events)

A national system for reporting and learning from patient safety incidents.

MHA (Mental Health Act 1983)

Legislation governing the treatment and care of people with mental health conditions.

MSO (Medicines Safety Officer)

A professional responsible for improving medication safety.

NACEL (National Audit of Care at the End of Life)

A national audit assessing the quality of care provided in the last days of life.

NEWS2 (National Early Warning Score 2)

A system used to identify patients at risk of deterioration.

NHS (NHS)

National Health Service

NHSE (NHS England)

The national body overseeing the NHS in England.

Patient Safety Incident

Any unintended or unexpected event that could have or did harm a patient.

PCN (Primary Care Network)

A group of GP practices working together to provide coordinated care.

PCREF (Patient and Carer Race Equality Framework)

A framework to improve racial equality in healthcare services.

PSII (Patient Safety Incident Investigation)

A detailed investigation into serious patient safety incidents.

PSIRF (Patient Safety Incident Response Framework)

A national approach to managing and learning from patient safety incidents.

PSOP (Patient Safety Oversight Panel)

A group that reviews patient safety investigations and learning.

Quality Account

An annual report describing the quality of services provided by an NHS organisation and its improvement plans.

Quality Improvement (QI)

A systematic approach to making healthcare services safer, more effective, and patient centred.

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RiO

An electronic patient record system used in mental health services.

SMR (Structured Medication Review)

A detailed review of a patient's medicines to ensure safety and effectiveness.

SSNAP (Sentinel Stroke National Audit Programme)

A national audit measuring the quality of stroke care.

TTO (To Take Out medicines)

Medication supplied to a patient when leaving hospital.

WRES (Workforce Race Equality Standard)

The Workforce Race Equality Standard (WRES) was introduced in 2015 to help NHS organisations identify improvements to manage and monitor inequalities through nine workforce indicators. It aims to support a more inclusive NHS workforce and improving care quality, patient satisfaction and workforce experience.

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How to Contact Us

LET US KNOW WHAT YOU THINK

We hope that our Quality Account has been informative and interesting to you. We welcome feedback, along with any suggestions you may have for next year's publication.

Please get in touch with:

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Join us as a member and have your say on our future plans

A representative and meaningful membership is important to the success of the Trust and gives members of our local communities the opportunity to be involved in how the Trust and its services are developed and improved.

Membership is free and the extent to which our members are involved is entirely up to them. Some are simply happy to receive our regular newsletter, while others are keen to be involved in consultations and come along to meetings. Some have even become members of our Council of Governors.

For further information please contact our Membership Office on:

01305 255419 or email foundation@dchft.nhs.uk

Check out our website

Our website provides comprehensive details of the Trust's services and where they are provided, including information on what to do in a crisis, updates on Trust initiatives and links to other useful websites.

There is also a section about foundation trust membership under the 'Get involved/Member' heading, where there is an opportunity to sign up as a member online. One of the benefits of becoming a member is that you have a vote when elections for public governors are held and thereby a say in who represents you.

Visit: <http://www.DCHFT.nhs.uk/> This Quality Account report can be found on the Trust website and can be made available in a variety of formats, available on request.

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