

Briefing: Responding to CQC report of 9 January 2018

1. Purpose

- 1.1. This document is for information and sets out the context of the most recent CQC inspection of North Devon District Hospital, managed by the Northern Devon Healthcare NHS Trust, and covers the findings from the inspection, actions being taken and how actions and improvements will be reported.
- 1.2. This briefing assumes that the reader has read the inspection report, which can be found on the CQC website here: <http://www.cqc.org.uk/location/RBZ12>

2. Background

- 2.1. The Care Quality Commission carried out an unannounced inspection at North Devon District Hospital in October 2017 to look at four aspects of our services: urgent and emergency services; maternity; end of life care; and outpatient services. The inspection report was published on 9 January 2018 and highlighted a number of areas for improvement.
- 2.2. The CQC assesses services against five criteria. Safe, effective, responsive and well-led were rated as requires improvement. Caring was rated as good. As a result, the Trust's overall rating remains 'requires improvement'.







Overall rating for this trust	Requires improvement 
Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Requires improvement 
Are services well-led?	Requires improvement 

Table 1: NDHT's overall CQC rating, as of January 2018

Ratings for North Devon District Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Oct 2017	Requires improvement ↓ Oct 2017	Good ↔ Oct 2017	Good ↑ Oct 2017	Good ↑ Oct 2017	Requires improvement ↔ Oct 2017
Medical care (including older people's care)	Good Jul 2014	Good Jul 2014	Outstanding Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
Surgery	Good Jul 2014	Good Jul 2014	Good Jul 2014	Requires improvement Jul 2014	Good Jul 2014	Good Jul 2014
Critical care	Good Jul 2014	Good Jul 2014	Good Jul 2014	Requires improvement Jul 2014	Good Jul 2014	Good Jul 2014
Maternity	Requires improvement Oct 2017	Requires improvement Oct 2017	Good Oct 2017	Good Oct 2017	Requires improvement Oct 2017	Requires improvement Oct 2017
Services for children and young people	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014	Good Jul 2014
End of life care	Requires improvement ↔ Oct 2017	Requires improvement ↑ Oct 2017	Good ↔ Oct 2017	Good ↑ Oct 2017	Requires improvement ↔ Oct 2017	Requires improvement ↔ Oct 2017
Outpatients	Inadequate Oct 2017	N/A	Good Oct 2017	Requires improvement Oct 2017	Inadequate Oct 2017	Inadequate Oct 2017
Overall*	Requires improvement ↔ Oct 2017	Requires improvement ↓ Oct 2017	Good ↔ Oct 2017	Requires improvement ↔ Oct 2017	Requires improvement ↔ Oct 2017	Requires improvement ↔ Oct 2017

Table 2: The NDDH service ratings as of January 2018: the arrows indicate change since last inspection

2.3. The report highlighted some areas of outstanding practice in the Trust's specialist palliative care, rheumatology, physiotherapy and pain management teams. The Trust's community strategy and partnership working is also highlighted as outstanding practice, with the report stating that it is 'a strong model for providing the most effective care to patients away from the acute hospital site.'

2.4. Since the inspection, many of the recommended improvements have been made and the Trust is taking action in the remaining areas.

3. Findings and actions

Following receipt of the draft CQC inspection report, NDHT submitted its action plan in response to address the areas requiring improvement to regulators and the CQC.

The action plans can be categorised into trust-wide and service-specific.

3.1. Trust-wide

There were a number of Trust-wide actions required, such as improving training attendances on the mandatory training sessions for all disciplines. This was addressed by the workforce management visiting areas and developing training plans for the long term, sustainable training of all staff within department. Weekly reports are now issued for managers to keep an ongoing monitoring of all their staff.

The Trust governance arrangements were identified as not robust within the operational divisions of the organisation. This has been addressed with new processes for the management of risk, incidents, investigations and complaints being introduced into the operational divisions, making the governance arrangements for the Trust visible and robust.

3.2. Emergency Department

Some of the actions and responses within the emergency department are:

- To improve the administering of antibiotics for septic patients within one hour of admission - The Trust has been able to evidence 3 months of improved audits of compliance, now at 91%
- To improve and monitor triage performance times – The Trust has been able to evidence the improvements made through continual monitoring.
- Improve cleanliness in all areas of ED - this has now been achieved with amended contracts in place and weekly audits and spot checks.

3.3. Maternity

Some of the actions and responses within the maternity department are:

- Ensuring systems and processes were in place and operated effectively to assess, monitor and improve the quality and safety of the services – the Trust is implementing improvements to governance arrangements, policy management and audit programmes to ensure this is put in place.

3.4. Outpatient Departments

Some of the actions and responses within the outpatient department are:

- Some of the outpatient departments had long waiting lists for patients who needed follow-up appointments. These were in areas of increased numbers of activity or where the Trust was experiencing staff shortages. An overall project to review the efficiencies of the outpatient department is now underway to reduce waiting lists and ensure safe care is delivered to those waiting.
- Taking robust action to reduce patients on the waiting lists and to ensure patients are not lost to follow-up. This work is ongoing with dedicated staff following up patients on a daily basis.

3.5. End of Life Care

Some of the actions and responses within the end of life care are:

- To improve the monitoring of the services delivered by the Trust and ensure it is complying with the required national guidance. Work is ongoing to improve the quality of the End of Life Care, combining the work with the Specialist Palliative Care service working in alliance with the North Devon Hospice.

4. Reporting and monitoring

- 4.1. There is a robust process to internally and externally monitor our progress against our action plans.
- 4.2. Each action plan has a designated lead who is responsible for the completion and monitoring of implementation according to agreed timescales. A weekly teleconference/safety huddle takes place, chaired by the Director of Nursing, Quality and Workforce to monitor completion and exception reporting.
- 4.3. Fortnightly updates and evidence are supplied to the CQC with evidence of implementation.
- 4.4. Actions and improvements will be reported through the CQC and regulators (NHS Improvement) through the monthly IDM meeting.

5. Conclusion and recommendations

- 5.1. The Trust can evidence that it is improving services in all areas identified by the CQC Inspection. Our approach has been well-received by the CQC and regulators.
- 5.2. All the recommendations within the report were captured through the action plans and are being monitored through to completion. A Trust-wide clinical audit and improvement plan is being collated to ensure the improvements are sustained and embedded.
- 5.3. Ongoing monitoring will continue through the improved governance structures. A process of self-assessment of compliance is being introduced to ensure this is sustained and measurable going forward.

Darryn Allcorn
Director of Nursing, Quality and Workforce
March 2018