

Agenda Item 6

		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:	12 September 2018
Subject:	United Lincolnshire Hospitals NHS Trust – Update on Care Quality Commission Inspection

Summary:

This paper provides an update on the Care Quality Commission (CQC) inspection at United Lincolnshire Hospitals NHS Trust (ULHT).

Actions Required:

The Health Scrutiny Committee is asked to:

- 1) Note the Care Quality Commission's findings.
- 2) Seek assurance from United Lincolnshire Hospitals NHS Trust about progress made since the inspection in February and April 2018 and its future plans for improving quality and safety.
- 3) Agree the frequency of updates on progress from United Lincolnshire Hospitals NHS Trust to the Health Scrutiny Committee.

1. Background

Introduction

The Care Quality Commission (CQC) inspected the United Lincolnshire Hospitals NHS Trust (ULHT) between Thursday 15 February and Thursday 8 March 2018. A separate 'well-led' assessment took place between Tuesday 10 April and Thursday 12 April 2018.

Not all services were inspected but all sites were. The services inspected included:

- urgent and emergency care
- medical care
- surgery
- outpatients at Lincoln and Pilgrim
- children and young people's services inspected at Pilgrim
- medical care and surgery at Grantham
- surgery at Louth.

The CQC found the Trust to have improved its overall rating from 'inadequate' to 'requires improvement'. Two of the four locations rated as 'good' overall, one as 'requires improvement' and one as 'inadequate'. The CQC rates organisations on five domains as shown below. Effective and responsive were rated as 'requires improvement', caring rated as 'good' and 'well-led' and 'safe' moved up from 'inadequate' to 'requires improvement'.

The CQC report details a mix of positive improvements and current challenges for the Trust, many of which were identified within the Trust prior to the inspection and formed part of the 2018/19 Quality and Safety Improvement Plan.

The Trust developed and submitted an improvement plan to the CQC at the end of July 2018.

2018 CQC ratings

The CQC identified the Trust ratings as following:

Overall rating for the Trust as Requires Improvement

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ↑ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↑ Jul 2018	Requires improvement ↑ Jul 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

In the 2016 CQC inspection, both the safe and well-led domains were rated as 'inadequate'. At this inspection both have moved up to 'requires improvement'. 'Effective', 'caring' and 'responsive' have remained the same and 'caring' rated as 'good' across the board at all sites at this 2018 inspection.

Overall, our individual ratings for each hospital site remain the same:

- Lincoln County Hospital – requires improvement
- Pilgrim Hospital Boston – inadequate
- Grantham and District Hospital – good
- County Hospital, Louth – good

In its inspection report the CQC identified examples of outstanding practice and exemplary care, including an improving patient safety culture and good multi-disciplinary team working across services. The CQC saw many improvements across core services since our last inspection and morale across the Trust had improved since our last inspection.

However, the CQC highlighted concerns around governance especially ensuring fully effective arrangements are in place for identifying, recording, and managing risks, and ensuring mitigating action is in place. These are issues the Trust was aware of prior to the visit and this awareness was reflected in the report.

Trust Progress

The CQC found a number of areas had significantly improved since their last visit and these were identified throughout the report with some specific aspects identified as 'outstanding'. Examples of these included:

- 'An improved patient safety culture within the Trust' – the CQC found our staff caring and treating patients with 'dignity, respect and kindness'. There is a recognition that significant work still needs to be undertaken and developing a safety culture remains the first programme of work within the Quality and Safety Improvement Programme.
- Older people's care praised for focus on dementia patients at Lincoln and Pilgrim and reducing the risk of malnutrition, distress and falls. However nursing recognises the continuing need to focus on delivering harm free care and this is priority identified within the developing Quality Strategy.
- Inspectors highlighted improvements in the management of our sickest patients including detection and treatment of sepsis. We recognise our continuing requirement to recognise and improve the care of all deteriorating patients irrespective of the cause.
- On the Stroke Ward (Pilgrim) staff worked above and beyond their clinical duties including arranging a long-term patient to carry out their wedding ceremony on the unit. Through our patient experience work the trust aims to develop compassionate cultures which consistently add value to the care outpatient and their loved ones experience.

- Housekeeping staff recognised for how they track individual needs according to a red, amber and green risk system. This forms part of the improvement of the trust compliance with the hygiene code, which continues and is monitored through the Trust's Infection Prevention and Control Committee.

Identified Challenges

A number of areas were identified as requiring focus to improve. These were all challenges that were known to the Trust and the CQC report acknowledges that the Trust had already commenced improvement work in these areas.

Three key areas were identified as requiring action and these form part of the Quality and Safety Improvement Plan.

- ***Delivering urgent and emergency care on the Pilgrim site specifically the Emergency Department.*** Improvement commenced at the time of the CQC visit in February when concerns were raised and significant improvements have already been made. This work will continue and be monitored through Quality and Safety Improvement Programme structure.
- ***Care of children and improving the responsiveness of services for children.*** In addition to the focussed work ensuring the Trust has a structure to deliver safe effective care within the children's services, the Trust needs to better identify the 'hidden child' and monitor and improve care to children, young people and their families and carers. An experienced senior paediatric nurse has been seconded to the Trust, working to the Deputy Chief Nurse to lead this work.
- ***Developing and delivering robust governance from Board to Ward to be effective, robust and transparent.*** Whilst the CQC identified pockets of improvement across Governance there is a significant work plan required to move the well led domain from 'requires improvement' to 'good'. However. This work is extensive and incorporates:
 - Structure and processes
 - Data quality
 - Risk identification & management
 - Openness and candour
 - Learning from incidents

Additionally in its inspection report the CQC identified a number of 'must do's' and 'should do's'. These have all been mapped into the Quality and Safety Improvement Plan (QSIP) or other improvement programmes being delivered within the Trust. Monitoring of progress will be through the Quality and Safety Improvement Board.

Next steps

The QSIP plan will be scrutinised on a weekly basis and will be presented to the Quality Safety Improvement Board bi-weekly and the Quality Governance Committee (QGC) monthly. Upward escalation of issues to Trust Board will happen via QGC.

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

ULHT, supported by its partners, need to make continued progress to improve quality and safety across the Trust.

Since the inspection in February 2018 measurable progress has already been made to respond to the CQC's immediate concerns.

A full detailed plan is included at Appendix A, when delivered, will result in significant improvement over the next 6 to 12 months.

Trust Board and System oversight from NHSI is in place. Peer support will be provided from Northumbria Healthcare NHS Foundation Trust.

5. Appendices

These are listed below and attached at the back of the report	
Appendix A	Quality and Safety Improvement Plan Update

6. Background Papers

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

This report was written by Michelle Rhodes, who can be contacted on 01522 573982 or michelle.rhodes@ulh.nhs.uk

Quality and Safety Improvement Plan – August 2018

1. Introduction

The Quality and Safety Improvement Plan (QSIP) sets out a programme of improvement work to ensure our patients receive safe care which promotes quality and safety across a range of areas in both and settings.

The 2018/2019 Quality and Safety Improvement Plan addresses issues of quality highlighted by the trust and by the CQC during its 2018 hospital inspection. This paper builds on the information shared in July 2018 particularly with reference to:

- Describes how the regulatory requirements (must do's and section 31) identified during the CQC inspection have been aligned to improvement programmes and will be monitored.
- Confirms the process for monitoring delivery of the improvements against the regulatory requirements.

2. 2018/19 Regulatory requirements

At the time of, and following the 2018 CQC hospital inspection, a number of regulatory requirements were put in place by the CQC. These were in the form of a section 31 which placed 10 conditions on the trust relating to the emergency Department at Pilgrim Hospital Boston. And secondly a number of 'must do's' were incorporated into the inspection report.

- 2.1 The ten conditions within the section 31 have been monitored continuously since the point at which they were applied in February 2018. The Deputy Chief Nurse and Director of Operations continuously review the detail of improvement work being undertaken within the Emergency Department ensuring that the weekly report demonstrates weekly improvements. The reports are overseen by the Director of Nursing. Following improvements 6 conditions were lifted with regular weekly reports being changed to monthly.
- 2.2 There is a requirement by the CQC to ensure that the plan put in place by the trust address all the must do's.

The documents at Appendix 1 identify all '*must do's*' and '*should do's*' that are identified within the CQC inspection report to programmes within the trusts Quality and Safety Improvement Plan. A small number of the regulatory requirements (must do's) and a larger number of the improvement suggestions (should do's) map into alternate work streams within the 2021 programme, these are identified.

Work has been undertaken by all work streams leads to identify the specific element which the must and should do's map to, within their individual improvement programme. To ensure effective and comprehensive monitoring of completion of all regulatory requirements occurs, irrespective of the programme, all are monitored through the Quality and Safety Improvement Board, with a regular report provided to Quality Governance Committee.

Whilst the 'should do's' do not form a regulatory requirement, a number of the 'should do's' for the 2016 CQC inspection turned into 'must do's' in the 2018 inspection. For this reason, mapping and monitoring of the delivery of improvements against the 'should do's' is being undertaken in the same manner as the 'must do's'.

3. Monitoring QSIP improvements

As described within the July Board paper and above, there is a clear internal process to monitor all quality improvements. All work streams have an Executive Director as their SRO. The QSIP is overseen by the Director of Nursing, and the Productive Hospital, Outpatient and Urgent & Emergency Care Workstreams by the Chief Operating Officer. In addition to the agreed reporting arrangements, all quality improvements related to CQC regulatory requirements, are reported into the Quality and Safety Improvement Board with a monthly report to Quality Governance Committee.

Each of the workstreams have a designated lead responsible to the Senior Responsible Officer and in some cases, for example safeguarding, there is also a Trust wide forum which has an oversight responsibility for ensuring the delivery of safe quality care for patients. In these cases there is an expectation that the local group, in addition to the Quality and Safety Improvement Board governance process, will ensure they remain sighted on the improvements required and capture this within their regular upward reports. Also that there will be the development of a comprehensive mechanism to incorporate this work into the groups normal work plan. The expectation is that these reports will be of sufficient detail to offer assurance but without duplication. This will ensure a seamless transfer and alignment of improvements into the normal governance oversight and reporting processes.

4. Recommendations

For the Board of Directors to note the approach taken to close the 2017/18 and progress the 2018/19 Quality and Safety Improvement programme.

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