CareQuality Commission

Investigation report update

United Lincolnshire Hospitals NHS Trust

Pilgrim Hospital

March 2013

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About this report

The Care Quality Commission (CQC) is the independent regulator of health and adult social care services in England. The main objective of CQC in performing its functions is to protect and promote the health, safety and welfare of people who use health and social care services. CQC has the power to conduct an investigation into the provision of NHS care under Section 48(1)(2)(a) of the Health and Social Care Act 2008. It does so where there is evidence of a significant problem that affects a whole care economy.

This report is an assessment of compliance with the 20 recommendations made to the trust as a result of CQC's investigation. Therefore this report should be read in conjunction with the Investigation Report of United Lincolnshire Hospitals NHS Trust, Pilgrim Hospital dated October 2011. The investigation report focused mainly on the quality of care and the safety of patients at Pilgrim Hospital through detailing the trust's arrangements for managing clinical incidents, complaints and adult safeguarding concerns.

Our investigation at United Lincolnshire Hospitals NHS Trust focused on the areas of concern raised by us in our reviews of Pilgrim Hospital during February and June 2011, and our ongoing monitoring of compliance with the essential standards of quality and safety.

We also considered wider organisational issues highlighted in previous external reviews carried out at the trust, which had identified elements of poor quality care.

In addition to the 20 recommendations for the trust, there were the following recommendations for the local health care community:

NHS Lincolnshire (the primary care trust) should:

- Take a more rigorous approach to their appraisal of assurance, including making more robust checks of patients' experience.

- Take a more rigorous approach to their performance management of complaints and patient safety at the trust.

- Ensure there are effective performance management arrangements in place within the trust for safeguarding adults.

NHS East Midlands (the strategic health authority) should:

- Assure itself that PCTs are commissioning high quality services that meet the needs of the population and that they hold providers to account for performing against their contracts.

- Ensure the trust has strong action plans to address and prevent future recurrence of the issues highlighted in recent NHS Ombudsman investigation reports.

- Seek assurance of the effectiveness of the trust's arrangements for safeguarding adults.

Progress with the recommendations for NHS Lincolnshire and the strategic health authority is not the subject of this report.

Introduction

A Care Quality Commission (CQC) investigation allows the regulator to make recommendations outside its scope – for example, to draw attention to service configuration and commissioning issues. These issues can have a direct or indirect impact on the provider's ability to deliver care that meets CQC's essential standards of quality and safety. Responsibility for implementing these recommendations sits with the provider and, where appropriate, with commissioners.

Key findings of the investigation included the inadequate monitoring of quality and patient experience, problems with the recruitment and retention of medical and nursing staff (leading to an additional burden on the trust's annual expenditure due to high levels of locum and agency staff), high numbers of complaints and a number of serious incidents. Cultural issues were also found to be influencing quality outcomes for patients.

The investigation also highlighted that the trust, strategic health authority (SHA) and primary care trust (PCT) relied to some degree on what people told them, rather than rigorous auditing and testing. It was found that the trust, SHA and PCT did not always have performance data specific to individual hospitals. The trust did not act on all recommendations from external reviews, nor were these shared with CQC.

The outcome of the investigation (Investigation Report, October 2011) was 20 recommendations: nine across the management of risk and serious incidents, five across the management of complaints and six across the effective management of safeguarding and abuse. A trust-wide action plan was introduced in response to the recommendations, with reviews of progress taking place at regular intervals.

Progress against these recommendations is not equivalent to compliance with CQC's essential standards of quality and safety. Where the recommendations have an impact on care outcomes that fall under CQC's core regulatory remit, compliance has been checked by inspection. As a result the report includes a summary of recent unannounced inspections at Pilgrim Hospital. Full reports for these inspections can be found on CQC's website.

The trust

United Lincolnshire Hospitals NHS Trust, one of the largest in England with a number of hospitals that are geographically dispersed, is in one of the most rural counties in the country. It has gone through a period of significant change and turnover of its leadership in recent years.

The trust has four main hospitals, one of which is Pilgrim Hospital in Boston, and three other sites where it provides services. The trust has some unique complexities as a result of the distances between its main hospitals.

The trust provides acute, elective and specialist health care and employs about 7,800 staff. The main commissioner of services is NHS Lincolnshire, the primary care trust (PCT). The trust serves a population of about 750,000 people. It treats more than 180,000 accident and emergency patients, nearly half a million outpatients, and almost 100,000 inpatients each year.

Pilgrim Hospital was opened in 1976 and has 450 beds serving South and South East Lincolnshire. It provides all major specialties such as maternity care, cancer services and intensive care, and operates a major 24-hour A&E service. The Adult Psychiatry Department on the site is managed by Lincolnshire Partnership NHS Foundation Trust.

Monitoring and assessment of the investigation recommendations

We met with the trust and examined information on the progress with the recommendations from the investigation. We spoke with other stakeholders and a risk summit was held in June 2012. A risk summit is a meeting when other agencies and bodies such as regulators and commissioners discuss their assessments and monitoring information. There were a range of organisations represented at the meeting including NHS Lincolnshire, Lincolnshire County Council and the Health and Safety Executive.

Management of risk and serious incidents

We found that the trust's governance committee work programme includes a standing item relating to external regulation reports, such as CQC, Audit Commission and Health and Safety Executive reports. The trust had established a number of committees monitoring specific areas such as health and safety and radiation protection. There is a system in place that allows the fast tracking of concerns to the trust's governance committee and the trust's Board where needed.

The trust had introduced Safety Express Plus, a campaign focused on reducing harm through patient deterioration such as with VTE (for deep veined thrombosis), pressure ulcers, falls and catheter-acquired infections. The trust is using the monthly national point prevalence audit Safety Thermometer, and has reported that it is currently performing slightly better than the national and regional levels (April to June 2012).

A safety and quality dashboard has been introduced at Pilgrim Hospital (from November 2011); the trust reported that the mean reliability for all indicators rose from 60% to 80% from November 2011 to July 2012. Additional dashboards are in development covering medicine safety. The trust has also introduced an internal unannounced inspection programme linked to CQC essential standards from February 2012, and there is now trust-wide sharing of safety information through the Sharing Lessons Learned Forum with findings of the regular incident investigations and key organisational learning.

A quality summit and safety culture survey has been undertaken and a series of quality and safety events have begun; the first of these

was in April 2012. Senior clinicians collectively identified key risks to quality and safety.

Recruitment

The trust has completed a national nursing advertisement campaign for Pilgrim Hospital. Appointments began in June/July 2012, with additional Band 5 vacancies identified, and staff have been recruited via the Newly Qualified Nurse Campaign. Staff who qualified in August and September 2012 now form part of the new staffing establishment.

There are plans to co-ordinate a Pilgrim Healthcare Support Worker campaign.

Strong progress continues to be made within the Medicine and A&E Business Unit, with five additional consultant posts agreed and interviews planned for August through to October 2012.

Regarding the NHS East Midlands Deanery rotational gaps for F1/F2 posts (junior doctor grades), 310 new starters commenced in post in August 2012 across all sites. In addition, the trust is developing a Medical Recruitment Performance Framework, to ensure that recruitment is reported at all levels and in a timely manner.

A pilot has commenced at the Pilgrim site to agree, enter and maintain funded establishments on the ESR system in order to better identify and control vacancies.

The trust reported that their 2012/13 workforce plans were successfully submitted to the Lincolnshire Workforce Advisory Board during May 2012, with the 2013/14 workforce planning process well underway.

An absence case management team was introduced in February 2012 and has been extended for another six months. The trust reported a reduction in its long-term absence percentage from 3.37% in January 2012 to 2.80% in June 2012. Other initiatives have included the identification of absence hot spot areas, with bespoke training being provided by the human resources department.

An Attendance Management Strategy is currently underway, focusing on maintaining attendance and managing absence; this is strongly aligned to the Health and Wellbeing strategy.

Investigation training and support

Serious incident training has been provided, supported by risk co-ordinator roles and the risk manager and quality and safety manager for more complex cases. The serious untoward incident (SUI) tracking process enables the Incident Review Group to monitor investigation status. The Incident Review Group had a number of director members. Learning points are disseminated through the branch governance meetings, Patient Safety Newsletter and Shared Lessons Learnt Forum.

Induction and mandatory training includes the reporting process with high profile serious incidents discussed with the Board, led by the medical director. The Governance Committee receives reports on the management of serious incidents. The Corporate Risk Register is being updated with a broader range of risks. This is monitored by the Risk Review Group.

The patients' experience

A Patient Experience Strategy has been written, based around 14 quality statements within the NICE Patient Experience Clinical Guideline. An implementation plan for the strategy has been agreed. Action plans for the national surveys for inpatients and outpatients have been drawn together into one plan.

A Patient Experience Committee has been developed, which met for the first time in July 2012. These are to meet monthly; the membership includes the Patient Council, LINks, Lincolnshire Carers Partnership and the PCT.

The trust is developing an internet page specifically around patient feedback and experience and a bi-monthly newsletter. Specific projects in development include reducing noise at night, increasing involvement of patients in their outpatients encounter and review of patients' leaflets.

A protocol has been introduced for reading and responding to Patient Opinion/NHS Choices.

Complaints

The trust's system for logging and investigating complaints has been reviewed through a complaints summit and external support was obtained. The trust introduced a tracking and escalation process for any delays and there is weekly performance monitoring.

The trust has produced a new comprehensive policy in relation to complaints, concerns and compliments, which is being introduced. The policy reflects, in part, guidance from the Department of Health.

The monthly performance management framework includes compliance with timescales. For complex cases, senior managers are working with the investigation lead. Positive and negative feedback about the service is used to promote standards expected of the team. A series of complaint metrics are included in the Board Performance Framework. Any identified themes are reported to the Governance Committee and the Quality and Safety Committee.

A detailed annual report is being developed.

Safeguarding

The trust has integrated safeguarding into the quality and safety governance arrangements and developed a Pan Trust Safeguarding Committee chaired by the medical director. There is a non-executive lead for safeguarding to provide scrutiny and challenge.

A Named Nurse for adult safeguarding, including the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) has been established, and is also part of the Serious Incident Review Group.

The safeguarding team have introduced a standard operating procedure for internal reporting via the DATIX system. The Named Nurse role is underpinned by a specialist practitioner role supporting a network of safeguarding champions.

Each site has an operational framework for safeguarding and the Named Nurse has developed a quality assurance meeting with the Local Authority Safeguarding Team and senior manager on a monthly basis.

Quality assurance of safeguarding activity is through the Safeguarding Committee and patient safety incidents are recorded on the Datix system.

The trust has introduced guidance and advice to managers on how to address staff conduct issues. In addition, there are training modules for managers on managing difficult conversations and a disciplinary investigation management tool.

The trust is in the process of reviewing its MCA and DoLS policy.

The safeguarding team has developed an intranet site of resources and guidance for staff and offers support to clinicians over assessments. Training on the MCA and DoLS is now part of the trust's Safeguarding Training Strategy. Training is based on the role rather than the grade/banding and there is an integrated training strategy for safeguarding adults, mental capacity, DoLS and learning disability. Work is ongoing to develop ward-based competency assessments for staff.

The Safeguarding Committee receives quarterly reports on training. In the first quarter of 2012/13, the trust made one application to the supervisory body for authorisation under the DoLS. The Named Nurse acts as the Managing Authority and application summaries are reported to the Safeguarding Committee

The outcomes from safeguarding investigation and complaints are shared with the relevant area, including the ward, branch/hospital management team.

Safeguarding learning is driven through the Safeguarding Committee and Professional Standards Committee and shared via the Sharing Lessons Learned Forum.

Pilgrim Hospital

Since the investigation, there have been further inspections of Pilgrim Hospital with varying degrees of compliance with regulation. Improvements were evident but there remained concerns over how the hospital manages medication and some aspects of patient care.

A further inspection in December 2011 found Pilgrim Hospital compliant with six out of 11 regulations, with no major concerns. Compliance actions were set. An additional inspection took place in March 2012 as part of the themed termination of pregnancy programme and Pilgrim Hospital was found compliant with regulation 20 (records). A further inspection of medicines in May 2012 found that there had been improvements, but there remained minor concerns resulting in a compliance action.

We inspected Pilgrim Hospital in December 2012 and found improvements across all areas. We inspected against the essential standards of quality and safety for nine regulations and the trust was compliant with seven. Further work was required to ensure consistent assessment and care planning across the hospital and the trust has

yet to fill all staff vacancies. The trust had introduced a quality assurance system, which had led to improvements in care assessment and planning, but there was work to do to embed these systems ensuring consistent practice across the hospital. There is a recruitment strategy in place and evidence demonstrated that staffing levels were improving. Both these issues were judged to have a minor impact on patients and in the main patients and relatives reported positive experiences. Two compliance actions have been set, which requires the hospital to become compliant with these two regulations.

Where recommendations from the investigation report have been made that are trust wide, we have checked out the progress of these including the impact on front line services when inspecting Pilgrim Hospital and other hospital sites in the trust. Therefore, this report should be read in conjunction with the trust's other hospital inspection reports, which can be found on CQC's website at **www.cqc.org.uk**.

Conclusion

We found the trust has complied with the recommendations from the investigation. The trust, particularly the governance team, has worked hard since CQC identified failings in the governance of the organisation. There are improved systems to identify and manage risk, and training has been provided. Learning from incidents is being demonstrated.

Time is needed to embed these new ways of working, protocols and procedures into the organisation. Care needs to be taken to ensure staff stay engaged and do not become overwhelmed with new initiatives.

Quality monitoring systems such as the Safety Quality Dashboard should be expanded for internal use, and presented in a simplified version so that the information is more accessible for patients and the public.

The Medical Director and the Nursing Director are pivotal to the success of the new arrangements; however it is important that other executives play a role in making these arrangements work.

The patient experience work should be integral to other quality initiatives and not duplicate or be seen as separate. Integrating some of the standards to the dashboard would be sensible.