

Dorset Health Scrutiny Committee

Dorset County Council



Date of Meeting	9 March 2017
Officer	Patricia Miller, Chief Executive, Dorset County Hospital NHS Foundation Trust
Subject of Report	Dorset County Hospital – Update report regarding Final Action Plan and current progress in delivery, following CQC Inspection carried out in March 2016
Executive Summary	Following a report to the Health Scrutiny Committee in September 2016, this report provides an overview of the final CQC action plan for Dorset County Hospital and an update on the current progress of the delivery of the recommendations.
Impact Assessment:	Equalities Impact Assessment: N/A
	Use of Evidence: Report provide by Dorset County Hospital NHS Foundation Trust
	Budget: N/A for DCC
	Risk Assessment: Current Risk: LOW (for DCC) Residual Risk: LOW (for DCC)
	Other Implications: N/A

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Recommendation	That the Committee note and comment on the report.
Reason for Recommendation	The work of the Committee contributes to the County Council's aim to help Dorset's citizens to remain safe, healthy and independent.
Appendices	1 Dorset County Hospital CQC Action Plan 2 'Your Time to Shine' Staff leaflet – for information
Background Papers	Report to Health Scrutiny Committee, 6 September 2016 (Agenda item 35): DHSC Dorset County Hospital CQC Inspection Report
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1. **Purpose of Report**

To provide an overview of the final CQC action plan for Dorset County Hospital and an update on the current progress of the delivery of the recommendations.

2. **Background information**

- 2.1 CQC inspected Dorset County Hospital in March 2016 and the final report was received in August 2016 with an overall rating for the trust of 'requires improvement'.
- 2.2 The feedback received during the following Quality Summit from the CQC was very positive and they expressed their confidence in The Trust to address the issues raised through their recommendations. The overwhelming feedback from our patients was that DCH is a caring organisation where they are treated with kindness and respect.
- 2.3 The report highlighted the following ratings:
Four of the eight core services were rated as 'Good' including Medical Care, Surgery, Critical Care and Children & Young People.
The Trust was rated as 'Good' overall for the caring domain.
The Trust was rated as 'Requires Improvement' for Urgent & Emergency Care, Maternity & Gynaecology.
- 2.4 The report highlighted several areas of outstanding practice including:
- 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.

Dorset County Hospital – Update report regarding Final Action Plan and current progress in delivery, following CQC Inspection carried out in March 2016

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

2.5 The report also highlighted areas for improvement and these included 18 'Must Do' recommendations and 40 'Should Do' recommendations. In response to this report the trust have developed an action plan which includes all recommendations and have been committed to making the positive changes needed. (Action plan attached)

2.6 The overview of ratings received

	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. Actions taken

- 3.1 The Trust has reviewed the report received and have identified areas of concern. An action plan has been developed to include all recommendations and this action plan is reviewed monthly through a dedicated group which including members from all core services.

4. Current position

- 4.1 All improvement works have begun with some completed. The Trust has received agreement with our local CQC lead that assurance on completed improved can be sought from them via a table top review and we have submitted our first and await feedback.
The following outlines the current position.
- 4.2 Recommendations completed and evidence forwarded to CQC for assurance, review and signoff.
- SD7 - Trust review of procedure that resuscitation trollies are tamper proof. (awaiting feedback).
- 4.3. Recommendations completed and evidence being collated prior to submission to CQC.
- MD3 – The management and administration of medicines always follows trust policy.
 - MD1 – 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.
 - MD17 – Regular monitoring of the environment and equipment within the emergency department, and action taken to reduce risks to patients.
 - SD6 - Review of hybrid clinical and management roles in ED.
 - MD18 – Mixed sex breached in Critical Care must be reported within National guidance and immediately that the breach occurs.
 - SD9 – A recognised pain assessment tool is used in critical care to assist in the monitoring and managing pain for patients.
 - SD23 – The development od critical care follow up clinics in line with national guidance, in consultation with stakeholders and commissioners.
 - SD43 – There are ongoing risk assessments and improvements in the environment of the critical care unit, taking into account the guidance set out in HBN 04-02.
 - MD6 – The numbers of nursing on duty are based on the numbers planned by the trust all times of the day and night to support safe care.
 - SD5 – The trust electronic incident reporting system is fully implemented throughout the surgical specialty.
 - SD38 - Cleaning between cases in day surgery is sufficient and there are effective arrangements to prevent cross infection.
 - SD12 – Standards of cleanliness are maintained in all outpatient areas.
 - SD13 – Patient outcome data is recorded and analysed to identify
 - SD18 – Increased compliance with recording of key metrics in outpatients services, such as the time the patient is seen, to enable data analysis to be more meaningful when used to monitor service quality.
 - SD40 – 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.
 - SD41 – Governance arrangements provide sufficient overview of the quality and risks across outpatient services.

Dorset County Hospital – Update report regarding Final Action Plan and current progress in delivery, following CQC Inspection carried out in March 2016

- MD14 – Care and treatment in all services consistently takes account of current guidelines and legislation and that adherence is audited.
- SD24 – All maternity guidelines are reviewed to ensure they are up to date.
- MD15 – Consultants supervise junior registrars in line with RCOG guidance
- SD39 – Nursing handover on Day Lewis ward are arranged to respect patients' privacy and dignity.

4.4 Areas requiring further efforts to improve services and meet the CQC recommendations within the timescales set.

Trustwide:

- Risk registers of local, directorate and divisional level still require review and alteration
- The outpatients environment requires alteration to accommodate the provision for children

End Of Life Care:

- Consultant provision face to face 7 days/week. A review of working practices and demand is currently taking place and is due to be reported back at the next End Of Life Committee to determine the action required.

Surgery:

- WHO Checklists. Audits currently taking place to ensure compliance.

Outpatients/Diagnostics:

- Therapy staffing- currently under review and recruitment strategies identified

Maternity/Gynae:

- GROW package is being introduced. All midwives are being trained on this package.

5. Looking forward

5.1 Focus Groups 28/02/17

As part of our regular quarterly meetings with our local CQC lead and as part of the new inspection regime, the CQC have requested 2 focus groups with staff on the 28th February 2017. They have requested to speak with both the consultant team and band 5 (clinical and non-clinical) staff. Communications have been distributed and staff encouraged to attend.

5.2 Your Time To Shine

The Trust board has agreed a booklet which updates our staff on our progress with the recommendation outlined in our inspection report. The booklet explains the actions that the Trust is undertaking around the 'Must Do' recommendations and what the next steps are with regards to the new CQC inspection regime. The booklet is attached for your information.