

NORTH LINCOLNSHIRE COUNCIL

HEALTH AND WELLBEING BOARD

**Briefing Paper on the
Northern Lincolnshire and Goole NHS Foundation Trust
Care Quality Commission Inspection Report 2018**

1. OBJECT AND KEY POINTS IN THIS REPORT

- 1.1 To provide a summary update of the key findings of the CQC report into the inspection of North Lincolnshire and Goole NHS Foundation Trust published September 2018.
- 1.2 To identify actions and next steps in supporting the Trust in its improvement journey.

2. BACKGROUND INFORMATION

The Care Quality Commission (CQC) undertook a comprehensive inspection of Northern Lincolnshire and Goole NHS Foundation Trust (NLaG) between 8 May and 23 May 2018. The final outcome report was published 12 September 2018 and the CQC awarded NLaG an overall rating of requires improvement. The latest inspection covered all acute and community services provided by NLaG across all sites. This inspection included all services provided by NLaG as the CQC previously rated the Trust as inadequate.

In January 2017, the CQC issued the Trust with a Section 29A warning notice which stated that the quality of health care provided by the Trust required significant improvement. The CQC identified increasing concerns relating to staffing shortages, lack of patient assessment and escalation, and insufficient management oversight and governance of risks.

Following the inspection in 2017, the CQC placed the Trust in quality and financial special measures and issued the Trust with requirement notices in regard to compliance in the following areas

- Regulation 9: person centred care
- Regulation 10: dignity and respect
- Regulation 11: need for consent
- Regulation 12: safe care and treatment
- Regulation 17: good governance
- Regulation 18: staffing.

3. Overview of 2018 Inspection

3.1 Requirement Notices

As part of their latest inspection, the CQC issued the Trust with requirement notices in the following areas

- Regulation 5 HSCA (RA) Regulations 2014: Fit and proper persons: directors
- Regulation 12 HSCA (RA) Regulations 2014: Safe care and treatment
- Regulation 15 HSCA (RA) Regulations 2014: Premises and equipment
- Regulation 16 HSCA (RA) Regulations 2014: Receiving and acting on complaints
- Regulation 17 HSCA (RA) Regulations 2014: Good governance
- Regulation 18 HSCA (RA) Regulations 2014: Staffing

3.2 Regulatory Compliance

- The overall Trust rating has improved from Inadequate to Requires Improvement.
- The overall rating for Diana Princess of Wales Hospital remains static at Requires Improvement. The well - led domain showed improvement with the other 4 domains remaining static.
- The overall rating for Scunthorpe General Hospital has improved from Inadequate to Requires Improvement. The Safe and Well-led domains showed improvement with the other 3 domains remaining static.
- The overall rating for Goole District Hospital has deteriorated from Good to Requires Improvement since the previous report. Safe, Effective, Responsive and Well-led showed deterioration with the Caring domain remaining static.
- Maternity services have been rated Good at Scunthorpe General Hospital and Diana Princess of Wales Hospital
- Services for Children and Young People have been rated Good at Scunthorpe General Hospital and Diana Princess of Wales Hospital
- Outpatient services have been rated Inadequate on all three sites.
- Community services have been rated inadequate overall.

The tables below provide an overview of ratings from the CQC's latest inspection compared to the ratings from the previous comprehensive inspection.

Table: Previous and current CQC ratings

Domain	Rating 2017	Rating 2018
Overall rating	Inadequate	Requires improvement
Are services safe?	Inadequate	Requires

		improvement
Are services effective?	Requires improvement	Requires improvement
Are services caring?	Good	Good
Are services responsive?	Requires Improvement	Requires improvement
Are services well-led?	Inadequate	Inadequate

3.3 **Must Do and Should Do Actions**

The CQC has identified an extensive range of 'Must Do' and 'Should Do' actions within their report.

Must Do Actions

Trust wide	36
Scunthorpe	41
Goole	6
Grimsby	35
Community services	18

Should Do Actions

Trust wide	9
Scunthorpe	20
Goole	6
Grimsby	27
Community services	5

3.4 **Outstanding Practice and Areas of Improvement**

During the latest inspection the CQC identified several areas of improvement including developments in A&E and maternity services; identification of patients at risk of sepsis; compliance with the WHO surgical checklist and increased compliance with nutrition and hydration standards.

The Trust maintained its rating of good under the caring domain and the CQC observed interactions that were kind and compassionate and patient's privacy and dignity were maintained. The CQC also received positive feedback from patients and relatives on the care provided.

The CQC identified examples of outstanding practice including the positive impact of the frail elderly assessment team (FEAST), development of a respiratory in-reach service and a Saturday clinic at SGH for chronic obstructive pulmonary disease (COPD) patients and training provided by the critical care service for 20 EMAS paramedics in taking blood cultures and administering intravenous antibiotics.

4. **Analysis of findings in report**

4.1 **Overall Areas of Concern**

The CQC identified issues with the Trust's leadership with the overall rating for this domain remaining inadequate. Leadership issues identified include the lack of talent management strategy, lack of leadership strategy, challenges in relation to accountability and effective clinical leadership throughout the

organisation and concerns regarding the flow of information and escalation of risks from ward to board level.

- The CQC identified several areas of concern relating to all sites. These concerns include:
 - lack of organisational vision and strategy
 - performance against RTT 18 week incomplete pathway standard
 - performance against cancer 62 day referral standard
 - increase in number of patients waiting over 52 weeks for an appointment
 - non-compliance with 7 day services standards
 - medical staffing levels
 - concerns with the management of complaints and concerns
 - insufficient effective senior clinical oversight to manage risk
 - the number of serious incidents within medical services
- During their previous inspection the CQC identified concerns with the number of patients overdue their appointment and issues with the pace of implementation of the clinical validation and risk assessment of patients on the outpatient waiting lists. During the latest inspection the CQC identified that insufficient improvements had been made in these areas across the Trust, this is reflected in the reduced ratings under the responsive and well-led domains for outpatient services at all Hospital sites (See Appendix 1, Figures 1, 2 and 4).
- Since the previous inspection, the number of patients waiting for an appointment has increased. There has also been a significant increase in the number of patients waiting over 52 weeks for an appointment, and an increase in the number of patients without an appointment due date.
- The Trust has reported that 181 patients have died whilst on the waiting list, and the CQC have requested that the Trust completes a formal review of these deaths to consider if the delay in appointments or treatment delay contributed to their death. To compound these concerns, the CQC was unable identify a clear plan for recovery or a trajectory to improve referral to treatment performance or to improve the 52 week wait performance, at the time of inspection.
- The CQC also identified inconsistencies in the Trust's approach to clinically validating some waiting lists, and the clinical validation of waiting lists in some specialties was incomplete at the time of inspection.
- The CQC found some examples of where the Trust Board was not fully sighted on some of the risks in the organisation, and Board members were not able to give the CQC assurance about the flow of information and escalation of risk from ward to Board level.
- The flow of patients through the Trust was identified as an area of concern; specific concerns include
 - high number of outliers
 - increase in delayed transfers of care

- delayed discharges
- high number of bed moves at night
- increase in mixed sex accommodation breaches
- In addition to the challenges described above, the CQC identified concerns with the Trust's approach to delivering some core requirements/standards including
 - non-compliance with the principles of the Mental Capacity Act and the Mental Health Act, which could potentially expose the Trust to increased risk of legal challenge due to non-compliance with their statutory duties
 - inconsistent application of safeguarding requirements
 - non-compliance with staff appraisal rates
 - lack of systematic and timely approach to quality improvement
 - lack of robust clinical and financial strategy
 - lack of robust systems in place to support the management of governance, risk and performance

4.2 **Areas of concern specific to Scunthorpe Hospital**

- The CQC identified concerns within surgery services at Scunthorpe Hospital, these concerns include
 - poor compliance with constitutional performance standards
 - lack of maintenance of operating theatres
 - lack of compliance with NICE guidance in Surgery
 - failure to meet staffing requirements
 - increase in the number of cancelled operations.

In light of these concerns the CQC maintained the inadequate rating under the well-led domain in surgery services at Scunthorpe (See Appendix 1, Figure 1).

- Outpatient services at Scunthorpe Hospital were also rated as Inadequate due to increased waiting times and delays in the clinical validation of patients, further details on these issues are provided at paragraph 3.1 as these issues relate to all Trust sites.
- The CQC also identified an increasing number of quality issues within radiology and diagnostic departments, these issues are compounded by the current staffing pressures.
- The CQC has asked the Trust to ensure that effective processes are in place to enable improvement on the number of fractured neck of femur patients who have surgery within 48 hours.
- Other concerns relating to Scunthorpe Hospital include
 - issues with the secure storage of patient records in the outpatient department
 - concerns with the process for monitoring equipment within the Hospital mortuary
 - lack of staff awareness of fire evacuation procedure in ICU

4.3 **Areas of concern specific to Goole Hospital**

- The CQC identified an increase in concerns at the Neuro Rehabilitation Centre at Goole Hospital in relation to governance arrangements, monitoring processes, risk management and service delivery
- The CQC also identified concerns with compliance with the Trust's policy and guidance for patients with on-going need for enteral nutrition (nasogastric (NG) or percutaneous endoscopic gastrostomy (PEG) feeding) at Goole Hospital
- Other issues affecting Goole Hospital include
 - Arrangements to ensure sufficient clinical oversight to manage risk
 - Processes for the management of out of hours emergency response
 - Delays in the transfer of patient care between Goole Hospital and Scunthorpe Hospital
 - Repair and maintenance of the Hospital environment

4.4 **Next Steps Required by the Trust**

The Trust is required to take the following action in response to the concerns identified by the CQC

- submit an action plan to the CQC, the plan will incorporate all 'Must Do' actions requested by the CQC in their report.
- develop improvement plans with system partners, these plans will focus on Must Do and Should Do actions

The timescale for submission of this information to the CQC is the 8th October 2018.

Discussion

- The improvement in the Trust's overall rating from Inadequate to Requires Improvement is to be welcomed as is the improved rating from Inadequate to Requires Improvement at Scunthorpe Hospital. These rating changes are indicative of the developments undertaken by the Trust since the previous inspection.
- Whilst the Trust has secured improvement in their overall rating, improvement has only been secured in the overall rating of one domain (Safe) with the other four domains remaining unchanged since the 2017 inspection.
- The scope of the challenges that are identified by the CQC are widespread and affect all Trust sites. Therefore the level of improvement required is comprehensive and recovery plans will need to focus on challenges in performance, workforce, patient flow and governance.

- Of significant concern is that the CQC continue to rate the Trust as Inadequate overall for leadership.
- Whilst improvement has been secured in some areas, deterioration and lack of improvement is evidenced in many others. In order to achieve sustained improvement, the Trust must ensure that they have sufficient leadership capacity and expertise to meet the requirements stipulated by the CQC and to ensure that these requirements are embedded. This may pose a challenge to the Trust with very recent changes in senior leadership and as staffing levels and skill mix continue to cause concern in some service areas.
- The Trust has put in place improvement actions (E.g. Implementation of the Working Together Programme and the Trust's new Improvement Directorate), the scale, timescales and impact of these improvements needs to be understood and impact evidenced.
- Although recovery plans have now been developed in these areas, the pace of improvement remains slow. Recovery is multi-faceted and is dependent on the successful delivery of several different Trust wide workstreams.

Actions taken and next steps

- The CCG has considered the findings of the NLaG CQC inspection at its Executive Team meeting, Quality and Performance Committee and Governing Body on 11th October.
- Executive Directors and Senior Managers within the CCG are working in partnership with the Trust to support the required improvements identified within the report.
- An 'extraordinary' Quality Review Meeting (QRM) at which Commissioners from across the Humber and senior managers from NLAG were present took place on 25th September. The purpose of the meeting was to review the key findings of the report and for the Trust provide feedback on initial actions taken since the inspection and to agree next steps.
- The QRM is the key forum where the CCG will gain ongoing assurance against the Trusts progress in delivering quality improvements identified within the must do and should action plan will be delivered with 'assurance deep dives' being undertaken for priority and higher risk areas.
- The Trust will be presenting an overview of their planned approach to the priority areas that they have identified to the System Improvement Board Patient Safety Group on 16th October. The Trust has identified priority areas for action as:
 - Safety
 - Vacancies
 - Culture
 - Clinical Leadership
 - Finance

- A paper summarising and considering the findings of the CQC report was discussed at a joint meeting of the Executive Teams of North Lincolnshire and North East Lincolnshire CCG's on 25th September. The meeting identified how the CCGs will work together to supporting the Trust in improvement with agreement that this would take place through the NLaG Contract Transformation Board.

5. **RESOURCE IMPLICATIONS (FINANCIAL, STAFFING, PROPERTY, IT)**

None identified.

6. **OUTCOMES OF INTEGRATED IMPACT ASSESSMENT (IF APPLICABLE)**

Not applicable.

7. **OUTCOMES OF CONSULTATION AND CONFLICTS OF INTERESTS DECLARED**

Not applicable.

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Background Papers used in the preparation of this report

Appendices

Appendix 1 – CQC Inspection Ratings at Hospital Site Level

Figures 1, 2, 3 and 4 below provide an overview of ratings from the latest CQC inspection, at domain and service level at each Hospital site.

- Figure 1 - Scunthorpe General Hospital (September 2018)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↑ Sept 2018	Requires improvement ↔ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018	Requires improvement ↑ Sept 2018	Requires improvement ↑ Sept 2018
Medical care (including older people's care)	Requires improvement ↔ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018
Surgery	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Inadequate ↔ Sept 2018	Requires improvement ↔ Sept 2018
Critical care	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018
Maternity	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Services for children and young people	Requires improvement ↔ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018
End of life care	Requires improvement ↓ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Outpatients	Requires improvement Sept 2018	Not rated	Good Sept 2018	Inadequate Sept 2018	Inadequate Sept 2018	Inadequate Sept 2018
Diagnostic imaging	Requires improvement Sept 2018	Not rated	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
Overall*	Requires improvement ↑ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↑ Sept 2018	Requires improvement ↑ Sept 2018

- Figure 2 - Goole District Hospital (September 2018)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Surgery	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
Maternity	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Outpatients	Requires improvement Sept 2018	Not rated	Good Sept 2018	Inadequate Sept 2018	Inadequate Sept 2018	Inadequate Sept 2018
Diagnostic imaging	Good Sept 2018	Not rated	Not rated	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018
Overall*	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018

- Figure 3 - Community Health Services (September 2018)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Community end of life care	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018
Community dental services	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Overall*	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018

- Figure 4 - Diana Princess of Wales Hospital (September 2018)

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018	Requires improvement ↔ Sept 2018
Medical care (including older people's care)	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018
Surgery	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Inadequate ↔ Sept 2018	Requires improvement ↔ Sept 2018
Critical care	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Maternity	Requires improvement Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018	Good Sept 2018
Services for children and young people	Requires improvement ↔ Sept 2018	Good ↑ Sept 2018	Good ↔ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018	Good ↑ Sept 2018
End of life care	Requires improvement ↓ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018	Requires improvement ↓ Sept 2018
Outpatients	Requires improvement Sept 2018	Not rated	Good Sept 2018	Inadequate Sept 2018	Inadequate Sept 2018	Inadequate Sept 2018
Diagnostic imaging	Requires improvement Sept 2018	Not rated	Good Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018	Requires improvement Sept 2018
Overall*	Requires improvement ↔ Sept 2018	Requires improvement ↔ Sept 2018	Good ↔ Sept 2018	Requires improvement ↔ Sept 2018	Requires improvement ↑ Sept 2018	Requires improvement ↔ Sept 2018