

Dorset County Hospital CQC 2018 Inspection

[CQC Inspection summary & report DCH published 06/11/18](#)

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Outstanding care for people in ways which matter to them



CQC New Processes since 2016

Monitoring

1. Replacement of Intelligent Monitoring with the new 'Insight Model'
2. Current PIR replaced with streamlined annual information request
3. Quarterly meetings to ensure regular contact with providers and other partners will give a single shared view of quality (Engagement Meeting)

Inspection process

- Annual Inspections around Well-Led and at least one Core service
- Core Services to be inspected will be determined by current ratings and concerns raised from regular meetings and intelligence (IE: Core services as a maximum MUST be inspected every 3.5 years if rated 'Good')
- Core Service inspections will be unannounced and may be at different times
- Well-led inspections will be announced to ensure scheduling of interviews for Board members



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DCHFT CQC 2018 Inspection

- 2018 inspected areas:
 - Urgent and Emergency Services
 - Maternity Services (now classed as an independent core service)
 - End of Life Care Services
 - Outpatient Services (now classed as a independent core service)
 - Diagnostic Imaging Services (now classed as an additional service)
- Areas NOT inspected (last inspection 2016) & ratings remained unchanged:-
 - Surgery; Medical Care (including older peoples care); Critical Care; Services for children and young people); Gynaecology (now classed as an additional service, therefore pervious joint rating no longer applies)
- Inspection spread over a number of weeks (due to summer period)
- NHS Improvement independently completed 'Use of Resources' inspection
- Final Report was published 6 November

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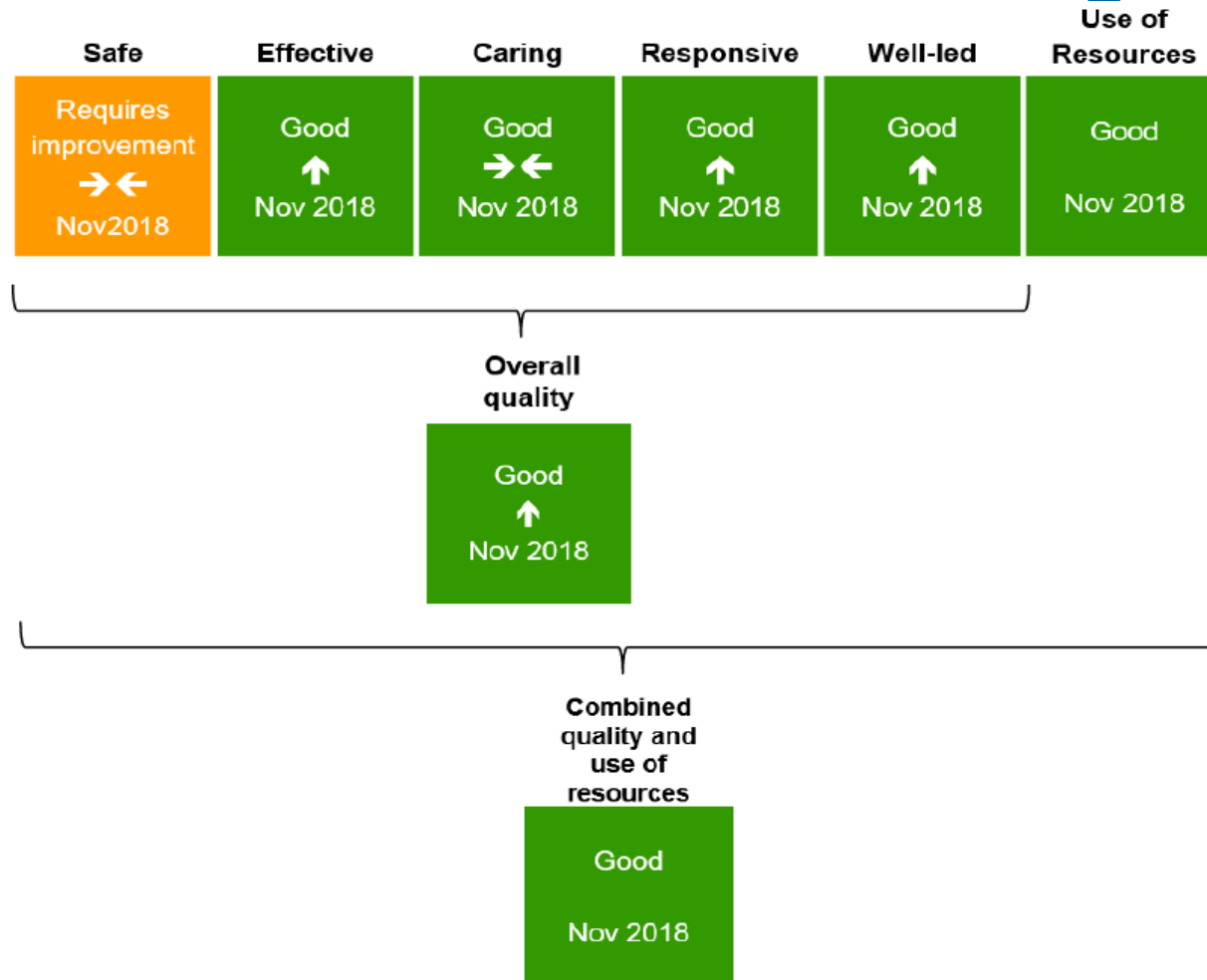
Rating Result

- Overall The Trust was Rated as **GOOD** (2016 Rated as Requires Improvement)
- All Core services were rated as **GOOD**
- Caring, Responsive, Effective and Well-led Domains were rated as **GOOD**
- End of Life Care, Diagnostic Imaging and Outpatients improved their rating for Safe to **GOOD**
- End of Life improved their 'Well-Led Domain' from 'Inadequate' to **GOOD**
- Safe Domain remains rated as **Requires Improvement** Overall (note this is due to a number of areas NOT inspected since 2016 that RI rating that is unchanged – CQC methodology for calculating rating)

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Overview of DCHFT Ratings



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

Note: 'arrow' symbol only applies to rating change for a core service that was assessed as per the 2016 inspection

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Outstanding CQC Comments

Well-Led – “The Board had a strong focus upon patients safety and quality care”

ED - “Patients spoke positively about their experiences of staff”

Maternity – “staff were highly motivated and inspired to offer care which was compassionate”

EOL – “emotional support provided” by all members of the team clinical and non-clinical”...”Patient treated with GREAT dignity”

Outpatients - “Patients described staff as excellent”...”staff always went the extra mile”

Diagnostic imaging – “staff cared for patients with compassion...and kindness...understanding”



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DCHFT Outstanding Practice

The Trust received praise for areas of outstanding practice during the inspection:-

- Emergency Department – “The laminated pocket-sized cards given to all new staff with key elements of safeguarding and mental health support. The laminated cards produced for patients within the learning disability community to help them with, for example, coming to an A&E department, and being able to explain any pain they were feeling.”
- Working with the Dorset Friendship Club. “Work with this club has led to the opportunity to bring group of people with a learning disability to the hospital to talk about specific subjects such as the group who visited cardiology and the planned visit to diagnostic Imaging”
- “The community and multidisciplinary working for patients and others to protect them from abuse, or help to avoid admission to hospital.”
- “The establishment of a sex-worker clinic”

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DCHFT Outstanding Practice

- “People with learning disabilities acting as ‘mystery shoppers’ had been invited to come to the hospital to tell the trust what it felt like for them, or how the website catered for them. This had led to some changes and developments in line with their feedback, including signage and information being improved.”
- “The use of a designated tracker role in the urgent and emergency care service (ED).”
- “Introduction of the cerebral palsy integrated pathway (Diagnostic Imaging)”
- “The work of the primary and acute care systems (PACS) team to improve the process of sharing image data information across boundaries and between different systems.”

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Action the Trust MUST Take

The Trust MUST make the following changes to comply with 11 breaches of 5 legal obligations:

1. Ensure the requirements around learning from death are complied with, including:- public publishing the trust policy; modifying national template to publishing mortality information in a easier to understand format; timely completion structured judgement reviews and any death investigation for learning to be meaningful. **Actions Identified and Monitoring in Place**
2. Ensure staff are up to-date with their mandatory training.(U&E), **Action taken and monitored**
3. Ensure the room used for mental health assessments (ED) has a full and regular risk assessment. Ligature points must be removed and environment reviewed to ensure any potential risk to peoples' safety is managed. **Actions Completed**
4. Ensure staff are up to-date with their mandatory training. (Maternity) **Action Taken and monitored**
5. Clean all equipment in line with trust policy and national standards (Maternity) **Actions Completed**

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Action the Trust MUST Take

6. Manage all medicines in line with the manufactures guidelines and store them safely. (Maternity) **Actions Completed**
7. Reduce the exhaled levels of nitrous oxide used for pain relief to a safe level (Maternity) **Actions Completed – Monitoring in place**
8. Ensure best interest decisions and mental capacity assessments are carried out and documented. This related to gaining consent for the trust's 'Allow a Natural Death' form for patients who are unable to give such consent because they lack the capacity to do so; therefore, acting in accordance with the Mental Health Act 2005. **Actions Identified and monitored**
9. Clinic letters be typed and shared with the patient's GP in a timely manner. **Actions Identified and monitored**
10. Systems and processes are effective to monitor governance and risk in the outpatient service. (Outpatients) **Actions Completed**
11. All staff complete mandatory training appropriate to their role (Outpatients) **Monitoring**



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Action the Trust SHOULD Take

The CQC outline areas the Trust 'should' consider for action (39 actions identified):-

Trust-wide

- Develop a system to provide evidence of senior executive visibility at all trust sites and teams. **Improved recording - complete**
- Promote equality and diversity by asking staff to consider the timing of meetings such that they suit all those wanting or required to attend. **Action plan for improvement**
- Consider why some staff do not feel able to or want to report instances of bullying, abuse or harassment. **Action plan for improvement**
- Review the arrangements for the Freedom to Speak-Up Guardian so they come into line with the recommendations of the National Guardian's office. This is to include assurance to the trust board. **Complete**
- Publish the required information for the Equality Delivery System 2 (EDS2). **Complete**

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Action the Trust SHOULD Take

- Produce and publish the latest Workforce Race Equality Standard. **Complete**
- Include the estates team within the governance reporting framework. **Reviewed**
- Review the process for complaints to improve the timeliness of response, but also how these responses might be perceived by patients. **Complete and ongoing**
- Provide assurance to the board that complaints and incidents are used to improve patient care. **Ongoing**
- Continue with performance results being one of the highest priorities for the trust to improve upon. **Ongoing**
- Become compliant with all the Accessible Information Standards. **Actions in place**
- Update the trust website around data protection information for the public so it shows current legal requirements. **Complete**

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Action the Trust SHOULD Take

- Build on the work of the Patient and Public Engagement team with a strategy for future developments in this area. **Ongoing**

End of life care

- Improve compliance with standards of patient records. Records should always be clear, up-to-date and available to all staff providing care. **Pan-Dorset and local actions in place**
- Complete treatment escalation plans accurately to reflect the wishes of the patient regarding future care and treatment. **Ongoing**

Urgent and emergency services

- Consider how the environment in the department could be further improved to meet the increasing demands. **Estates strategy**
- Improve visibility in the waiting room and children's play area. **Estates Strategy**
- Give patients their medicines on time. **Ongoing**
- Review the needs of people with hearing difficulties to consider the provision, for example, of a hearing loop facility. **Actions in place**

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Action the Trust SHOULD Take

- Provide staff with the required Mental Capacity Act training and Deprivation of Liberty Safeguards training within the required time frames. **Complete and ongoing**
- Consider how to meet the needs of people with dementia are reviewed in the emergency department, eg use of distraction tools. **Complete and ongoing**
- Involve public in developing emergency department services. **Ongoing as required**

Maternity

- Investigate complaints within what are agreed timeframes. **Complete**
- Complete all actions identified during governance meetings within a set timeframe. **Complete**
- Ensure a consistent approach to providing in-date and accessible safety guidelines to staff. **Complete**
- The service should ensure all the appropriate staff can access emergency grab boxes. **Complete**
- The community service should ensure women's records are stored securely during transportation. **Complete**
- The service should ensure yearly appraisal are completed for all staff. **Ongoing**



Action the Trust SHOULD Take

Outpatients

- Maintain infection control practices at Weymouth physiotherapy department in line with trust policy, (working with DHUFT). **Complete and ongoing**
- Embed national safety standards (checklist for procedures) throughout all outpatient services. **Actions in place**
- Meet the national referral to treatment times and be sure patients have timely access to care and treatment. **Actions in place** (aligned to NHSE/I and DHSC)
- Document and share all learning and recommendations from audits. **Actions in place**
- Make provision for adequate seating for bariatric patients in all outpatient services. **Complete**
- Review health and safety risks at Weymouth sexual health services to be sure premises are safe and suitable for use. (Ongoing with DHUFT – as lead provider)



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Action the Trust SHOULD Take

Diagnostic imaging

- Improve compliance with mandatory training for staff. **Complete & Ongoing**
- Improve compliance with staff appraisals being undertaken annually. **Complete & Ongoing**
- Fully support staff during their induction period. **Complete and Ongoing**
- Reduce the times for patients waiting for diagnostic imaging investigations to meet national standards. **Complete & Ongoing**
- Improve the reporting times for some investigations. Particularly those required by the emergency department. **Complete & Ongoing**

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Use of Resources

The Use of Resources Inspection was undertaken by NHS Improvement and forms part of the overall rating for this inspection.

Outstanding Practice

- The trust is within its agency ceiling and has spent significantly less than the national average on agency as a proportion of total pay spend, which it attributes to robust controls and processes.
- The trust has very low emergency readmission rates, which it attributes mainly to its acute hospital at home service and strength of local primary care services.
- The trust consistently achieves the national 4-hour A&E standard, which it attributes to the consistency of senior decision makers within the department and how the importance of A&E performance is regarded across the trust, with all specialties recognising their responsibilities to actively support the department.

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Use of Resources Areas for Improvement

- There are opportunities for further savings in pathology, and the trust should continue to engage with the One Dorset network. **One Acute Network Business Case in progress**
- The trust should continue to focus on addressing its imaging backlog by exploring network opportunities. **Ongoing**
- The trust should continue to explore opportunities relating to the integration of corporate services with other organisations, including IM&T and payroll. **Review in place**
- The implementation of the new costing system should be used to identify and realise efficiency and productivity areas across the trust. **Actions in place**
- There is an opportunity for the trust to improve its level of delayed transfers of patients. **Ongoing work with Partners**



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Next Steps

Celebrated with our staff their fantastic achievements

Action Plan approved by Board and submitted to CQC

The Trust will monitor actions and assurance through our own governance framework.

Quarterly CQC meetings with our regional CQC Inspectors and staff focus groups continue through the year. Review actions and regulatory requirements throughout year

Wider development of Quality Improvement plan to get to a rating of 'Outstanding' – Board development session June 2019

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Summary

- The Trust are very proud of the fantastic report and the improvements which the staff have all contributed to.
- Staff dedication shines through this report with effective Leadership by the Board
- DCHFT Is a CARING hospital with caring staff who all put the patient at the centre
- The Trust has shown that we have made significant improvements with governance
- Significant improvement in End of Life Care
- Staff aligned and knowledgeable of the Trust strategy
- The Trust was highly praised for use of resources – demonstrating ‘value for money’ for the tax payer
- Dorset can be assured DCHFT is a ‘GOOD’ rated provider of acute healthcare for the population it serves .

Outstanding care for people in ways which matter to them