United Lincolnshire Hospitals NHS
NHS Trust

To:	Trust Board
From:	Michelle Rhodes
Date:	25 February 2016
Healthcare standard	CQC (registration) regulation 2009 Fundamental Standards of HSCA 2008 (regulation 2014)

Title:	Update on CQC compliance of regulated activities

Responsible Director: Michelle Rhodes Director of Nursing

Purpose of the Report:

Update the Trust Board on the improvement notices held for the Trust and current estimated compliance against the fundamental standards and CQC regulations and plan for ongoing improvement.

The Report is provided for:

Information	✓

Summary/Key Points:

ULHT underwent an announced full CQC inspection in February 2015. A rating of 'requires improvement' was awarded overall. Measurable progress has been made on two of the 4 compliance notices (Governance and OPD). Staffing at PHB has not improved and safeguarding training has improved but risk continues regarding attendance at training and understanding of deprivation of liberty legislation. Work continues on areas for all 4 notices.

Variation across wards and inconsistent compliance with Trust policy remains a risk to wider compliance. Matrons and Heads of Nursing as well as wider MDT continue to work to improve standards and ensure services are well led, safe, effective, responsive and caring.

There are still some areas where poor practice can be seen and teams work to reduce and prevent occurrence. All staff are caring and committed to ensure provision of care meets the fundamental standards. Staffing pressures and escalation beds prevent this consistency being maintained.

The DON has been asked to provide a detailed plan of ongoing work to increase compliance to the next PIB.

Recommendations:

- Note current position and risks
- Note next steps and ongoing work

Strategic Risk Register Staffing, IPC, SG are all on RR	**Performance KPIs year to date**
Resource Implications (eg Financial, HR) The work to improve recruitment and reduce turnover is vital to ensuring ongoing compliance and further improvements against the fundamental standards and CQC regulations.	
Assurance Implications Assurance of 'requires improvement' remains, with risk of 'inadequate at time of peak activity due to staffing pressures.	
Patient and Public Involvement (PPI) Implications – risk of loss of public confidence if compliance deteriorates	
Equality Impact	
Information exempt from Disclosure	
Requirement for further review?	

1 PURPOSE

1.1 To update the Trust Board on the compliance against the CQC regulations and fundamental standards

2 BACKGROUND

ULHT underwent an announced full CQC inspection in February 2015. A rating of 'requires improvement' was awarded overall.

		2015	2014
Overall	**Requires Improvement**	●	●
Safe	Requires Improvement	●	●
Effective	Good	●	●
Caring	Good	●	●
Responsive	Requires Improvement	●	●
Well-led	Good	●	●

There were 4 compliance notices applied -

- Governance at Louth and its link to Trust Governance
- Safeguarding across the Trust
- Out Patient Services at Lincoln
- Nurse Staffing Levels at Pilgrim Hospital

Since the inspection two new regulations have been added. They are the displaying of compliance in all hospitals; this is in place on all sites.

The second is the 'duty of candour' and improvements to this continue and are monitored via quality governance committee.

3 SITE COMPLIAINCE

Each site had its compliance detailed. The biggest challenge to improving compliance remains variation in practice across sites and between areas.

3.1 Lincoln Site

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Good	Not rated	Good	Good	Good	Good
Medical care	Good	Good	Good	Good	Good	Good
Surgery	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Critical care	Good	Good	Good	☆ Outstanding	Good	Good
Maternity & Family planning	Requires improvement	Good	Good	Good	Good	Good
Children & young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Requires improvement	Good	Good	Good	Good	Good
Outpatients	Requires improvement	Not rated	Good	Inadequate	Inadequate	Inadequate
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

3.2 Pilgrim Site

	Safe	Effective	Caring	Responsive	Well-led	Overall
Accident and emergency	Good	Not rated	Good	Good	Good	Good
Medical care	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Critical care	Good	Good	Good	Good	Good	Good
Maternity and family planning	Good	Good	Good	Good	Good	Good
Services for children and young people	Requires improvement	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement

3.3 Grantham Site

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Good	Not rated	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Requires improvement	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
End of life care	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

3.4 Louth Site

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good	Good	Good	Good	Good	Good
Outpatients	Good	Not rated	Good	Good	Good	Good
Overall	Good	Good	Good	Good	Good	Good

4 OVERSITE AND ASSESSMENT OF COMPLIANCE

4.1 Compliance Committee

The Compliance committee Meets bi monthly to oversee compliance review intelligence and ensure risks are identified and managed. The December meeting was cancelled due to number of apologies. The next meeting is in March. The meeting has a standing agenda and is chaired by the Trust Nominated Individual (NI), Director of Nursing and in her absence by the Head of Governance.

Standing items include review of intelligence monitoring reports, CQC registration changes, CQC enquiries and responses. The group also has a work plan that considers each of the 'old' outcomes. Each of these has a corporate lead who reports on current position, areas of good practice and ongoing work to improve/gain/maintain compliance.

The model of using the old standards has been maintained as all areas are covered that require review. This will be reviewed with the new NI as chair.

Areas of concern are escalated to the Quality Improvement Board (now PIB). Upward reports are submitted to Quality Governance Committee.

4.2 Pathway visits

From June 2015 – December 2015 Pathway Reviews were undertaken across 40 clinical areas with a number of supporting revisits. Pathway Reviews were supported by a number of multidisciplinary professionals with input from public members and the wider health community (CCG, LCHS and LPFT). The aim is to triangulate what the review of each outcome is expected to be and check compliance.

Reviews followed a consistent template of questions structured as:-

- Staff Interviews
- Patient Interviews
- Department Leader Interviews
- Medical Notes Review
- Environment Review
- Meal Service Observations

The outcome of the Pathway Reviews are reported to the CQC Compliance Committee and other Trust and Site based forums. CQC Compliance Committee is provided with an overview of the Trust action plan and pathway review reports are presented by the HON for the area visited.

It is a directive of CQC Compliance Committee that overall responsibility will be led by the Head(s) of Nursing together with the Clinical Director and Governance Leads. The local assurance committee for this oversight is currently via Site Governance.

The model has been in place for just over a year and Task and Finish Groups were convened in January and ongoing into February 2016 to consider and revise the Pathway Review templates. Reviews will re-commence across the Trust from March 2016. Priority will be given to those areas yet to receive a formal review and thereafter be determined by other performance data e.g. Safety Quality Dashboard and Safety Thermometer.

Review findings are captured in a formal report drafted by the Patient Safety Lead. Actions are assigned by the Patient Safety Lead to the most appropriate person and progress is monitored through several mechanisms.

5 CURRENT RISKS/POSTION

5.1 Compliance notice update

Louth Governance

The Governance arrangements at Louth have been improved and there is now a Medical and Nursing Lead responsible for leading the newly established Governance Meeting at Louth Hospital with a focus on learning lessons. Minutes are kept and actions monitored. The Head of Quality Governance has been asked to attend a meeting to ensure the meetings cover all aspects of governance and the revised arrangements are robust. They are also asked to talk to staff to check their understanding of governance and how concerns are communicated from ward to board. This is planned for the March meeting as it was not attended as planned in December. Oversight is via the QIT meetings.

Risk – Amber/Green

Safeguarding across the Trust

Additional safeguarding training has been established to provide sufficient capacity to deliver training to all relevant staff. Although compliance has significantly improved, clinical areas have experienced difficulty in releasing staff to attend training due to site pressures and demands. Work has commenced to provide an e-learning package to compliment the face to face training for level 2. At the end of December 2015 compliance for Safeguarding Level 1 Core Learning was 80% against a trajectory of 95% by 31 March 2016. Understanding of deprivation of liberty and assessment of

lack of capacity remain inconsistent and ongoing awareness and updates led by the SG team continue. Oversight is via the Trust SGC.

Risk – Amber/red

Out Patient Services at Lincoln

Environmental improvements have been made in Lincoln Out-Patient Department and Clinic Room standards have been introduced so that all areas are clean, tidy and equipped for use. The booking system for follow-up patients has been improved and there is a full understanding of the number of patients waiting for follow-up appointments with "time critical" patients clearly identified. There is now on-going work taking place to deal with capacity shortfalls to provide sufficient appointments. Assessment of waiting patients has occurred and managers and clinical teams are aware of number of patient waiting and process to pull forward high risk patients. An update was shared with CQC but concern regarding numbers waiting continues.

Risk – Amber

Nurse Staffing Levels at Pilgrim Hospital

Monitoring systems are in place for staffing levels on all wards and active recruitment is taking place to reduce the vacancy rate. Work is also taking place to improve availability of bank staff. Additional beds and requirement to reduce agency usage continues to add pressure. The site team report challenges in meeting staffing levels. Monitoring of the safety quality dashboard continues to monitor implications of staffing.

Risk - Red

5.2 Pathway visits

Concerns and risks identified in the period June – December 2015 from the pathway visits include:-

- Lack of visibility of Senior Managers
- Concern regarding competence of agency staffing (inconsistency of skills e.g. IV's)
- Challenge to meet staffing levels required
- Poor compliance with daily review of medications by Senior medical staff
- Poor compliance with daily review of medications by Pharmacy staff
- Incomplete/not updated Risk Assessments
- Limited promotion of patient literature in additional languages
- Inconsistent application of hourly rounding charts
- Variation in quality of agency handover
- Inconsistent understanding of Safeguarding referral and Deprivation of Liberty
- Inconsistent compliance with 'protected meal times'
- Challenge to meet hygiene code standards consistency (HK gap)

Actions to address a number of the above themes include; but are not limited to:-

- The introduction of Patient Safety Walk Rounds by Executives - commenced
- Review and expansion of the agency nurse checklist - incomplete
- Ongoing local and international recruitment - ongoing
- Documentation review group – ongoing
- Awareness via HON of areas requiring improvement
- Detailed action plan to meet hygiene code compliance
- Pharmacy Team expanded to enable medication reviews and successful pilot on 6th Floor at Pilgrim

5.3 Current assessment against 'old' outcomes

Outcome	Regulation number	Title	Risk to compliance
Outcome 1	17	Respecting and involving	**G**
Outcome 2	18	Consent	**A/G**
Outcome 4	9	Care and welfare	**G**
Outcome 5	14	Nutrition	**A/G**
Outcome 6	24	Co-operating with other providers	**A**
Outcome 7	11	Safeguarding	**A**
Outcome 8	12	Infection control	**A/R**
Outcome 9	13	Medicines management	**A/G**
Outcome 10	15	Safety and Suitability of premises	**R**
Outcome 11	16	Safety and suitability of equipment	**A**
Outcome 12	21	Requirements relating to workers	**A**
Outcome 13	22	Staffing	**A/R**
Outcome 14	23	Supporting workers	**A/G**
Outcome 16	10	Assessing and monitoring quality	**A**
Outcome 17	19	Complaints	**A**
Outcome 21	20	Records	**A/R**
	New	Fit and proper persons	**A/G**
	New	Duty of Candour	**A**

6 SUMMARY

Measurable progress has been made on two of the 4 compliance notices (Governance and OPD). Staffing has worsened at PHB and SG has improved since the last inspection but risk continues regarding attendance at training and understanding of deprivation of liberty in practice. Work continues on all 4 notices.

Variation across wards and inconsistent compliance with Trust policy remains a risk. Matrons and Heads of Nursing as well as wider MDT continue to work to improve standards and ensure services are well led, safe, effective, responsive and caring.

There are still some areas where poor practice can be seen and teams work to reduce and prevent occurrence. All staff are caring and committed to ensure provision of care meets the fundamental standards. Staffing pressures and escalation beds prevent this consistency being maintained and alternative solutions continue to be explored, such as use of volunteers, review of skill mix, review of delegated tasks.

7. ONGOING WORK

- The DON is reporting an updated work plan to address the current risks to the next PIB detailing ongoing work.
- Compliance Committee meets in March
- HON’s now report to DON and priorities have been reviewed