


Agenda Item 5

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|  | | 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

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| Report to | Health Scrutiny Committee for Lincolnshire |
| Date: | 18 May 2022 |
| Subject: | United Lincolnshire Hospitals NHS Trust – Elective Recovery Plan and Response to the Care Quality Commission Inspection |

Summary:

On 16 March 2022, the Committee considered the report of the Care Quality Commission (CQC) on United Lincolnshire Hospitals NHS Trust (ULHT), which was published on 8 February 2022. It was agreed that ULHT would report to this meeting on its actions and further improvements in response to the CQC report and also report on the elective recovery programme for Lincolnshire.

Actions Requested:

To consider the information presented by United Lincolnshire Hospitals NHS Trust on:

- (a) The Lincolnshire Elective Recovery Plan 2022/2023
- (b) The Response of United Lincolnshire Hospitals NHS Trust to the inspection report by the Care Quality Commission

1. Lincolnshire Elective Recovery Plan 2022/2023

On 8 February 2022, the NHS and the Government published the *Delivery Plan for Tackling the Covid-19 Backlog of Elective Care*. This plan and the NHS's *2022/23 Priorities and Operational Planning Guidance* required each integrated care system to submit its planning priorities for 2022/23 by 30 April 2022. The Committee agreed that the recovery plan would be considered at this meeting.

As required, by the NHS these plans were submitted to NHS England and NHS Improvement in the form of presentations. The relevant extract from this submission relating to Lincolnshire Elective Recovery Plan is set out in Appendix A.

2. Response to the Care Quality Commission Inspection Report

Introduction

As reported to this Committee on 16 March 2022, on 8 February 2022, the Care Quality Commission (CQC) published its inspection report on ULHT and recognised the widespread improvements which ULHT had made in the quality and safety of services since the previous inspection in 2019. The CQC had commented that this was particularly impressive against the Covid-19 backdrop. As a result of the inspection, the overall Trust CQC rating remained 'Requires Improvement', as the overall rating of ULHT could not change as the CQC had not inspected all services on all sites.

The Committee recorded its support for the efforts of United Lincolnshire Hospitals NHS Trust, in making a range of improvements across a number of services, as reported by the Care Quality Care Commission. It was agreed that a further update on improvements in line with the action plan in response to the CQC would be received by the Committee at this meeting.

Background

Following the unannounced Care Quality Commission (CQC) core-service inspection and the announced Well-Led inspection during the months of October and November 2021, the CQC published its findings on 8 February 2022. The Trust responded to the CQC on the 10 March 2022 with a copy of its improvement plan.

Also approved at this time was a revised approach for the Trust to obtain assurance in relation to CQC. One of the approved recommendations was to ensure that board sub-committees receive a 'cut' of the Trust's CQC Improvement Action Plan relevant to their area of focus. Sub-committees began to receive this during March and April. As part of this, the Trust's Quality Governance Committee (QGC) is receiving the full improvement plan on a quarterly basis to undertake a stock take on progress being made. Trust Board will receive the full CQC improvement action plan in response to the 2022 inspection report. A summary presentation is set out in Appendix A.

A full list of CQC required actions following the recent inspection is set out in Appendix C. There were five 'must-do' actions that the Trust had to take in order to comply with its legal obligations. These are detailed below.

Set out in Appendix C is the Trust's improvement action plan in response to the 2022 inspection report, broken down by service/corresponding CBU/Division.

Detailed Review of ULHT 'Must-do' Improvement Actions

There were five 'must-do' actions that the Trust had to take in order to comply with its legal obligations, to demonstrate compliance with Regulation 12 and 13 of the Health and Social Care Act 2008. These are detailed as follows:

| Regulation 12: Safe Care & Treatment Urgent & Emergency Care |
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| CQC2021-02: Lincoln: <i>"The trust must ensure the trust standard operating procedure for management of reducing ambulance delays is fully implemented. Regulation 12 Safe care and treatment."</i> |
| CQC2021-05: Pilgrim: <i>"The service must ensure the trust standard operating procedure for management of reducing ambulance delays is fully implemented. Patients waiting on ambulances should be reviewed by medical staff within an hour and within 30 minutes where the national early warning score is five or more or requiring prioritisation. Regulation 12 Safe care and treatment."</i> |
| ULHT Improvement Action Plan: <ul style="list-style-type: none">• Review and update the 'Management of Reducing Ambulance Delays in the Emergency Departments' SOP. Ensure this includes links to wider corporate policies and SOPs (i.e. Full Capacity Protocol and the Ambulance Turnaround Protocol) and includes all relevant roles (i.e. Pre-Hospital Practitioners (PHP) and Hospital Liaison Officers (HALO)) and makes it clear that patients are being seen regardless of location (i.e. on ambulances during extreme pressures).• Complete by 31-Mar-22, referencing the NHS England and NHS Improvement Document (October 2021) 'Managing ambulance conveyances to hospital'.• Add the SOP into the Clinical Operational Flow Policy by 31-Mar-22• Track effectiveness of SOP with audit of key metrics. Commence audit by 31-Mar-22 and undertake monthly. This will be a manual snapshot audit.• Additional milestones will likely be added on completion of the SOP. |

**Regulation 12: Safe Care & Treatment
Maternity**

CQC2021-03: Lincoln: *“The trust must ensure that all medicines are stored safely and securely. Regulation 12 Safe care and treatment.”*

ULHT Improvement Action Plan:

- Map out locations across maternity (at both sites) where medicines are stored. **Due on 15-Mar-22. [NB: This action has now been completed]**
- Undertake gap analysis, against medicines management policy key standards for security and storage. **Due on 15-Mar-22. [NB: This action has now been completed]**
- Identify gaps across maternity and ensure mitigating actions in response planned. **Due on 31-Mar-22.**
- Understand risks related to routine ambient storage temperatures exceeding 25 degrees and develop risk based mitigation plan with Pharmacy team. **Due on 31-Mar-22.**
- Escalation of estate related challenges to storage of medications into estate/division plans for building works. **Due on 30-Apr-22.**
- Ensure escalation reporting relating to medicines storage/estate issues feature within PRM content. **Due on 31-Mar-22.**

**Regulation 13: Safeguarding Service Users from Abuse and Improper Treatment:
Urgent and Emergency Care**

CQC2021-01: Lincoln: *“The service must ensure systems and processes to check nationally approved child protection information sharing systems are fully embedded and compliance is monitored. Regulation 13 Safeguarding service users from abuse and improper treatment.”*

CQC2021-04: Pilgrim: *“The service must ensure systems and processes to check nationally approved child protection information sharing systems are fully embedded and compliance is monitored. Regulation 13 Safeguarding service users from abuse and improper treatment.”*

- Ensure ED staff have received training in accessing and acting on information from the national system. **Due on 31-Mar-22.**
- Ensure ED staff can access the Care Portal system to access the national system. **Due on 31-Mar-22.**
- Build training into ED nursing competencies to ensure new staff are trained. **Due on 31-Mar-22.**
- Undertake monthly audits of compliance. The first audit has been completed, and repeat monthly assurance audits are commencing **during March 2022.**

3. Mapping of the CQC Improvement Action Plan to Existing Work Streams to Avoid Duplication

A number of the CQC 'Should-do' actions reference areas with existing mechanisms to oversee, escalate and take improvement action. In these instances, to avoid duplication, the CQC Improvement Action Plan cross-references these as separate work streams.

In many instances, these areas are long-term pieces of work to overcome particularly difficult challenges and obstacles (i.e. provide 'sufficient staffing'; staff complete mandatory training in line with Trust targets; estates challenges and continued improvement of medicines management within the Trust).

It is planned in these instances to keep CQC updated with the progress being made towards completion throughout the year, with regular progress updates being written up by accountable owners, approved internally via the appropriate groups and sub-committees. A schedule to plan these throughout the year is being developed to support this aim.

The following areas are mapped within the CQC Improvement Action Plan (Appendix C) to existing internal mechanisms to oversee and take improvement action:

- **2021-06: 'Should-do'** *"...staff complete mandatory training in line with Trust targets. Including but not limited to the highest level of life support, safeguarding and mental capacity training. [Trust wide]*
- **2021-08: 'Should-do'** *"...providing all staff at every level with the development they need through the appraisal process."* [Trust wide]
- Given operational pressures, performance has been impacted, divisions need a recovery plan for performance during 2022/23 towards the Trust aim of 95% and 90% compliance respectively.
- **2021-07: 'Should-do'** *"...provide sufficient numbers of nursing and medical staff..."* [Trust wide]
- **2021-09: 'Should-do'** *"...ensure the requirements of duty of candour are met."* [Trust wide]
- **2021-10: 'Should-do'** *"...review and manage the work required to improve medicines management across the organisation."* [Trust wide]

The response to the CQC 'should-do' has been linked to medicines management Integrated Improvement Plan (IIP) improvement work being led on by the refreshed task and finish group to prevent duplication. The Medical Director is chairing a medicines management task & finish group.

- **2021-14: 'Should-do'** *"...ensure the design, maintenance and use of facilities, premises and equipment keep patients safe."* [Trust wide]

This action is linked to the Business as Usual work to develop the Trust's estate and mitigate gaps identified. This reports through to Finance, Performance and Estates Committee (FPEC). Divisional specific actions in relation to the estate are also captured in service level action plan. Going forward, issues relating to the Trusts estate that hamper progress with CQC actions or that risk patient safety will be flagged and reported on (escalation: Performance Review Meetings & Trust Leadership Team; assurance: Finance, Performance and Estates Committee) in line with revised CQC

Assurance Process. This is a significant risk area given the size and age of the Trust's estate. The Trust needs to be able to demonstrate mitigation when resolution by capital works is not immediately possible.

4. Next Steps

The Trust Board will receive regular updates and any risks to delivery and how these are being mitigated. Progress will be tracked using the Trust's established BRAG ratings. Identified risks to delivery of actions, including those that have elapsed planned timescales, will be escalated into the Trust's Performance Review Meetings and reporting through Executive and Trust Leadership Team meetings.

A revised approach to obtaining assurance linked to CQC has recently been approved. This will now be implemented for all elements of the Trust's monitoring and management of action in response to the 2022 inspection report, as well as other improvement actions identified from the wider context of the inspection report (that did not result in 'must/should-do' actions and also elements of the 2019 inspection report where further embedding is required).

The approved process includes the following elements:

- Investment in time across all Divisions to develop / strengthen process for the delivery of clinically led improvement actions, with regular update meetings with the compliance team and integration of escalation/assurance reporting into established governance arrangements;
- Establishment of a divisionally led 'assurance' process to sign off action(s)/milestone(s) as complete, based on robust collation of evidence. Additionally, through regular engagement with and supported by the Compliance team, Divisions to retain oversight and seek ongoing assurance that improvement work remains embedded; or take appropriate remedial action to recover improvement plans;
- Development of effective and regular communications to teams, within Divisions and the wider Trust, to share and celebrate improvements and achievements;
- Establishment of a formal Executive 'assurance' process (Director of Nursing and Medical Director) to strengthen internal assurance of completion and closure of improvement actions and form a gateway to enable regular and robust updates to external regulators on progress with improvement actions and sharing of progress updates for improvement activities against difficult/challenging issues;
- Review and strengthen escalation and assurance reporting linked to CQC/external regulators through existing channels:
 - Trust's Performance framework;
 - Executive Leadership Team / Trust Leadership Team;
 - Sub-committees/Trust Board;
 - Quality Governance Committee (QGC) oversight and taking a periodic 'stock-take' of progress.
- Linked to the CQC external updates, will be a regular internal update for ULHT staff to ensure a 'CQC said, we did' communications feed.

5. Consultation

This is not a direct consultation item.

6. Conclusion

The Committee is invited to consider the information presented on the Lincolnshire Elective Recovery Plan 2022/23 and the action plan in response to the Care Quality Commission inspection report of February 2022.

7. Appendices These are listed below and attached to the report.

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|------------|--|
| Appendix A | Lincolnshire Elective Recovery Plan 2022/23 |
| Appendix B | Care Quality Commission Summary Response |
| Appendix C | Full List of 'Must Do' and 'Should Do' Actions |
| Appendix D | CQC Improvement Action Plan |

8. 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 United Lincolnshire Hospitals NHS Trust.

LINCOLNSHIRE ELECTIVE RECOVERY PLAN 2022/2023

Lincolnshire 

Lincolnshire Elective Recovery Priorities

Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards

Deliver more elective care

- Our ambition is to deliver more elective care than pre-pandemic i.e. 104% of the elective activity delivered in 2019/20 and 120% of the diagnostic activity delivered in 2019/20. This will be done at system level which includes our Independent Sector Providers.
- In terms of reducing long waits, 104-week waits will be eliminated by June 2022 and 78-week waits will be at zero by 01/04/23
- The recovery of non-admitted outpatient activity recovery will be supported through: strengthened advice & guidance; growth in patient initiated follow-up and virtual consultation; efficient clinic utilisation; referral optimisation via the Elective Activity Coordination Hub
- The recovery of admitted patient activity will be supported through: the High Volume, Low Complexity programme; theatre utilisation; clinical prioritisation; use of independent sector providers which has been developed with the support of the 'Getting It Right First Time' Team and Grant Thornton
- Continue with the development of Community Diagnostic Centres including expanding the services at Gonerby Road, Grantham Community Diagnostic Centre and drafting a business case for a further Community Diagnostic Centre in the County

Improve performance against all cancer standards

- There will be a strong system focus on improving cancer waits and outcomes for patients during 2022/23 with a key focus on reducing the backlogs and improving waiting times.
- We will return the number of people waiting for longer than 62 days, from 424 in April 2022 to 149 in March 2023
- Improve delivery of the 62-day urgent referral to first treatment standard: move from 57% in February 2022 to 85% in March 2023
- Increase diagnostic throughput and achievement of the 28-day faster diagnosis standard: move from 53% in February 2022 to 75% in March 2023
- Refine delivery of the 31-day decision-to-treat to first treatment standard: move from 89% in February 2022 to 96% in March 2023
- There will also be a focus on the non-specific site (NSS) pathway: ensure that 100% of GP practices have access to a Rapid Diagnostic Concept NSS pathway

Lincolnshire Elective Recovery Priorities

Using our collective resources more effectively and equitably

In delivering the priorities outlined above it will require a shift in approach to focus on population health outcomes, improving the stability of our workforce including developing new roles and reducing the usage of agency staff, along with accelerating our adoption of digital technologies.

Workforce

- Total workforce establishment increasing by 420 WTE, with substantive staff in post increasing by 531 WTE.
- Initially, agency reducing by 174 WTE and bank usage reducing by 55 WTE. Further significant reductions are currently being planned.

Population health management, prevention and health equity

- Using data and analytics in service planning and delivery, with a focus on targeting the most relevant patient cohorts and improving access and health equity for underserved communities. Specific 22/23 priorities: progressing the development of the ICS intelligence function and a Population Health Management implementation roadmap; creating the supporting digital infrastructure
- Prevention: implementing tobacco dependency services in NHS services; establishing a CVD & respiratory prevention programme; Targeting weight management, alcohol, TB and diabetes

Digital

- Exploiting digital technologies to transform the delivery of care and patient outcomes: initiating the Lincolnshire electronic patient record; expanding the care portal and patient portal; using the National Electronic Referral System; introducing care home remote clinical observation kits and new monitoring at home services; supporting virtual wards; establishing system-level sharing and governance of health and care data

Finance:

- The system has a trajectory to deliver financial balance over the next 3 years.
- The 22/23 financial plan: strips out COVID-related costs; minimises inflationary pressures as far as possible; includes only those investments that respond to nationally-mandated priorities and/or system transformation that will deliver savings and quality improvement

**Activity & Performance |
Achievement of Key Targets**

| Planned Care | |
|--|---|
| 104% of Activity Levels for Electives against 2019/20 | 104% (System) 107.5% (ULHT) |
| 104% of Activity Levels for Daycase against 2019/20 | 104% (System) 104% (ULHT) |
| 104% of Activity Levels for Outpatient Firsts 2019/20 | 104% (System) 104% (ULHT) |
| 75% of 19/20 Outpatient Follow Ups by March | <i>With further development of patient initiated follow ups and virtual consultations the plan for 75% is still under review.</i> |
| 120% of 19/20 Diagnostics | c120.7% (ULHT) |
| 130% of 19/20 Activity Levels for Independent Sector Providers | c132% (Elective and Daycase) |
| Eliminate 78 week waits by March 2023 | ULHT - 0 In March 2023 |
| 16% specialist advice | 18.7% - in March 2023 |
| 5% Patient Initiated Follow Up Appointments | <i>* As per above ULHT Plan c4.1% in March 23</i> |
| 25% non face to face appointments | 28% ULHT |

Key Risks

- Non-elective pressures/capacity: Continued occurrence of critical and major incidents that impact on availability of workforce; Access to theatre capacity is reduced due to competing Emergency and Elective pressures; Insufficient provision of post op beds;
- COVID: continued COVID pressures on staff sickness and isolation as well as patients cancelling appointments and surgery at short notice
- Workforce: Significant workforce issues (sickness & absence; Reduction in workforce with existing staff moving into specialist roles/inability to recruit to more junior roles; Inability to ring-fence cancer capacity - complexities across planned and urgent care programmes; Reluctance to undertake additional sessions due to exhaustion; Heavy reliance on locums; transformation planning requires the same clinical and operational staff as business as usual)
- System financial position: System financial situation is challenging before adding additional cost to recover waiting lists
- Patient complexity: Disease progression of those patients waiting is resulting in longer operating time requirements and longer recovery time
- Additional diagnostic demand: is expected when starting to clear the outpatient waiting lists, this whilst recovering from the fire at Lincoln County will be challenging

RESPONSE TO CARE QUALITY COMMISSION REPORT – SUMMARY PRESENTATION



Health Oversight and Scrutiny Committee

Update: United Lincolnshire Hospitals NHS Trust CQC Compliance

18 May 2022




Key Milestones:



| Date: | Event: |
|---------------------------|--|
| 5-8 October 2021 | Unannounced CQC Core Service Inspection Focused inspection on Children & Young People, Urgent and Emergency Medicine (UEC) and Medical care (including older people's care) |
| 9-11 November 2021 | Announced CQC Well Led Inspection |
| 8 February 2022 | CQC Inspection Report Published |
| 03 March 2022 | Divisions and Corporate Action Leads approved ULHT CQC Improvement Action Plan |
| 10 March 2022 | Trust submitted to CQC the ULHT Improvement Action Plan and Strengthened CQC Assurance Process approved by Executive and Trust Leadership Team |
| 05 April 2022 | Public Board receive first quarterly update report on progress (Attached) |
| w/c 12 April 2022 | ULHT Sub-committees of the Board commence receipt of their 'cut' of the action plan for assurance |
| 22 April 2022 | Executive Leadership Team receive copy of the action plan for escalation and assurance |
| w/c 25 April 2022 | For escalation purposes, action plan reported, by exception, at Divisional Level Performance Review Meetings (PRM) |
| Future: | |
| 13 May 2022 | First Executive Led CQC Assurance Meeting |
| 05 July 2022 | Public Board: Update on progress (Quarterly update) |

Strengthened approach to CQC Assurance:



- The Trust has reviewed and strengthened its approach to assurance with CQC, this was approved on the 10 March 2022 and is in the process of being implemented.
- This includes the following key features:
 - Development of clinically owned improvement actions by Divisions;
 - Strengthened confirm/challenge of actions thought to have been completed, using evidence. First stage for divisional confirmation with second stage executive review and confirmation;
 - Regular communications internally and with CQC;
 - Strengthened escalation and assurance reporting via:
 - Divisional Performance Review Meetings (PRM) – Escalation
 - Executive & Trust Leadership Team Meetings – Escalation and assurance
 - Sub-committees of the Board and Trust Board – Assurance
 - Proactive review of CQC standards to identify gaps or risks

Key points to note:



- The Trust Board receive updates on progress with the ULHT CQC Improvement Action Plan on a quarterly basis
- A copy of the update report provided to Public Board on the 5 April 2022 has been attached for HOSC information
- There are no significant issues to escalate at this stage from the CQC Assurance Process
- Trust Board will next receive an update on the 5 July 2022

Public Trust Board Update:



- Copies of the Public Trust Board update received on the 5 April and the associated appendix has been issued separately for Health Overview and Scrutiny Committee information

APPENDIX C

Full List of CQC ‘Must’ & ‘Should-dos’:

| URN | Core Service | Trust/ Site | ‘Must-Do’ | CQC Requirement |
|------------|---------------------------|-------------------------|-----------|---|
| CQC2021-01 | Urgent and emergency care | Lincoln County Hospital | Must Do | The trust must ensure systems and processes to check nationally approved child protection information sharing systems are fully embedded and compliance is monitored. Regulation 13 Safeguarding service users from abuse and improper treatment. |
| CQC2021-02 | Urgent and emergency care | Lincoln County Hospital | Must Do | The trust must ensure the trust standard operating procedure for management of reducing ambulance delays is fully implemented. Regulation 12 Safe care and treatment. |
| CQC2021-03 | Maternity | Lincoln County Hospital | Must Do | The trust must ensure that all medicines are stored safely and securely. Regulation 12 Safe care and treatment. |
| CQC2021-04 | Urgent and emergency care | Pilgrim Hospital | Must Do | The service must ensure systems and processes to check nationally approved child protection information sharing systems are fully embedded and compliance is monitored. Regulation 13 Safeguarding service users from abuse and improper treatment. |
| CQC2021-05 | Urgent and emergency care | Pilgrim Hospital | Must Do | The service must ensure the trust standard operating procedure for management of reducing ambulance delays is fully implemented. Patients waiting on ambulances should be reviewed by medical staff within an hour and within 30 minutes where the national early warning score is five or more or requiring prioritisation. Regulation 12 Safe care and treatment. |

| URN | Core Service | Trust/ Site | ‘Should-Do’ | CQC Requirement |
|------------|--------------|-------------|-------------|---|
| CQC2021-06 | Trust wide | Trust | Should Do | The trust should ensure that staff complete mandatory training in line with trust targets. Including but not limited to the highest level of life support, safeguarding and mental capacity training. |

| URN | Core Service | Trust/ Site | 'Should-Do' | CQC Requirement |
|------------|---------------------------|-------------------------|-------------|--|
| CQC2021-07 | Trust wide | Trust | Should Do | The trust should ensure they provide sufficient numbers of nursing and medical staff to safely support patients. |
| CQC2021-08 | Trust wide | Trust | Should Do | The trust should ensure there are mechanisms for providing all staff at every level with the development they need through the appraisal process. |
| CQC2021-09 | Trust wide | Trust | Should Do | The trust should ensure the requirements of duty of candour are met. |
| CQC2021-10 | Trust wide | Trust | Should Do | The trust should ensure it continues to review and manage the work required to improve medicines management across the organisation. |
| CQC2021-11 | Trust wide | Trust | Should Do | The trust should ensure they are using timely data to gain assurance at board. |
| CQC2021-12 | Trust wide | Trust | Should Do | The trust should ensure all patient records and other person identifiable information is kept secured at all times. |
| CQC2021-13 | Trust wide | Trust | Should Do | The trust should ensure it has access to communication aids and leaflets available in other languages. |
| CQC2021-14 | Trust wide | Trust | Should Do | The trust should ensure the design, maintenance and use of facilities, premises and equipment keep patients safe. |
| CQC2021-15 | Urgent and emergency care | Lincoln County Hospital | Should Do | The trust should ensure that falls and mental health risk assessments and transfer documentation are in place for patients when they are required and that completion risk assessments and transfer documentation are audited. |
| CQC2021-16 | Urgent and emergency care | Lincoln County Hospital | Should Do | The trust should ensure, the paediatric area within the Emergency Department, nursing and medical staffing requirements meet the Royal College of Paediatrics and Child Health (RCPCH). |

| URN | Core Service | Trust/ Site | 'Should-Do' | CQC Requirement |
|------------|--|-------------------------|-------------|---|
| CQC2021-17 | Urgent and emergency care | Lincoln County Hospital | Should Do | The trust should ensure, the paediatric area within the Emergency Department, governance processes are fully implemented and aligned to the Royal College of Paediatrics and Child Health (RCPCH) standards for children in the emergency department. |
| CQC2021-18 | Urgent and emergency care | Lincoln County Hospital | Should Do | The trust should ensure effective systems are in place to review the service risk register. |
| CQC2021-19 | Children and young people | Lincoln County Hospital | Should Do | The trust should ensure ambient temperature checks are undertaken in theatres for medicine storage as per trust policy. |
| CQC2021-20 | Children and young people | Lincoln County Hospital | Should Do | The trust should ensure an interpreter is used as per trust policy to ensure all young people, parents or guardians are able to consent to care and treatment and fully understand clinical conversations. |
| CQC2021-21 | Children and young people | Lincoln County Hospital | Should Do | The trust should ensure cleaning records are completed as per trust policy. |
| CQC2021-22 | Children and young people | Lincoln County Hospital | Should Do | The trust should consider discussing mixed sex accommodation with young people proactively rather than reactively. |
| CQC2021-23 | Children and young people | Lincoln County Hospital | Should Do | The trust should consider the use of a communication tool to support staff working with children who have additional needs. |
| CQC2021-24 | Children and young people | Lincoln County Hospital | Should Do | The trust should ensure that a patient's food and fluid intake is accurately recorded. |
| CQC2021-25 | Children and young people | Lincoln County Hospital | Should Do | The trust should consider adding specific action plans to the service risk register. |
| CQC2021-26 | Medical care (including older people's care) | Lincoln County Hospital | Should Do | The trust should ensure that safety checks of new ward environments are fully completed before moving patients. |

| URN | Core Service | Trust/ Site | 'Should-Do' | CQC Requirement |
|------------|--|-------------------------|-------------|--|
| CQC2021-27 | Medical care (including older people's care) | Lincoln County Hospital | Should Do | The trust should ensure national audit outcomes are continued to be monitored and any areas for improvement acted upon. |
| CQC2021-28 | Maternity | Lincoln County Hospital | Should Do | The trust should consider monitoring staff's compliance with the systems in place to enable learning from incidents. |
| CQC2021-29 | Maternity | Lincoln County Hospital | Should Do | The trust should continue to work towards increasing the number of midwives who are competent in theatre recovery to ensure women are recovered by appropriately skilled staff. |
| CQC2021-30 | Maternity | Lincoln County Hospital | Should Do | The trust should improve the completion of safety, quality and performance audits to ensure these are consistently completed effectively, to enable safety and quality concerns to be identified and acted upon. |
| CQC2021-31 | Urgent and emergency care | Pilgrim Hospital | Should Do | The trust should ensure that policies and procedures in place to prevent the spread of infection are adhered to. |
| CQC2021-32 | Urgent and emergency care | Pilgrim Hospital | Should Do | The trust should ensure patients at risk of self harm or suicide are cared for in a safe environment meeting standards recommended by the Psychiatric Liaison Accreditation network (PLAN) and mental health risk assessments and care plans are completed for all patients at risk. |
| CQC2021-33 | Urgent and emergency care | Pilgrim Hospital | Should Do | The trust should ensure triage is a face to face encounter with a patient for ambulance conveyances. |
| CQC2021-34 | Urgent and emergency care | Pilgrim Hospital | Should Do | The trust should ensure patients at risk of falling undergo a falls risk assessment and falls preventative actions are in place. |
| CQC2021-35 | Urgent and emergency care | Pilgrim Hospital | Should Do | The trust should ensure deteriorating patients are identified and escalated in line with trust policy. |
| CQC2021-36 | Urgent and emergency care | Pilgrim Hospital | Should Do | The trust should ensure the paediatric area within the Emergency Department, nursing and medical staffing requirements meet the Royal College of Paediatrics and Child Health (RCPC). |

| URN | Core Service | Trust/ Site | 'Should-Do' | CQC Requirement |
|------------|--|------------------|-------------|---|
| CQC2021-37 | Urgent and emergency care | Pilgrim Hospital | Should Do | The trust should ensure effective systems are in place to investigate incidents in a timely manner and identify and share learning from incidents to prevent further incidents from occurring. |
| CQC2021-38 | Urgent and emergency care | Pilgrim Hospital | Should Do | The trust should ensure clinical pathways and policies are updated in line with national guidance. |
| CQC2021-39 | Urgent and emergency care | Pilgrim Hospital | Should Do | The trust should ensure, the paediatric area within the Emergency Department, governance processes are fully implemented and aligned to the Royal College of Paediatrics and Child Health (RCPCH) standards for children in the emergency department. |
| CQC2021-40 | Urgent and emergency care | Pilgrim Hospital | Should Do | The trust should ensure effective systems are in place to review the service risk register. |
| CQC2021-41 | Children and young people | Pilgrim Hospital | Should Do | The trust should consider all key services being available seven days a week. |
| CQC2021-42 | Children and young people | Pilgrim Hospital | Should Do | The trust should consider routine monitoring or auditing of waiting times for children to have a medical review as per the Royal College of Paediatrics and Child Health (RCPCH). |
| CQC2021-43 | Medical care (including older people's care) | Pilgrim Hospital | Should Do | The trust should consider giving ward managers direct access to training systems for their areas in order to monitor and action mandatory training needs of their teams on a more regular basis. |

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