

Agenda Item 5

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of United Lincolnshire Hospitals NHS Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	23 January 2019
Subject:	United Lincolnshire Hospitals NHS Trust – Update on Care Quality Commission Inspection

Summary:

This paper provides an update on United Lincolnshire Hospitals NHS Trust (ULHT) progress with the response to the Care Quality Commission inspection.

Actions Required:

The Health Scrutiny Committee is asked to: -

- 1) Note the Care Quality Commission's findings.
- 2) Note the progress from United Lincolnshire Hospitals NHS Trust has made in improving quality and safety since the inspection in February and April 2018 and the update to the committee in September 2018.

1. Background

1.1 Introduction

The Care Quality Commission (CQC) inspected the United Lincolnshire Hospitals NHS Trust (ULHT) between Thursday 15 February and Thursday 8 March 2018. A further separate 'well-led' assessment took place between Tuesday 10 April and Thursday 12 April 2018. Subsequent visits to Pilgrim Hospital Emergency Department occurred on 30 November 2018 and 18 December 2018.

The Trust developed and submitted an improvement plan to the CQC at the end of July 2018 containing ten work programmes. The Trust's process for delivering and monitoring progress against the Quality and Safety Improvement Plan (QSIP) remains the same as 2017/18. Individual Executive Directors hold responsibility for each of the work programmes. The QSIP plan is scrutinised on a weekly basis and presented to the Quality Safety Improvement Board bi-weekly and to the Quality Governance Committee (QGC) monthly. Upward escalation of issues to Trust Board happens via QGC.

1.2 Trust Progress

The detail for each work programme can be seen at Appendix A. As a result of further considerations of patient safety, in December 2018 the Trust added a further two work programmes to the QSIP: QS11Hospital at Night and QS12 Medical Devices.

The Trust is making positive progress against the work programmes with some areas achieving significant improvements. The Trust's milestone plan is at Appendix B. Specific areas of improvement include:

- **Safety Culture:** Peer support through a buddying arrangement is being provided from Northumbria Healthcare NHS Foundation Trust. Reciprocal visits, conversations and reviews of working practices and procedures between groups of the two trusts' staff have been undertaken. This has included a reciprocal extended three day visit by six ward sisters from both trusts. The buddying arrangements have been well received with improvement opportunities and learning identified and by both organisations. Further Board to Board conversations and visits are being planned.
- **Governance:** Greater transparency has been developed across ULHT's governance structure and teams. This has resulted in improved compliance against legislative requirement of Duty of Candour and resolution of the backlog of all outstanding Serious Incidents.
- **The Deteriorating Patient:** ULHT alongside partners across Lincolnshire is making significant progress to implement the national ReSPECT programme in 2019.

The CQC inspection report identified a number of 'must do's' and 'should do's'. All these requirements are mapped to individual work programmes and good progress is being made against all. A detailed review of the evidence supporting completion of each requirement is being undertaken in January 2019. Additional supportive action will be agreed for those areas where confidence of attaining the requirement is limited.

The next unannounced CQC inspection is expected early spring 2019. The process to ensure all ULHT staff have an understanding of the format of the inspection is being finalised.

1.3 Identified Challenges

QS04. Delivering urgent and emergency care on the Pilgrim site specifically the Emergency Department was identified as one of the 3 areas requiring significant focus to improve. The challenges identified within the inspection report were all challenges that were known to the trust and improvement work focussed on these concerns with support from partners and regulators. Internal work included the development of an emergency department quality assurance tool which mapped to the trusts accreditation process. Quality assurance accreditation visits commenced at the end of October 2018 and confirmed significant challenges remained with the culture, leadership and in the delivery of patient care. These concerns were discussed extensively by the Trust's Board and additional leadership, financial and staffing resources were put in place. Internal quality assurance accreditation visits are being undertaken monthly with areas of concerns and improvement discussed with the team and escalated.

In November 2018 the CQC revisited Pilgrim Hospital Emergency Department and raised significant concerns. The report pertaining to this visit is in the public domain. As a result of requests by the Trust and the concerns within the CQC inspection report Pilgrim Hospital Emergency Department has been subject to a formal risk summit chaired by NHS Improvement. Whilst the care of patients remains the responsibility of ULHT and the Trust recognises it must improve the quality and safety of patient care within the emergency department, the risk summit was called as system partners have the ability to directly influence and impact on the improvement of the performance of the department.

In December 2018, the CQC revisited Pilgrim Hospital Emergency Department whilst they noted some improvements including nursing and medical staffing levels which matched patient acuity, they remained concerned about the areas raised in the November 2018 inspection.

1.4 Next steps

The performance of Pilgrim Hospital Emergency Department will continue to be monitored daily by ULHT's Executive Directors and Senior Leadership Team. Greater assurance of patient safety and improvement of quality is being sought of the Divisional team by the Trusts Board and through the Risk Summit process and System Improvement Board.

2. Consultation

This is not a direct consultation item although the Committee is asked to consider how it wishes to monitor progress.

3. Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy

Improve the quality and safety of care provided to patients in ULHT.

4. Conclusion

Since the inspection in February 2018 measurable progress has already been made to respond to the CQC's immediate concerns. Details of the individual work programmes within the plan are included at Appendix A and the plan is included at Appendix B.

Peer support will be provided from Northumbria Healthcare NHS Foundation Trust.

Trust Board and System oversight from NHSI is in place following further internal and external inspections of the Pilgrim Hospital Emergency Department.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Quality and Safety Improvement Plan – Work Programmes
Appendix B	Detail of the Quality and Safety Improvement Plan

6. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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QUALITY AND SAFETY IMPROVEMENT PLAN – WORK PROGRAMMES

QS01 - Developing the Safety Culture

Building a consistent safety culture through the delivery of the range of projects within the overall Quality and Safety Improvement Programme.

To ensure that learning from events and SIs is embedded in our governance systems

To ensure that a consistent Quality Improvement Methodology is embedded across all parts of the Trust

To maximise the learning opportunities from the buddying arrangements with Northumbria

QS02 - Governance

Trust-wide review and update to the governance and well led structure, processes, monitoring and assurance. Ensuring that the trust and its staff are able to meet local, statutory and contractual requirements; independently identifying areas of concern and outstanding practice.

Delivery of improvements to governance processes across clinical specialties.

Greater transparency and openness with patients following identification of harm through improvements to duty of candour

Improvements to the well led capabilities of senior leaders across the Trust

Improvements to the trusts meeting and assurance structure and processes

Better recognition, monitoring and mitigation of risk at all levels

QS03 - The Deteriorating Patient

Trust wide review and update to policy, education, practice and performance management to better recognise and rescue the deteriorating patient.

Further improvements in sepsis early recognition and treatment

Identification of patient with AKI and the care required

Maintaining fluid balance

Lessons learned from failure to escalate

Effective communications using SBAR

Recognising failure to escalate deteriorating patients

Implementation of national ReSPECT programme

QS04 - Pilgrim ED

Delivery of an Emergency Department wide improvement plan to ensure that the department delivers consistent high quality care and meets key national performance indicators.

Patient care is delivered within Royal College of Emergency Medicine 'Initial Assessment of Emergency Patients' guidelines.

The department consistently achieves 95% plus 4 hr target.

Patients are cared for by appropriately trained and caring staff.

Quality and experience of patient is consistently positive and measured against agreed parameters.

QS05 - Paediatric Services - Developing and Improving care of the Hidden Child

The programme looks to identify the 'hidden child' across all services within the Trust and then ensure that we are delivering safe, care that identifies and measures the quality of the experience for both the child and their parent or next of kin and how we can further improve

Identify those pathways, services and departments beyond children services, that provide care for children and young people

Identify markers of safe care within these environments

Identify mechanisms within these environments to measure the experiences of children, young people and their families or carers

QS06 - Safe Care

Trust-wide implementation and embedding of Safe Care with 5 individual projects to enable the Trust to robustly demonstrate a consistent approach to SI's and Never Events ensuring learning and quality improvement.

Reduction in SI's and Never events and ability to demonstrate learning

Consistent approach across all sites, all departments in the delivery of evidenced based processes

- positive patient ID

- intentional rounding

- safety Huddles

- handover

- Nasogastric tubes

- responding to never events

QS07 - Safeguarding

Delivery of the safeguarding improvement plan to ensure that the Trust is fulfilling its duties and statutory responsibilities to safeguard and promote the welfare of children, young people and adults who come into contact with our services

Conscious sedation is used appropriately and safely when required.

Patient care is delivered in line with the following policies: Chemical Restraint in the Management of Agitated Patients on General Adult Wards & in A&E Policy; and Clinical Holding & Restraint Policy.

All adults are offered a chaperone for all intimate examinations and children and young people are provided with chaperones.

The Trust is fully compliance with Savile and Bradbury report recommendations.

Pathway is seamless for patients with LD who require access to ULHT services, including those without a ULHT Consultant

Trust is compliant with Child Protection Information Sharing (CP-IS) requirements.

QS08 - Medicines Management

Pharmacy, nursing and medical staff to improve Medicines Management; in order to improve patient safety and reduce harm from medication. Maintain and develop education and training resources relating to Medicines Management for all those undertaking medication related tasks.

Improved culture of medicines safety and learning from incidents

Pharmacy providing a sustainable clinical service

Readily accessible pharmaceutical support for clinical services

Staff knowledge and competence in Medicines Management increased through access to education and training – pharmacy staff, nursing staff and junior doctors

Safer medication supply and administration processes from admission through to discharge

Improved medicines security and safer storage of medicines

QS09 - Mortality Outliers

Focused improvements actions in those areas where the trust is identified as a mortality outlier

Initial work focuses on trust wide review of Perinatal Mortality to identify

- reasons why perinatal mortality is alerting
- What actions are required
- Systematic improvement and embedding changes

QS10 - Data Quality

Delivery of improvements and standardisation to the sources, triangulation, validity and timeliness of data used to support the Trust governance processes

Clarity regarding sources of data used for trust wide information ensuring reliability

Improved validity process including appropriate triangulation

Ward to Board processes uses the same information to analyses and provide improved governance

Improvements to the trusts analytics capabilities

QS11 - Hospital at Night

To review the delivery of ULHT's Hospital at Night structure to ensure that it provides an effective and safe structure to manage patient safety in the out of hours period.

To ensure there is an appropriate governance structure in place

To ensure robust rota management and oversight for nursing and medical staff.

Ensure that the

To seek areas of good practice and adopt them. Learning from external organisations and national recommendations.

To explore the development of a single service, including the ways of working and supporting informatics systems, delivered across multiple sites with clear lines of communication, leadership and management thereby reducing unwarranted variation.

QS12 - Medical Devices

To provide assurance regarding the safety of medical equipment and devices and their use throughout the Trust.

Ensuring that there is a comprehensive up to date register of medical equipment in use across the Trust, which is clear about the equipment owner; the Trust's 'standard' risk rating for each device; and the maintenance status of each device.

Reviewing, annually, the standard risk rating assigned to each Medical device.

Reviewing medical equipment risks on the risk register, providing assurance about how risks are monitored and mitigated.

Giving assurance about actions taken in response to:

- Incidents involving the use of Medical equipment
- Medical device safety alerts
- Patient safety alerts as relevant.

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