

Lancashire Teaching Hospitals NHS Foundation Trust

Quality Report

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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Good



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Good



Summary of findings

Letter from the Chief Inspector of Hospitals

We inspected Lancashire Teaching Hospitals NHS Foundation Trust as part of the new comprehensive inspection programme. We had received some concerns about staffing and the use of overnight facilities that were not fit for that purpose.

We found the trust was not meeting three regulations

- Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing.
- Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010 Supporting Workers.
- Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of service users.

The inspection took place between 9 and 11 July 2014, along with an unannounced visit at Royal Preston Hospital on 21 July 2014 between 6pm and 8pm.

Overall, this trust required improvement, although we rated it 'good' for having caring, effective services, and we noted some outstanding practice and innovation.

Our key findings were as follows:

Access and flow

Bed occupancy for the trust was consistently above 90%, that is worse than the England average. It is generally accepted that the quality of patient care and how well hospitals perform starts to be affected when occupancy rates rise above 85%.

The trust had been under pressure from high numbers of emergency admissions through its accident and emergency (A&E) departments, which affected the number of available beds, particularly in medicine. Patients were often placed in areas that were not best suited to their needs (outliers). The number of medical outliers often exceeded 30 patients and on occasions there were more than 50 people placed in areas not best suited to their needs.

Although the trust had good systems to make sure that patients were seen regularly by an appropriate doctor, patients often experienced a number of moves from ward to ward, sometimes during the night. Some patients could be moved up to six times during their stay in hospital.

Surgical patients were also affected because operations were cancelled if intensive or inpatient beds were not available. We also found that discharge processes were slow and fragmented. Delays in discharge were made worse by the lack of intermediate care provision in the local area and delays in securing community-based care packages. The trust had begun to make changes to improve discharge processes and was also working with commissioners and the local authority to improve discharge support in the community. Although the trust was well aware of its challenges and was working on a solution, the required improvements were not yet visible.

Similarly, the numbers of delayed discharges from hospital remained a concern as the number of delayed discharges is higher than the England average.

Between April 2013 and March 2014, the trust cancelled 675 operations and 94 of these patients did not go on to receive their treatment within 28 days of the cancellation. This was significantly worse than the national average. For example, between July and September 2013, 20% of patients whose operation had been cancelled had not received treatment within 28 days compared to the national average of 3.7%.

However, since April 2014 and June 2014, 152 operations have been cancelled and only four patients (2.6%) had not received treatment within 28 days, which is better than the national average of 5.1%. This is a good improvement and the trust must sustain this level of performance to support patients receiving timely care and treatment.

The trust had reduced the number of day case patients waiting for elective surgery between April 2013 and February 2014. However, approximately 1,500 people were waiting for elective surgery as an inpatient at the time of the inspection.

Nurse staffing

Nursing staff were caring and compassionate and treated people with dignity and respect. Nurses were highly committed to giving people a high standard of care and treatment. Nurse staffing levels on most wards were calculated using a recognised dependency tool. However, recruiting nursing staff was an ongoing challenge for the

Summary of findings

trust. Nurse staffing levels, although improved, were still a concern. There was a heavy reliance on staff working extra shifts and on bank and agency staff to maintain safe staffing levels, particularly in the medical division. There were times when the wards were not appropriately staffed.

The maternity service had a number of vacant midwifery posts and it was also affected by staff sickness. The service relied heavily on community midwives, staff working extra hours and in-house bank staff to maintain staffing levels. The ratio of midwives to live births was 1:34, which is below the national recommendation of 1:28.

The nurse staffing figure in the paediatric assessment unit was below the Royal College of Nursing recommendation of two qualified nurses for assessment units. We found that children and young people had to wait for long periods to be seen by a doctor.

Medical staffing

The hospital was staffed by highly skilled, competent and well-supervised doctors. Medical staff were universally committed to providing good patient care. Consultants were present or accessible 24 hours a day and carried out daily ward rounds. However, there were issues regarding medical staffing and ophthalmology services at Chorley and South Ribble Hospital that were currently under review.

Mortality rates

The trust had a well-established mortality review process. Its mortality rates were within acceptable ranges for a trust of this size. Mortality data for expected deaths (4.1%) showed that the trust performed slightly better than was expected (4.3%).

Incident reporting and investigation

The trust had a robust system for reporting incidents and near misses. Staff were confident and competent in reporting incidents and were supported by their managers to do so. The trust reported five potential never events during 2013/14. (never events are serious, largely preventable patient safety incidents that should not occur if the available preventative measures have been

implemented.) Three were de-classified following investigation. The trust told us about a recent incident that they reported as a potential never event, which was unlikely to meet the full definition.

The trust had investigated all incidents requiring investigation and had taken robust steps to reduce the risk of reoccurrence.

Nutrition and hydration

Dietary and nutritional requirements were considered as part of the care planning process. Specialist support was available for patients who needed help. The speech and language team actively supported patients with swallowing and eating difficulties.

There was a blue tray system in place to identify patients who needed help with eating and drinking. This system worked well and patients who experienced difficulties were well supported.

Most patients were complimentary about the choice of food and drink provided to them.

Cleanliness

Both hospitals were clean and well maintained. Staff adhered to the trust's infection prevention and control policy. We saw good hygiene practice in all of the clinical areas we inspected. Infection rates for MRSA were in line with the England average but *Clostridium difficile* and MSSA were higher than the England average. However, audits of compliance with standard hygiene practices took place regularly and showed high levels of compliance.

Equipment was clean and regularly maintained so that it was ready for use.

Staff training

We found that some wards and departments were not meeting the trust's target of 80% for staff training. Some staff said that they could not go to training sessions because of staffing pressures in their area of work. This was a particular concern in the childrens service, where there were not enough nurses trained in advanced paediatric life support to provide one trained nurse for every shift in paediatric areas, to meet best practice guidance. The trust had acknowledged that the numbers of staff undertaking mandatory training needed to be

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improved and had implemented a number of initiatives, including eLearning packages. As a result, there had been a month-on-month improvement in mandatory training completion.

Medicines management

Medicines were dispensed, stored and administered safely. However, the out-of-hours arrangements led to patients experiencing delays in securing prescribed medications. In addition patients also experienced delays in receiving medicines to take home with them. This often meant that discharges were delayed and patients were sometimes discharged from hospital quite late in to the evening.

We saw several areas of outstanding practice, including:

- Data from the College of Emergency Medicine consultant sign-off audit showed that 100% of patients at Preston A&E Department were seen by an Emergency Department doctor; the national average was 92%. Also 25% of patients were seen by a consultant, well above the national average of 13% in 2012/13.
- The trust was committed to becoming a dementia-friendly environment. An older people's programme was developing this work and we saw several excellent examples of how it was being put into practice during our inspection. The proactive elderly care team helped staff to identify and assess the needs of older people. They also worked proactively with intermediate care services to ensure the safe discharge of older people and those with dementia. Activity boxes and blankets had been introduced throughout the division to promote and maintain cognitive and physical function and reduce the unwanted effects of being in a hospital environment. Two wards at Chorley had been designed specifically to meet the needs of people with dementia. These wards had been nominated for a national Nursing Times award for the environment. Rookwood A, Rookwood B, Barton, Bleasdale wards and Ward 21 had also achieved the stage 2 quality mark for elderly-friendly wards from the Royal College of Psychiatrists.
- The trust had won the Clinical Innovation category at the North West Excellence in Supply Awards for developing a disposable female urinal.

- The alcohol liaison service had been nominated for a national Nursing Standards award. Staff spoke highly of the service and the positive contributions they had made in supporting patients with alcohol-related conditions and their families.
- Our specialist adviser assessed that speech and language therapy input for neonatal babies was likely to improve the long-term outcomes for these children and considered this to be outstanding practice.
- The end of life team coordinated rapid response for discharge to the preferred place of care. Staff told us there was a multidisciplinary approach to discharge planning that involved the hospital and the community staff working towards a rapid but safe discharge for patients.
- Ultrasound-guided blocks were used in A&E for patients with neck of femur injuries, which provided quicker pain relief.

However, there were also areas of poor practice, where the trust needs to make improvements.

Importantly, the trust must:

Staffing

- Ensure that there are enough suitably qualified, skilled and experienced nurses to meet the needs of medical patients at all times.
- Ensure that there are enough suitably qualified, skilled and experienced midwives to meet the needs of patients at all times.
- Ensure that medical staffing is sufficient to provide appropriate and timely treatment and review of patients at all times within the medical division and outpatients.
- Ensure that medical staffing is appropriate at the location, including medical trainees, long-term locums, middle-grade doctors and consultants.

Supporting staff

- Ensure that staff receive advanced paediatric life support and moving and handling.
- Take steps so that the trust can confirm the status of mandatory training completed by staff, particularly in the child health directorate.

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Care and welfare of patients

- Improve patient flow throughout the hospital to reduce the number of bed moves and length of stay, particularly in the medical division.
- Take action to prevent cancellation of outpatients clinics at short notice and ensure that clinics run to time, particularly within ophthalmology outpatients.
- Take action to make sure that admission and referral pathways to the High Dependency Unit are clearly communicated and understood by all staff so that patients receive timely and responsive care and treatment.
- Review the level of cancelled appointments within ophthalmology outpatients and review and address the identified concerns within this department.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Lancashire Teaching Hospitals NHS Foundation Trust

Lancashire Teaching Hospitals NHS Foundation Trust has two hospitals, Royal Preston Hospital and Chorley and South Ribble Hospital.

The health of people in Lancashire as a county varies. Just over half of the health indicators are worse than the England average, including for binge-drinking adults and life expectancy. Lancashire is very diverse in terms of its geography, population, ethnicity and socio-economic prosperity. While still relatively young in some parts of the county, the population is ageing overall. By 2020, the number of people aged 75 and over is likely to rise by 43.2%. This rate is greater and faster than the national trend. The implications include an increase in long-term conditions and dementia. There are significant levels of social and economic deprivation and there are pronounced health inequalities, with a gap in life expectancy of 11.7 years. Heart disease, stroke and cancer are the main causes of death, and the rates for these are higher than the national average in two out of four districts.

The trust was not allocated a banding in the July 2014 update of CQC's Intelligent Monitoring Tool because it

was being inspected. Five risks and three elevated risks were identified. The elevated risks included referral to treatment times, national hip fracture data and whistleblowing; we had received at least one piece of whistleblowing information which was responded to in the set timeframe.

The trust had engaged the Intensive Support Team to look at referral to treatment times and cancer performance. The Intensive Support Team undertook a diagnostic exercise in August 2013 in which the trust shared its specialty-level recovery plans and the corporate recovery plan. Their report concluded that with the recent planned appointments of key personal, the trust had recognised the issues relating to achieving and sustaining referral to treatment times and cancer performance. The Intensive Support Team was now supporting the trust with the implementation and development of a revised recovery plan. The trust was meeting referral to treatment times targets at the time of our inspection.

Our inspection team

Our inspection team was led by:

Chair: Ian Abbs, Medical Director, Guy's and St Thomas' NHS Foundation Trust

Head of Hospital Inspections: Ann Ford, Care Quality Commission

The team included an Inspection Manager, seven CQC inspectors and a variety of specialists including Operational Manager of Acute Trust Clinical Services; Director of Improvement, Quality and Nursing; Diabetes

Consultant; Consultant Radiologist; Consultant Colorectal Surgeon; Emergency Medicine Consultant and Senior Clinical Lecturer in Emergency Medicine; Consultant Obstetrician and Gynaecologist; Critical Care/ Anaesthesia/ECMO; ST6 in Paediatrics; Junior Doctor; FY2 Doctor; Matron in Medical Investigations and Respiratory Care; Theatre Specialist; Divisional Director for Medicine; Lead Paramedic; Midwife; Intensive Care Nurse; Nurse Consultant Paediatrics; 3rd year Paediatric Student Nurse; Student Nurse and two Experts by Experience.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?

Summary of findings

- Is it well led?

Before visiting, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital. These included the clinical commissioning group, NHS England, Health Education England, the General Medical Council, the Nursing and Midwifery Council, the Royal Colleges and the local Healthwatch.

We held a listening event in Preston on 8 July 2014 when people shared their views and experiences of both Royal Preston Hospital and Chorley and South Ribble Hospital. Some people who were unable to attend the listening event shared their experiences by email or telephone.

We undertook an announced inspection of the trust between 9 and 11 July 2014, and an unannounced inspection at the Royal Preston Hospital on 21 July 2014 between 6pm and 8pm. Royal Preston Hospital was inspected on 9, 10 and 11 July 2014 and Chorley and South Ribble Hospital on 10 and 11 July 2014. We looked at the following seven core services at both hospitals:

- Accident and emergency (A&E)

- Medical care
- Surgery
- Critical care
- Maternity and family planning
- Palliative and end of life care
- Outpatients

We also looked at Children and Young People services at Royal Preston Hospital.

We looked at the management of medical admissions out of hours.

We held focus groups and drop-in sessions with a range of staff in the hospital, including nurses, junior doctors, consultants, midwives, student nurses, administrative and clerical staff, physiotherapists, occupational therapists, pharmacists, domestic staff and porters. We also spoke with staff individually, as requested.

We talked with patients and staff from all the ward areas and outpatients services. We observed how people were being cared for, spoke with carers and/or family members, and reviewed patients' records of personal care and treatment.

What people who use the trust's services say

- A SpeakOut event was organised by Windrush Initiatives before the inspection to gain the views of local people. It was held on 3 July 2014. Fifteen people attended, two of whom considered they had a disability. They covered a range of ages, religions and ethnic backgrounds. There was a general sense that Chorley and South Ribble Hospital offered a better, more personal service than Royal Preston Hospital. Participants commented about poor aftercare/follow-up from Royal Preston Hospital, especially for people living with ongoing/long-term conditions. One participant reported very positive experiences at both Royal Preston Hospital and Chorley and South Ribble Hospital.
- The Friends and Family Test showed that 903 people would recommend Royal Preston Hospital (against 98 who were undecided or unlikely to recommend) and 386 would recommend Chorley and South Ribble Hospital (against 15 who were undecided or unlikely to recommend).
- The trust had a total of 466 reviews on NHS Choices (339 for Preston and 127 for Chorley). Royal Preston Hospital was rated as 4 stars across the five areas of cleanliness, staff cooperation, dignity and respect, involvement in decision making and same sex accommodation. Chorley and South Ribble Hospital was rated as 4.5 stars in all areas except involvement in decisions, where it gained 4 stars.
- The CQC inpatient survey was conducted between September 2013 and January 2014. A questionnaire was sent to 850 recent inpatients; responses were received from 387 patients at Lancashire Teaching Hospitals NHS Foundation Trust. The trust was average when compared against similar trusts. It was noted that people rated delays in discharge, being asked their views and information about complaints at the lower end of the scale.
- The trust participated in the 2012/13 National Cancer Experience Survey: 1844 eligible patients from Lancashire Teaching Hospitals NHS Foundation Trust

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were sent a survey, and 1091 questionnaires were returned completed. This represents a response rate of 63%. Generally the trust was rated around the national averages by respondents for the areas covered by the survey. Items where the trust was rated in the top 20% nationally included having the opportunity to bring a friend or relative when they received their diagnosis, being given the name of their keyworker and the level

of support received from health and social care on discharge. The trust was in the bottom 20% nationally for a number of areas, including the way in which people were told they had cancer, information about possible side effects of treatment, having clinical trials discussed with them and receiving understandable answers from doctors to important questions.

Facts and data about this trust

Lancashire Teaching Hospitals NHS Foundation Trust has two hospitals, Royal Preston Hospital and Chorley and South Ribble Hospital. There are 877 beds across the two sites and in 2013/14 there were 125,631 admissions and 489,426 outpatients and 123,014 emergency department attendances. There are over 6,500 staff.

The trust serves a local population of 390,000 living in South Ribble, Chorley and Preston boroughs and provides about 1.5 million patients across Lancashire and South Cumbria with specialised care.

The trust had an annual income of £353 million for clinical activity and £49 million for non-clinical activity.

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Incident recording and reporting worked well and was used throughout the service. Incidents had been investigated, learning was communicated and action was taken to improve services. The trust reported five potential never events during 2013/14, and three of these were de-classified after investigation. The trust told us about a recent incident that they reported as a never event that is also unlikely to meet the full definition of a never event. The management team had investigated all cases using root cause analysis and had taken appropriate steps to help reduce the risk of further incidents.</p> <p>There were reliable systems and processes in place to promote safe care, including infection prevention and control, cleanliness and maintenance of equipment and facilities, and the safe management of medicines. We noted that some hospital medicine prescriptions in outpatients required changes by both the pharmacist and consultants because they had not been completed properly and could have led to medication errors.</p> <p>Patients were involved in their care and treatment, and risks were appropriately assessed, managed and recorded. Staff recognised and responded to any deterioration in patient health correctly. Staff were trained in identifying neglect and abuse and referred concerns appropriately. Staff worked well with other agencies in this regard.</p> <p>The recruitment of nursing staff was an ongoing challenge, the trust was actively recruiting nurses, including looking to employ nurses from abroad. At the time of our inspection nurse staffing levels, although improved, were still of concern and there was a heavy reliance on staff working extra shifts and on bank and agency staff to maintain nursing staff levels. There were occasions when the wards were not adequately staffed to meet the needs of patients. There were also vacancies and staffing pressures in the maternity service at Royal Preston Hospital that meant the ratio of midwives to live births was working at 1:34, quite a way below the national recommendation of 1:28.</p> <p>Staff shortages in the paediatric assessment unit meant that children experienced long waits before they were examined by a doctor. However they operated a triage system which identified the most poorly patients to ensure they were treated quickly. The</p>	<p>Requires improvement </p>

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paediatric assessment unit staffing figure was below the Royal College of Nursing recommendation of two qualified nurses for assessment units as staffing had been reduced to one nurse at times based on the patient acuity across the rest of the ward.

There were also medical staffing vacancies some of which were being covered by locum doctors and the provision of services in ophthalmology was currently under review.

Are services at this trust effective?

Patients received care and treatment that achieved good outcomes, based on best available national and international evidence-based standards and guidelines. There was evidence of clinical audit being undertaken in all areas of the trust. Patients' needs were assessed appropriately and care and treatment was planned and delivered in line with current legislation, standards and evidence-based guidance.

100% of patients at Preston A&E Department were seen by an Emergency Department doctor, compared with a national average of 92%. Also 25% of patients were seen by a consultant, well above the national average of 13% in 2012/13. However, since the Emergency Department at Preston became the major trauma centre for the North West of England no additional physical space had been developed. Plans to increase services within the department are negatively affected by the constraints of the environment.

Patient reported outcome measures for varicose veins, hip replacements and knee replacements demonstrated the trust was performing better than average. However, analysis of data showed particular improvements were needed in the management of patients with diabetes, especially foot risk assessments and people who had had a stroke.

An analysis of the National Diabetes Inpatient Audit 2013 showed that the trust performed worse than the England average against most of the indicators. Data showed that only 2.3% of diabetic inpatients received a foot risk assessment within 24 hours of admission at Royal Preston and no diabetic inpatients had received a foot risk assessment within 24 hours of admission at Chorley and South Ribble compared with an England average of 36.3% and only 2.8% of patients received a foot risk assessment during their stay (England average 42.2%).

The trust acknowledged non-compliance with stroke national standards. The target of admission to a designated stroke ward

Good



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within four hours of presentation was 90%. The latest data reported to the trust board was 46.2% for April. The trust's target of 90% of the inpatient stay within a designated stroke ward was 80%, but data showed it only reached 74.19%.

Care and treatment were available 24 hours a day, seven days a week. On-call physiotherapy support was available at weekends, but not occupational therapy or speech and language support. The trust had committed to improving seven-day services; it had completed an assessment and was reviewing the results.

Training data was not provided in a format that provided assurance that all mandatory training was being completed by all staff groups to agreed timeframes. We identified that there were not enough nurses trained in advanced paediatric life support to provide one trained nurse for every shift, as stated in the Royal College of Nursing guidance.

Are services at this trust caring?

All services were delivered by caring and compassionate staff. We observed staff treating patients in a kind and sensitive manner. This was confirmed by most of the patients we spoke with when we visited the wards. People told us they were happy with the level of care they had received and that staff had treated them with dignity and respect.

A review of the friends and family data showed that most responses were positive, with most patients 'likely' or 'extremely likely' to recommend wards. Patients and their relatives were all positive about the care they had received. Staff involved patients and their relatives in decisions about their care and their choices and preferences were valued and where possible acted on.

We found that clear systems were in place to offer emotional support to people if required, which was carried out with sensitivity and compassion.

Good



Are services at this trust responsive?

We found staff were responsive to patients' needs through effective communication and sensitive, safe handovers of information. There were specialist support teams in the Emergency Department for elderly patients and those with alcohol- or substance abuse-related conditions. Translation and interpretation services, and support for patients with other communication difficulties were available.

For the last 12 months patients attending the A&E departments were seen within the four-hour national target. However, bed occupancy for the trust was consistently above 90%, which is worse than the England average. It is generally accepted that the quality of patient

Requires improvement



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care and how well hospitals perform begin to be affected when occupancy rates rise above 85%. The high demand for beds meant that patients often waited a long time to be placed in a clinical area best suited to their needs. Patients waited an unacceptably long time for admission to an inpatient area and some had remained in the Emergency Department overnight, although reasonable adjustments had been made within the department to meet their care needs.. There were high numbers of patients accommodated outside the relevant specialty and patients often experienced multiple moves between wards. There were examples of patients being moved at night. This was a particular issue in medicine.

Surgical patients were also affected because operations were cancelled if intensive or inpatient beds were not available.

Patients were often in hospital for longer than they needed to be. Their discharge was delayed for a number of reasons, including transport difficulties or a delay in the provision of take home medicines. Delays were also caused by a lack of intermediate care facilities and the timely provision of care packages within the community.

The trust had recognised these problems and had implemented internal processes to support timely discharge; the trust was also working with its partners including the local authority to improve discharge arrangements and community support. However, the problems the trust was experiencing in terms of access and flow was having a negative impact on the patients experience.

The trust had addressed previous issues regarding referral to treatment time. The trust had implemented an action plan in January 2014 and as a result the trust was now meeting the 18-week national target for referral to treatment. However, we noted that the breast service two-week referral target was at risk. The trust was recruiting an additional consultant to address this, but the appointment had not been made at the time of our inspection.

The trust had reduced the number of day case patients awaiting elective surgery between April 2013 and February 2014. However, the trust still needed to reduce the number of patients awaiting inpatient elective surgery. This remained a managerial challenge.

At the Chorley site there were gaps in the continuity and cover of the critical care outreach service. A lack of clarity regarding admission and referral to the High Dependency Unit could mean that a deteriorating patient may not receive a prompt senior review.

In the outpatients department many clinics frequently over-ran and some patients experienced long delays in seeing a doctor. Clinics were sometimes cancelled at short notice, so that patients had

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appointments cancelled and re-scheduled. At the Chorley site, the trust's reported waiting times for the next available follow-up appointments ranged from one week (breast surgery) to 14 weeks (urology). There were significant differences in waiting times between the two hospitals, especially for colorectal surgery, which had a six-week wait at Royal Preston and an 11-week wait at Chorley, and general surgery, which had a nine-week wait at Royal Preston and a four-week wait at Chorley. There was a clear system in place for managing patients' records and ensuring that medical staff had timely access to patient information, but regular audits showed records for clinics were not always supplied on time, this was having a negative impact on patient experience.

The child health division had effective plans to meet the needs of local children and young people, but a more robust and effective response was needed to prevent parents taking their sick children to Chorley District Hospital Emergency Department as there is no paediatric A&E service provided there.

Patients who drove themselves to their appointment told us they found car parking difficult because the demand for spaces was high and they often had a long walk to get to the department. Some people told us they had problems finding the department because of poor signage. This often made them late for appointments and made them feel anxious.

Are services at this trust well-led?

There was an established executive team who were well known to staff. Non-executive directors were well informed and were regular visitors to ward and service areas. All staff we spoke with were positive about the Chief Executive and Executive Team.

There was a clear link between the trust's values and its Safety and Quality Strategy (2014–2017). The trust had clear values that guided and supported positive staff behaviour towards people who used services. The values were displayed on large posters throughout the hospitals. Both hospitals had positive cultures and staff were committed and passionate about their work. Staff were open and honest about the risks and challenges the organisation faced and understood the actions planned to address them. There was a sense of openness and honesty throughout the trust. Staff were keen to learn and continuously improve the services they offered.

There was strong leadership, management and governance at trust level that supported the delivery of high-quality person-centred care and supported learning and encouraged innovation. However, we found that of the 15 core services inspected that 7 services required improvement; Medicine, Surgery, Outpatients and Critical Care at

Good



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Chorley and South Ribble Hospital and Medicine, Surgery and Outpatients at Royal Preston Hospital. In addition, 5 of these services (Medicine and Surgery at both sites and Critical Care at South Ribble and Chorley Hospital) required stronger leadership at a local level to support and secure service improvements. However, it was felt that Trust level leadership was good, which resulted in a rating of good for the 'well-led' domain.

Governance, risk management and quality measurements were proactively reviewed and updated to take account of models of best practice. However, we felt the organisational risk register was weak and did not robustly reflect the governance of risks in the trust. The Trust was systematically reviewing the Risk Register, this process started with high and significant risks, after which attention was then being placed on moderate and low risks. The high and significant risks were monitored by the Risk Management Committee, moderate and low risks were monitored at divisional and directorate level.

In addition, the trust remained very challenged in managing some long standing issues in relation to patient access and flow and addressing this issue required both short and longer term solutions to improve patient experiences.

Vision and strategy for this trust

There was clear link between the trust's values and its Safety and Quality Strategy (2014–2017). The values were developed in 2011 following consultation with over 1,000 staff and trust members, and are well recognised within the organisation.

The trust had clear values that aimed to define and support how staff behaved towards people who used services and these were displayed on large posters throughout the hospitals. The vision for the divisions was less clear. However, the senior management team described the options under consideration to manage pressures on services and to develop services across the trust in the longer term. The trust intended to consult with all key stakeholders about future models of service provision.

The trust's appraisal process had been revised to include an assessment against the trust's values as well as the quantity and quality of work, communication and leadership framework (for those in leadership roles).

Staff could describe how they contributed to the delivery of quality priorities and knew the values of the organisation.

We saw high levels of staff engagement in both clinical and non-clinical staff.

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Governance, risk management and quality measurement

The management of safety alerts had been an area of risk for the trust. The trust has addressed this by changing its internal approach, policy and management of alerts to improve the timeliness and quality of its response. This approach has reduced the number of open alerts from 31 to two, both of which are medical devices alerts..

For NHS England patient safety alerts, the Medical Director and Director of Nursing are among those who make the decision on the most appropriate clinical leads within the trust to coordinate the completion of the alert. This is done at the weekly 'Core Group', referred to as the 'Case Review Group' in the latest version of the 'Distribution of Alert Notices Generated via the Central Alerting System' (V5. 26 June 2014). This group also reviews any actual or potential serious incidents, outcomes from mortality case note reviews and complaints assessed to be of a higher risk using the trust's standard risk management risk matrix.

The Head of Governance and the team reviewed all incidents reported on a daily basis as a 'safety net' to identify any incidents that may have been graded inappropriately and to see what is happening in the organisation. This meant action was taken immediately for some incidents with corporate support. In addition, all incidents were reviewed and investigated by the appropriate line manager in the area the incident was reported in. The findings and any actions required following investigation were recorded on the trust's electronic incident management system. This process was checked corporately on a monthly basis, with any overdue investigations issued to wards and departments as a reminder.

There was evidence of clinical audit being undertaken in all areas. However, for audits where any deficiencies were identified, there was limited evidence of demonstrating learning being held corporately. Central databases were held for each division and broken down into services. These recorded the audits on the forward plan, the status of the audit (such as commenced, completed, abandoned) and whether an action plan was received. The trust was monitoring 304 audits in total and information stated 310 audits were on the forward plan. Only 141 clinical audits were completed against the plan of 304 during 2013/14; 60 audits had been carried forward to be started in 2014/15 and 10 were abandoned for a variety of reasons. The remainder had begun but had not been completed. We were told that monitoring of the plan occurs at divisional level, but there were no timescales for specific elements of each audit.

Some audits confirmed that best practice standards were being met and did not require actions. The monitoring system looked at

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whether an action plan had been agreed. However, we did not see any systematic monitoring of actions following a clinical audit or assessment of any potential risks to patients if actions were not completed. The policy states that monitoring occurs at the Clinical Effectiveness Group on a quarterly basis.

The trust's Quality Accounts 2013/14 state that the trust participated in 97% of the national audits it was eligible for. This enabled the trust to benchmark itself against other providers. Actions were provided in the accounts for four national audits and 23 local audits.

The trust had well embedded quality governance systems at ward/department, division and trust level. We saw local governance arrangements at core service level, with particularly good governance arrangements noted in A&E. We also reviewed service-level reporting to the Divisional Boards and the six-monthly Divisional Quality Accounts which are detailed documents in terms of both data and actions taken. There are a variety of dashboards and simple overview reports at department, divisional and trust level, in addition to the more detailed reports. The Divisional Quality Accounts were presented at the Safety & Quality Committee, a subcommittee of the Board of Directors chaired by a non-executive director. The Divisions also had representation at the Safety & Quality Committee, which is involved with the management of risks to safety and quality and sharing lessons learned. This committee also received reports from the Clinical Effectiveness Group, Patient Experience Group, Safety Group, Infection Control Group and the Drugs and Therapeutics Committee.

The Safety & Quality Committee had a focused agenda and monitored progress against the delivery of the trust's Safety & Quality Strategy and Quality Accounts. The actions were not always easy to track because they only appear on the log once, even when they were deferred to later meetings. The minutes sometimes stated that 'all actions listed on the action log were noted as completed', but provided no detail about how this happened. There were also no allocated timescales for actions to determine whether they were completed in a timely way. The non-executive director of the Committee had an understanding of all the trust's quality and safety priorities and the associated risks, as did all senior staff that we spoke with.

The Board Assurance Framework had just been revised against the new operational plan and was in place from 2014 to 2016. The Board Assurance framework is reviewed monthly by the Executive Team and the Board of Directors. Risks are tracked quarterly to demonstrate the trend and changes in the risk ratings are discussed on a monthly basis to ensure that the Board is made aware of any

Summary of findings

gaps in the controls or other developments have had impact. This process has been subject to extensive review by internal and independent external audit and review processes and provided with significant assurance as an effective board assurance system.

Senior staff and the non-executive director were clearly familiar with the strategic risks and the risks accurately reflected the challenges shared with us and managed by the Board of Directors. Controls, assurances and gaps in both were also well understood and documented. The Board Assurance Framework only had one risk rating, then columns to populate the changes each quarter. Therefore, the board was not aware of the inherent risk rating (pre-existing controls) if further gaps in controls or the target risk rating developed. This could make it difficult for the board to know when it had achieved its aims.

The risk register was a weaker area of the governance systems and processes. The trust recognised this and had focused on improving the newer, high and significant risks to ensure that the risks were appropriately reviewed and updated with associated action plans ratings before undertaking a full review of the register. This process was reviewed by the Risk Management Committee. A total of 27 high risks and 138 significant risks had been subject to this process. Moderate and low risks had not yet been subject to this review, however, there are only 10 risks (moderate or low) which have not been reviewed – all high and significant risks have been reviewed within the timeframe set in the Risk Management Strategy. The register currently had 463 open risks and 290 of which were identified before 2013. Of these, 22 were rated as a '15' or above and were considered high risks. From reviewing the risks it appeared that some risks had never been closed once all actions were completed, some were not actually risks and some were risks that may have reoccurred (such as failure to meet financial or performance targets) and potentially could have been reopened with the original date instead of a new risk being added. Some of the risk descriptions were poor and did not give the reader a clear understanding of the condition, cause and consequence. There were no controls recorded on the risk register and no target risk score. However, other governance sources we reviewed indicated that appropriate actions were being taken to manage the genuine risks recorded. The risk register has been subject to a recent independent review and received significant assurance.

Leadership of trust

There was an established executive team at the trust that provided clear leadership.

The trust had well-established clinical leadership programmes. The Consultant Leadership Development and Consultant Stretch

Summary of findings

Advanced Leadership Development Programmes won the Best Public Sector category award at the National Training Journal Awards in 2012, and more recently won an award at a Healthcare People Management Association awards ceremony. The trust reported positive outcomes from this programme.

A non-executive director told us about the impact of this training on medical leaders, particularly on behaviours and living the trust's values.

The non-executive directors were well informed and were regular visitors to ward and service areas.

There was strong leadership, management and governance at trust level that supported the delivery of high-quality person-centred care and supported learning and encouraged innovation. However, we found that of the 15 core services inspected that 7 services required improvement; Medicine, Surgery, Outpatients and Critical Care at Chorley and South Ribble Hospital and Medicine, Surgery and Outpatients at Royal Preston Hospital. In addition, 5 of these services (Medicine and Surgery at both sites and Critical Care at South Ribble and Chorley Hospital) required stronger leadership at a local level to support and secure service improvements. Consequently this led to an over all rating of requires improvement for the well led domain.

Culture within the trust

All staff were positive about the Chief Executive and the Executive Team. Staff were confident that if concerns were raised they would be listened to and addressed.

Both hospitals had positive cultures and staff were committed and passionate about their work. Staff were open and honest about the risks and challenges the organisation faced and understood the actions planned to address them. Staff were keen to learn and continuously improve the services they offered.

The trust had a patient story at every meeting of the Board of Directors, to set the tone of the meeting and share changes in practice. The board had found patient stories helpful in understanding patient experiences and had used the stories to improve service provision.

Managing and learning from complaints

There were examples of learning from complaints at an individual complaint level and through patient experience mechanisms supporting the experience priorities of the Safety & Quality Strategy.

The trust did not have a corporate overview of all the actions taken in response to complaints or routinely monitor their implementation in a systematic way. Some of the higher risk-rated complaints and all

Summary of findings

Parliamentary and Health Service Ombudsman complaint referrals had an action plan stored centrally, but this was only checked on the date the final action was due for completion and evidence of completion was not requested by the central team.

Likewise, the divisions monitored their own actions following a complaint so there was no corporate overview of whether the same actions were required across the trust or if an area was consistently poor at implementing actions.

Public and staff engagement

The Board of Directors wanted to thank staff for their contribution to 'The Big Plan' and reinforce the message that everybody who works for the trust has a part to play. A YouTube video of different staff and staffing groups had been made and viewed by over 3,000 people.

One of the ways the Chief Executive and Executive Team engaged with staff was through the 'Back to the Floor' scheme. This involved working with a team for the day in different areas of the trust to see things from their perspective. Staff were very positive about this initiative.

The Chief Executive wrote about the back to the floor scheme in her publicly available blog, to share the experience, information about the service she has spent the day with and actions that the Executive Team could take to help the team. Staff told us that they valued this and liked the blog.

The Chief Executive also made a podcast of the monthly team brief that staff could access in addition to her blog to help keep staff up to date with trust activity.

Communication was also good throughout the trust. Staff told us about regular team briefs and how they could influence the agendas and be involved in the format of the briefings. We also saw communications such as the Surgical Division Newsletter, which was very informative and interesting, providing staff with a combination of news about their service and colleagues and sharing lessons learned or key safety messages.

Innovation, improvement and sustainability

Consultants in the Emergency Department promoted continuous improvement and we saw a high level of innovation.

The Integrated Nutrition & Communication Service was a multidisciplinary team that included nutrition nurses, dieticians and speech and language therapists. This specialist team saw over 1,000 patients a year, with the majority of patients able to go home on the same day.

It was initially set up on a five-day week basis, but patients were frustrated if they had to come to the Emergency Department at the

Summary of findings

weekend and might need to be admitted if staff did not know how to deal with their needs. As part of a winter pressure pilot additional funding was provided to extend this to a seven-day service. This was successful in further reducing admissions and improving patient experience and is now a permanent seven-day service. Patients can contact the service using a helpline, text or email.

A patient who used the service made a DVD with the trust to share his experience of how much better it was to see a specialist team who could help him quickly, compared with past experiences when staff hadn't known what to do with his PEG feeding tube which resulted in unnecessary admission.

The trust had received national awards for this service and received a lot of interest and visits from other healthcare providers to learn about this model of care. The service also provided training, both nationally and locally. There were good partnership working arrangements with local district nurses to provide training, advice and support to help meet the patient's needs.

The alcohol liaison team had been shortlisted for a national public health award and a member of the team for Nurse of Year for one of its changes in practice. The team held a multidisciplinary meeting once a month for frequent attenders and included all the services that the patient came into contact with (such as A&E, Paramedics, Community or Mental Health outreach team). Evaluation of this intervention suggested that 100 bed days were saved a month in addition to the improved patient experience. Likewise, the central venous access team also reduced the length of stay for patients by providing a bedside service and helped keep patients out of hospital by setting up a rapid access drop-in outpatients clinic.

To achieve its objectives, the trust had an annual plan that included strategies for quality, organisational development, information technology, operational effectiveness and clinical services.

In their operational plan document for 2014/16, the trust stated they were working with commissioners and other partners to become a centre for arterial repair for Lancashire and South Cumbria, in line with recommendations from the Vascular Society of Great Britain and Ireland. The plan was to implement changes incrementally over the next two years, including an additional standard theatre and a hybrid theatre in 2014/15. The trust also said they were negotiating with commissioners to expand neurosurgery services to meet demand.

The trust was in the process of reviewing a business case to reconfigure to make room for an expansion of critical care services.

Overview of ratings

Our ratings for Royal Preston Hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Not rated	Good	Good	Good	Good
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Requires improvement	Good	Good
Maternity & gynaecology	Requires improvement	Good	Good	Good	Good	Good
Children & young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Outstanding	Good	Good
Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Chorley and South Ribble Hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good	Not rated	Good	Good	Good	Good
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Critical care	Good	Good	Good	Requires improvement	Requires improvement	Requires improvement
Maternity & gynaecology	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Outstanding	Good	Good

Overview of ratings

Outpatients and diagnostic imaging	Requires improvement	Not rated	Good	Requires improvement	Good	Requires improvement
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Lancashire Teaching Hospitals NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall trust	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both Accident and emergency and Outpatients.

Outstanding practice and areas for improvement

Outstanding practice

Royal Preston Hospital

- Data from the College of Emergency Medicine (CEM) consultant sign-off audit showed that 100% of patients at Preston Emergency Department were seen by an Emergency Department doctor; the national average was 92%. Also 25% of patients were seen by a consultant, well above the national average of 13% in 2012/13
- Ultrasound-guided blocks were used for patients with neck of femur injuries in the Emergency Department.
- Children's safeguarding review meetings took place in the Emergency Department.
- The Chaplaincy Service engaged with Emergency Department patients.
- There were consistently rapid handover times for patients arriving by ambulance to the Emergency Department.
- There was responsive and flexible training using 'simulation man' for trauma training within the Emergency Department at quiet times.
- The trust was committed to becoming a dementia-friendly environment. An older people's programme was developing this work and we saw several excellent examples of how this was being put into practice during our inspection. The proactive elderly care team helped staff to identify and assess the needs of older people. They also worked proactively with intermediate care services to ensure the safe discharge of older people and those with dementia. Activity boxes and blankets had been introduced throughout the medical division to promote and maintain cognitive and physical function and reduce the unwanted effects of being in a hospital environment.
- The trust had won the Clinical Innovation category at the North West Excellence in Supply Awards for developing a disposable female urinal.
- The alcohol liaison service had been nominated for a national Nursing Standards award. Staff spoke highly of the service and the positive contributions they had made in supporting patients with alcohol-related conditions and their families.

- The Care Quality Commission specialist adviser assessed that speech and language therapy input for neonatal babies was likely to improve the long-term outcomes for these children and considered this to be outstanding practice.
- Rapid response for discharge to the preferred place of care was coordinated by the end of life team. Staff told us there was a multidisciplinary approach to discharge planning that involved the hospital and the community staff working towards a rapid but safe discharge for patients.

Chorley and South Ribble Hospital

- Ultrasound guided blocks were used for patients with neck of femur injuries.
- The trust was committed to becoming a dementia-friendly environment. An older people's programme was developing this work and we saw several excellent examples of how this was being put into practice during our inspection. The proactive elderly care team helped staff to identify and assess of the needs of older people. They also worked proactively with intermediate care services to ensure the safe discharge of older people and those with dementia. Activity boxes and blankets had been introduced throughout the medical division to promote and maintain cognitive and physical function and reduce the unwanted effects of being in a hospital environment.
- There were two wards at the Chorley site that had been designed specifically to meet the needs of people with dementia. These wards had been nominated for a national Nursing Times award for the environment. Rookwood A had also achieved the stage 2 quality mark for elderly-friendly wards from the Royal College of Psychiatrists.
- The alcohol liaison service had been nominated for a national Nursing Standards award. Staff spoke highly of the service and the positive contributions they had made in supporting patients with alcohol-related conditions and their families.

Outstanding practice and areas for improvement

Areas for improvement

Action the trust **MUST** take to improve

Staffing

- Ensure that there are enough suitably qualified, skilled and experienced nurses to meet the needs of medical patients at all times.
- Ensure that there are enough suitably qualified, skilled and experienced midwives to meet the needs of patients at all times.
- Ensure that medical staffing is sufficient to provide appropriate and timely treatment and review of patients at all times within the medical division and outpatients.
- Ensure that medical staffing is appropriate at the location including medical trainees, long-term locums, middle-grade doctors and consultants.

Supporting staff

- Ensure that staff receive advanced paediatric life support and moving and handling.
- Take steps so that the trust can confirm the status of mandatory training completed by staff in the child health division so that staff have received information about the actions required to maintain and promote safety.

Care and welfare

- Improve patient flow throughout the hospital to reduce the number of bed moves and length of stay, particularly in the medical division.
- Prevent the cancellation of outpatients clinics at short notice and ensure that clinics run to time, particularly within ophthalmology outpatients.
- Ensure that the admission and referral pathways to the High Dependency Unit are clearly communicated and understood by all staff so that patients receive timely and responsive care and treatment.
- Review the level of cancelled appointments within ophthalmology outpatients and review and address the identified concerns within this department.

Action the trust **SHOULD** take to improve

A&E

- Improve the mechanisms for achieving and maintaining performance to meet the four-hour target set by the government for emergency departments.
- Address the reasons for patients waiting for up to nine hours in the department before admission to an inpatient area.
- Review and improve the impact of patient flow challenges on patients waiting for longer than four hours in the Emergency Department before admission to an inpatient area.
- Address the appropriateness of the environment for the children's treatment area in the Emergency Department to ensure they are protected from visible and audible distress.
- Address the appropriateness of the environment for the delivery of modern emergency medicine.
- Review how plans to increase services within the department would be negatively affected by the constraints of the environment.
- Review privacy and dignity for patients being handed over by ambulance crews in the corridor area.
- Address the effectiveness of out of hours provision of services for acute gastrointestinal bleeds.
- Review mechanisms for supporting and recording clinical supervision within the Emergency Department.

Medical

- Improve the management of people with diabetes and stroke in line with national guidance.
- Improve the consistency of access to emergency upper gastrointestinal endoscopy and interventional radiology.

Surgical

- Consider reviewing overnight provision for ophthalmology patients to ensure a continuation of treatment.
- Consider reviewing unused theatre capacity within the surgical division.
- Ensure that checklists for daily cleaning jobs within the surgical division are completed and current.

Outstanding practice and areas for improvement

Critical care

- Ensure that the use of critical care beds is factored into any trust-wide discussions and solutions for improving patient access and flow. This should include continuing to monitor and report on delayed discharges, cancelled elective procedures and the use of theatre recovery at times of peak demand.
- The trust is not currently providing a critical care outreach service 24/7. In the absence of this 24/7 service, the provider should ensure that all staff employed within the hospital at night team are suitably qualified and competent to cover the critical care support role.
- Consider the impact of not having a weekend pharmacy service in the intensive care unit. Appropriate care of critically ill patients requires frequent review and re-assessment of therapies including medication.

Maternity

- Continue to review patient flow with regard to managing induction of labour and transfer of mothers to the delivery suite.

Children's

- Ensure that all incidents are described in a consistent manner so that details and the action taken can always be easily reviewed.
- Ensure that the information in the audits is accurate so that the trust can be confident that appropriate steps are taken to promote safety.
- Consider the security and safety of how expressed milk is stored because the kitchen and fridge were accessible to anyone on the unit.
- Review the décor and furnishings in the children's day surgery waiting room and pre-operative area.
- Ensure that the Child Health division completes a comprehensive audit of the Day Case Unit that includes feedback from all stakeholders to ensure plans incorporate all aspects of the service's strengths and weaknesses.
- In Children's services ensure that all opportunities are used to alert staff about the risks identified in relation to safety.
- Ensure that staff always report all incidents that are concerned with child safety.

- Ensure that information provided about the safety of children's services is accurate and consistent.
- Be able to demonstrate as quickly as possible that they provide child protection training that meets the required standard of level 3 for staff as appropriate.
- Take more robust action to prevent parents from taking children to Chorley and South Ribble Hospital as there is no paediatric A&E service delivered at that site.

End of life

- Audit the care that people received from the End-of-Life service.
- Review the processes in place for the return of syringe drivers from the community to ensure availability.
- Ensure that audits are carried out on pain management and pain relief for end of life care.

Outpatients

- Ensure that the trust receives feedback from patients within the outpatients departments to monitor and measure quality and identify areas for improvement.
- Ensure there are appropriate checks in place to provide assurance that medicines prescriptions are correctly completed.
- Ensure that staff members have the opportunity to discuss any issues or concerns they may have on a regular basis within clinical supervision.

Action the hospital SHOULD take across all departments to improve

- Ensure that there are enough suitably qualified, skilled and experienced nurses to meet the needs of patients at all times.
- Ensure medical staffing is sufficient to provide appropriate and timely treatment and review of patients at all times, particularly in the medical division and outpatients, including medical trainees, long-term locums, middle-grade doctors and consultants.
- Engage with all key stakeholders, including staff, about the future critical care service needs and deployment of resources on the Chorley and South Ribble Hospital site.
- Improve the management of people with diabetes in line with national guidance.

Outstanding practice and areas for improvement

- Ensure all prescription charts are fully completed with the required information.
- Ensure that staff members have the opportunity to discuss any issues or concerns they may have on a regular basis within clinical supervision and review and improve mechanisms for recording clinical supervision.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations
2010 Staffing

Regulation 22 HSCA 2008 (Regulated Activities)
Regulations 2010 Staffing.

How the regulation was not being met:

People who use services and others were not protected at all times against the risks associated with unsafe or unsuitable staffing due to the vacancies within both nursing, midwifery and medical staff establishments particularly within the medical division and outpatients. (Regulation 22)

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 23 HSCA 2008 (Regulated Activities) Regulations
2010 Supporting staff

Regulation 23 HSCA 2008 (Regulated Activities)
Regulations 2010 Supporting Workers.

How the regulation was not being met:

All staff were not appropriately supported to receive appropriate mandatory training updates particularly within child health services including training in advanced paediatric life support. (Regulation 23(1)(a))

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Surgical procedures
Treatment of disease, disorder or injury

Regulation

Regulation 9 HSCA 2008 (Regulated Activities) Regulations
2010 Care and welfare of people who use services

Regulation 9 HSCA 2008 (Regulated Activities)
Regulations 2010 Care and welfare of service users.

How the regulation was not being met:

This section is primarily information for the provider

Compliance actions

People who use the service are not always protected against the risk of receiving care or treatment that is inappropriate or unsafe as patient flow throughout the hospital meant some patients had a number of bed moves and an extended length of stay, particularly in the medical division. There was a raised level of cancelled appointments and clinics were often cancelled at short notice and failed to run to time, particularly within ophthalmology outpatients. The admission and referral pathways to the High Dependency Unit were not clearly communicated and understood by all staff in order that patients received timely and responsive care and treatment. (Regulation 9(1)(i) and (ii))