Dorset Health Scrutiny Committee

Dorset County Council

Date of Meeting	6 September 2016
Officer	Interim Director for Adult and Community Services
Subject of Report	**Care Quality Commission Inspection of Dorset County Hospital NHS Foundation Trust**
Executive Summary	Following the CQC planned inspection of 8-10th March 2016, Dorset County Hospital has was rated overall as 'Requires Improvement'. • The Trust was rated as 'Good' for the 'Caring' domain across the board • The Trust was rated as 'Good' for four services overall; children and young people, medical care, surgical care and critical care • The Trust was rated as 'Requires Improvement' in 4 services; Urgent and Emergency services, Maternity and Gynaecology, End of life Care and Outpatients/Diagnostic Imaging • In total, of the 39 factors assessed, the Trust received 'Good' for 25 in total – 64%. The Trust will now host a Quality Summit with the CQC, Clinical Commissioning Group, NHS Improvement and other stakeholders on August 30th 2016. This summit will develop an action plan to address the improvements required.
Impact Assessment:	Equalities Impact Assessment: Not applicable.
	Use of Evidence:

	Report provided by Dorset County Hospital NHS Foundation Trust.
	Budget: Not applicable.
	Risk Assessment: Having considered the risks associated with this decision using the County Council's approved risk management methodology, the level of risk has been identified as: Current Risk: LOW Residual Risk LOW
	Other Implications: None.
Recommendation	That the Committee note and comment on the report.
Reason for Recommendation	The work of the Committee supports the County Council's corporate outcomes to maintain the health and independence of Dorset's residents.
Appendices	None.
Background Papers	Care Quality Commission Inspection Reports for Dorset County Hospital: http://www.cqc.org.uk/location/RBD01/reports
Officer Contact	Name: Patricia Miller, Chief Executive, Dorset County Hospital Tel: 01305 254643 Email: patricia.miller@dchft.nhs.uk

Care Quality Commission Inspection of Dorset County Hospital NHS Foundation Trust

CQC Inspection Report – Dorset County Hospital

1. Process and Timescales

1.1 The Care Quality Commission carried out an announced inspection visit to the hospital from 8 to 10 March 2016, and additional unannounced inspection visits between 16 and 21 March 2016. During this time the CQC also visited outpatients, day case surgical services and dialysis services provided at two other Trust sites.

1.2 The resulting rating was based on a combination of what the CQC found when they inspected, information from their 'Intelligent Monitoring' system, and information given to them from patients, the public and other organisations.

2. Matrix and overall findings

2.1 Overall, the Trust was rated as 'Requires Improvement'. The results for the five domains showed us to be rated as 'Good' for caring services and 'Requires Improvement' for safe, effective, responsive and well led services.

2.2 The results for each of the core services rated us as 'Good' for Medical Care, Surgical Services, Critical Care, and Services for Children and Young People. We were rated as 'Requires Improvement' for Urgent and Emergency Care, Maternity and Gynaecology, End of Life Care and Outpatient Services.

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent & Emergency Services	Requires Improvement	Good	Good	Good	Requires Improvement	Requires Improvement
Medical Care	Requires Improvement	Good	Good	Good	Good	Good
Surgery	Requires Improvement	Good	Good	Good	Good	Good
Critical Care	Good	Good	Good	Requires Improvement	Good	Good
Maternity & Gynaecology	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement
Children & Young People	Good	Good	Good	Good	Good	Good
End of Life Care	Requires Improvement	Requires Improvement	Good	Good	Inadequate	Requires Improvement
Outpatients & Diagnostic Imaging	Requires Improvement	Inspected but not rated	Good	Good	Requires Improvement	Requires Improvement
Overall	Requires Improvement	Requires Improvement	Good	Requires Improvement	Requires Improvement	Requires Improvement

3. Urgent and Emergency Services

Safe	Effective	Caring	Responsive	Well-led		Overall
Requires Improvement	**Good**	**Good**	**Good**	**Requires Improvement**		**Requires Improvement**

3.1 Comments from the Inspectors

- The department had appropriate medical staffing levels and skilled nurses
- Safeguarding requirements for children, young people and vulnerable adults were understood and there were appropriate checks and monitoring
- Department provided effective care that followed national guidance and this was delivered to a high standard
- Patients gave positive comments about the care they received, especially the attitude of staff
- Culture of accessible leadership with mutual trust and respect, an effective team
- Department visibly clean but the fabric of the building required maintenance
- Service had identified improvements needed in co-ordination of governance processes. Risks not always identified or adequately managed
- ED well led clinically but nursing leadership stretched
- Department had a culture of safety where incidents were reported

3.2 Recommendations from the Inspectors where the Trust **must** ensure that:

- All equipment is clean and fit for purpose and ready for use in the emergency department. A clear process must be implemented to demonstrate the mortuary trolley has been cleaned, with appropriate dates and times recorded.
- Regular monitoring of the environment and equipment within the emergency department, and action taken to reduce risks to patients.
- Patients in the minor operations room (used as a majors cubicle) in the emergency department have a reliable system in place to able to call for help from staff.
- Staff attend and or complete mandatory training updates.

3.3 The Trust **should** also ensure that:

- Management and specialist staff have the time to undertake their roles
- Improved rates of dementia screening to ensure that all emergency admissions over 75yrs are screened and then appropriately assessed.
- The emergency department environment is reviewed to make it more child friendly.

4. Medical Care

Safe	Effective	Caring	Responsive	Well-led		Overall
Requires Improvement	**Good**	**Good**	**Good**	**Good**		**Good**

4.1 Comments from the Inspectors

- Patients and relatives said staff were caring and compassionate and treated them with respect
- Staff had a good understanding of how to care for vulnerable patients
- Staff managed most aspects of medicine management safely. However, Patient Group Directions for medicines on the renal dialysis unit were out of date or not authorised. Resuscitation trolleys did not have tamper evident seals.
- Staff said managers provided good support , hospital was a friendly place to work and they had good access to professional development
- High level of bed occupancy – not always enough nursing staff, medical staff and therapists to support the needs of patients
- Culture of collaborative working, staff work well together, effective handovers
- Patient records clearly completed but paper records not always kept in secure trolleys
- Wards were clean and infection control team carried out regular audits

4.2 Recommendations from the Inspectors where the Trust **must** ensure that:

- The management and administration of medicines always follows Trust policy.
- All patient records must be stored securely to maintain patient confidentiality.
- Risk registers at local, directorate and divisional level are kept up-to-date, include all factors that may adversely affect patient safety. And progress with actions is monitored.

4.3 The Trust **should** also ensure that:

- Staff follow Trust procedures when patient group directions are updated, so it is clear they are authorised for use.
- Nursing handovers on Day Lewis ward are arranged to respect patients' privacy and dignity.
- There are arrangements for more timely discharges earlier in the day (before lunchtime) and more effective use of the discharge lounge by all ward teams.

4.4 The CQC highlighted the following **outstanding practice** within this Core Service

- The hospital@home service provided a valuable service supporting medically fit patients to have earlier discharges to their homes. This service was provided 24/7 and helped improve access and flow in the hospital as well improve outcomes for patients.

- The support for renal dialysis patients was outstanding, with individualised care for patients to receive home dialysis and holiday dialysis when appropriate and safe.
- The genitourinary medicine service was a well-led, patient focused service that had identified the needs of the patient groups it served, many of whom were vulnerable. There was excellent multi-disciplinary working with external agencies and robust clinical standards in place, which they service, audited themselves against, always looking for how they could improve the service. Outpatient clinics and advice sessions were held, where possible, at venues that encouraged attendance from patients who had the greatest need for the service but could not or found it challenging to attend a hospital.
- There were several examples of patient involvement in the codesign and improvement of services and excellent use of experience based design (EBD) methodology.

5. Surgery

Safe	Effective	Caring	Responsive	Well-led		Overall
Requires Improvement	**Good**	**Good**	**Good**	**Good**		**Good**

5.1 Comments from the Inspectors

- Patients received care and treatment based on national guidance. Surgical services consultant led, good evidence of multidisciplinary team coordination to support patients
- Staff treated patients with kindness and showed regard to their dignity and privacy
- Patients described receiving good care, thoroughly explained and they had been involved in any decisions relating to them
- Trust has developed services to support patients, daily single point of access MDT provides a coordinated approach to complex discharges
- Staff passionate about improving services and providing high quality care
- Patients encouraged to be engaged in changes to services
- Shortfalls in adoption of the electronic incident reporting tool. However, staff knew how to report incidents and used investigations to share learning with colleagues
- Staff did not consistently complete the Five Steps to Safer Surgery checklist. Patient records not stored securely

5.2 Recommendations from the Inspectors where the Trust **must** ensure that:

- The five steps to safer surgery checklist is appropriately completed.
- Staff attend and or complete mandatory training updates.
- Risk registers at local, directorate and divisional level are kept up-to-date, include all factors that may adversely affect patient safety. And progress with actions is monitored.

5.3 The Trust **should** also ensure that:

- All staff report incidents and feedback is given to the member of staff reporting the incident, and learning from incidents is shared with staff and across teams when relevant.
- The Trust electronic incident reporting system is fully implemented throughout the surgical specialty.
- Cleaning between cases in day surgery is sufficient and there are effective arrangements to prevent cross infection.

6. Critical Care

Safe	Effective	Caring	Responsive	Well-led		Overall
Good	**Good**	**Good**	**Requires Improvement**	**Good**		**Good**

6.1 Comments from the Inspectors

- Strong culture of reporting, investigating and learning from incidents. Patients protected from avoidable harm and abuse and the principles of duty of candour were well understood
- Consultants notably present and juniors well supported in developing critical care skills
- Excellent communication between doctors and nurses during handovers
- Physiotherapy assessments happened within 24 hours of admission and physiotherapists an integral part of the care team
- Patients and relatives involved in decisions made about their care and treatment. Staff were sensitive when required and suitably skilled and experienced staff available to offer support
- Medicines stored and managed safely with the exception of a small number of emergency medicines kept in trolleys which were not tamper-evident
- Mortality outcomes in line with or better than similar units
- Equipment clean and well maintained but the layout of the unit not optimal.

6.2 Recommendations from the Inspectors where the Trust **must** ensure that:

- Mixed sex breaches in critical care must be reported within national guidance and immediately that the breach occurs.

6.3 The Trust **should** also ensure that:

- Resuscitation trolleys are tamper evident.
- A recognised pain assessment tool is used in critical care to assist in the monitoring and managing of pain for patients.
- Pain score appropriate tools are used for non-verbal patients across the hospital.
- The critical care unit access is secure to maintain infection prevention and control and the safety of vulnerable patients on the unit.
- Service leads review how they use data to improve patient outcomes.

- The development of critical care 'follow up' clinics, in line with national guidance, in consultation with stakeholders and commissioners.
- There are ongoing risk assessments and improvements in the environment of the critical care unit, taking into account the guidance set out in HBN 04-0.

7. Maternity and Gynaecology

Safe	Effective	Caring	Responsive	Well-led		Overall
Requires Improvement	**Requires Improvement**	**Good**	**Requires Improvement**	**Requires Improvement**		**Requires Improvement**

7.1 Comments from the Inspectors

- Overall feedback from women and relatives about their care and treatment was positive. Women were treated with kindness, compassion and dignity throughout our visit
- Nursing and midwifery staff encouraged to report incidents and robust systems were in place to ensure information and learning was disseminated Trust wide. Evidence of learning from complaints
- Women had access to sufficient information to support them with their pregnancy options and gynaecological diagnosis. Clear strategy with strong public and staff engagement
- Consultants did not always adequately supervise juniors and were not always readily available to assist junior staff in theatre if required
- The midwife to birth ratio did not meet national guidelines
- Some maternity records lacked clarity. Risk assessments carried out before admission but lack of evidence that risks to gynae patients were reassessed on admission
- Care and treatment did not consistently take account of current legislation and guidance.

7.2 Recommendations from the Inspectors where the Trust **must** ensure that:

- The management and administration of medicines always follows Trust policy.
- The number of midwives is increased according to Trust plans and in line with national guidance, to support safe care for women.
- Consultants supervise junior registrars in line with RCOG guidance.
- Care and treatment in all services consistently takes account of current guidelines and legislation and that adherence is audited.
- Risk registers at local, directorate and divisional level are kept up-to-date, include all factors that may adversely affect patient safety. And progress with actions is monitored.

7.3 The Trust **should** also ensure that:

- Staff follow Trust procedures when patient group directions are updated, so it is clear they are authorised for use,
- All maternity guidelines are reviewed to ensure they are up to date.
- Pregnant women's mental health is assessed throughout pregnancy using a tool as recommended by NICE 'Antenatal and Postnatal Mental Health' guidance.

- The use of a NICE recommended CTG (cardiotocography) evaluation tool which should be entered into the woman's notes every time the trace is reviewed.
- The use of a software package, with an individualised growth chart designed to more accurately detect foetal growth problems which are associated with stillbirth.
- The development of a midwifery led birthing unit, in line with National Maternity review recommendations.
- The use of the modified 'Sepsis 6 care bundle' in the maternity units.
- The use of the Stillbirth Care Bundle developed by NHS England to ensure that all known measures are taken to reduce the chances of stillbirth.
- A robust system to support lone workers in the community.

7.4 The CQC highlighted the following **outstanding practice** within this Core Service:

- The two bereavement midwives made home visits following a stillbirth or neonatal death. They made follow up visits to tell the parents post-mortem results in person and offered to provide antenatal care for women in any subsequent pregnancy. They also set up the monthly 'Forget Me Not' bereavement support group in a local children's centre. They set up and closely monitored a private social media page for women who had lost a baby during pregnancy or after birth.
- A gynaecology specialist nurse ran the 'Go Girls Support Group' along with a former patient, to provide support for women diagnosed with a gynaecological cancer.
- Midwives ran specially designed antenatal, breastfeeding and smoking cessation sessions for 'Young Mums'. They were also offered separate tours of the maternity unit.

8. Children and Young People

Safe	Effective	Caring	Responsive	Well-led		Overall
Good	**Good**	**Good**	**Good**	**Good**		**Good**

8.1 Comments from the Inspectors

- Positive feedback from children, young people and parents about care and kindness of staff
- Openness and transparency about safety and continual learning was encouraged
- Staff listened to feedback from parents. Play therapy staff support children during their stay
- Access to children's ward and neonatal unit secure. Staff clear about responsibilities around safeguarding
- Good levels of low and middle grade doctors who were positive about the Trust as a learning environment
- Care and treatment planned and delivered in line with evidence-based guidance
- Individual needs of children and young people assessed and care and treatment planned to meet those needs

- Clear governance structure to manage quality and risk. Strong visible clinical leadership
- Trust did not follow the Royal College of Nursing guidance on staffing levels for paediatric wards.

8.2 Recommendations from the Inspectors where the Trust **must** ensure that:

- Staff attend and or complete mandatory training updates.
- All patient records must be stored securely to maintain patient confidentiality.

8.3 The Trust **should** also ensure that:

- Nurse staffing on the children's unit is reviewed in line with The Royal College of Nursing (2013) guidelines in terms of numbers or ratios of nurse to healthcare assistants.
- Review of medical staffing in line with British Association of Perinatal Medicine (2010 Standards) requirements for sufficient medical staff on the neonatal unit at all times, including overnight (9pm to 8am).
- Compliance with Facing the Future-Standards for acute general paediatric services (RCPCH, Revised 2015) requirements for consultant paediatrician present and readily available during the times of peak activity, seven days a week.
- Implementation of nursing staffing acuity tool in child health.
- Supervision for staff involved in children's safeguarding.
- The arrangements for children attending appointments in general outpatient clinics are reviewed.

9. End of Life

Safe	Effective	Caring	Responsive	Well-led		Overall
Requires Improvement	**Requires Improvement**	**Good**	**Good**	**Inadequate**		**Requires Improvement**

9.1 Comments from the Inspectors

- Staff treated people with compassion, kindness, dignity and respect. Feedback from patients and their families consistently positive
- Good examples of staff providing care that maintained respect and dignity. Good care for the relatives of dying patients, and sensitivity to their needs
- Patients had appropriate access to pain relief. Anticipatory end of life care medicines were correctly prescribed and patients provided with pain management support
- Leadership and governance of end of life services needs to improve. Limited capacity to plan and lead services
- The Trust is developing end of life care in line with national guidelines but progress has been slow
- End of life care training provided during induction but not mandatory
- There was investigation of incidents but lack of detail and recording
- New end of life care plan not yet embedded in practice across all areas of the hospital.

9.2 Recommendations from the Inspectors where the Trust **must** ensure that:

- Sufficient palliative care consultant staffing provision in line with national guidance and to improve capacity for clinical leadership of the service.
- There is implementation of clear and measurable action plans for improving end of life care for patients. There is monitoring and improvement in service targets and key performance indicators, as measured in the National Care of the Dying Audits.
- A clear process must be implemented to demonstrate the mortuary trolley has been cleaned, with appropriate dates and times recorded.
- Staff attend and or complete mandatory training updates.
- Continue the development of governance processes across all specialties and divisions, with a standardised approach to recording and reporting. Ensure the information is used to develop and improve service quality.
- Risk registers at local, directorate and divisional level are kept up-to-date, include all factors that may adversely affect patient safety. And progress with actions is monitored.

9.3 The Trust **should** also ensure that:

- Face-to-face specialist palliative care service, 7 days per week, to support the care of dying patients and their families.
- All staff caring for dying patients undertake mandatory training in end of life care, so that they have the necessary knowledge and skill to deliver end of life care in line with the ‘achieving the five priorities for care of the dying person’.

10. Outpatients and Diagnostics

Safe	Effective	Caring	Responsive	Well-led		Overall
Requires Improvement	**Inspected but not rated**	**Good**	**Good**	**Requires Improvement**		**Requires Improvement**

10.1 Comments from the Inspectors

- All patient feedback positive for the care and treatment received from staff. Patients told us staff treated them with kindness and understanding. Staff took time to listen to patients’ concerns and explain their condition in a way they could understand
- Services were planned to meet the needs of local people, including those with additional needs
- We observed good multidisciplinary working
- Staff told us they enjoyed coming to work, they were well supported by managers and felt they provided a good standard of care to patients
- Significant delays in the typing of some clinic letters
- Staff did not always report incidents as sometimes they did not receive feedback or learning was not shared at team meetings
- Governance processes across divisions and the different specialties lacked standardisation

- The service overall met referral to treatment time targets but did not consistently achieve the two-week wait for urgent cancer referrals.

10.2 Recommendations from the Inspectors where the Trust **must** ensure that:

- The management and administration of medicines always follows Trust policy.
- There are sufficient therapy staff available to provide effective treatment of patients.
- Turnaround times for typing of clinic letters are consistently met, monitored and action taken when targets are not met across all specialities within the Trust.
- Staff attend and or complete mandatory training updates.
- Risk registers at local, directorate and divisional level are kept up-to-date, include all factors that may adversely affect patient safety. And progress with actions is monitored.

10.3 The Trust **should** also ensure that:

- Staff follow Trust procedures when patient group directions are updated, so it is clear they are authorised for use,
- Standards of cleanliness are maintained in all outpatient areas.
- Staff working in outpatients always follow the Trust interpretation policy for patients who are non-English speaking.
- Increased compliance with recording of key metrics in outpatient services, such as the time the patient is seen, to enable data analysis to be more meaningful when used to monitor service quality.
- Daily recording of data on missing notes for outpatient clinics, which is audited and actions taken.
- Governance arrangements provide sufficient overview of the quality and risks across outpatient services.

10.4 The CQC highlighted the following **outstanding practice** within this Core Service

- There were several examples of patient involvement in the codesign and improvement of services and excellent use of experience based design (EBD) methodology.

11. Next Steps

11.1 The Trust will host the Quality Summit on 30th August 2016, along with our Clinical Commissioning Group, NHS Improvement and other stakeholders.

11.2 The Trust, along with all stakeholders, will develop an action plan for making the required improvements and bring our services in line with the rating of good across all core services and domains.

11.3 The Trust will then finalise and submit this formal action plan to the Care Quality Commission within 28 days.

Patricia Miller
Chief Executive
August 2016