

United Lincolnshire Hospitals NHS 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?

Requires improvement



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

We carried out this comprehensive inspection because United Lincolnshire Hospitals NHS Trust had been identified as potentially high risk on the Care Quality Commission's (CQC) Intelligent Monitoring system. The trust was one of 11 trusts placed into 'special measures' in July 2013 after Sir Bruce Keogh's review (Keogh Mortality Review) into hospitals with higher than average mortality rates. However since this review HMSR rates were within normal limits and the trust had implemented mortality and morbidity meetings in most departments. Nursing leadership had facilitated improved focus on quality and safety amongst nursing staff.

We inspected Lincoln County Hospital, Pilgrim Hospital, Grantham and District Hospital and County Hospital Louth. We did not inspect the other services provided at John Coupland Hospital or Skegness and District Hospital as these are not operated as part of the acute sites. The announced inspection took place between 29 April and 2 May 2014, and unannounced inspection visits took place between 3pm and 10pm on Sunday 11 May 2014.

Overall, this trust was found to require improvement, although we rated it good in terms of having caring staff. Core services for accident and emergency (A&E), maternity, children and young people, end of life care and outpatients were found overall to require improvement. The Keogh review in 2013 showed several significant problems across the trust including:

- High mortality.
- A disconnect between the senior team and front line teams, particularly the medical staff in the south of the county.
- Lack of vision and direction.
- Poor governance arrangements.
- Poor escalation processes.
- Poor staffing levels.
- Poor management of deteriorating patients.
- Poor patient experience.
- Poor complaints process.
- Poor engagement of staff, as shown by poor staff survey results.

Our key findings were as follows:

- Mortality reviews were undertaken and there was good engagement of clinicians and staff in these reviews. Mortality is now within expected levels.
- The senior team has increased visibility through regular working from each of the sites and undertaking ward assurance visits.
- The trust board has been strengthened with a new chair, four new non-executive directors, and four new executive directors.
- Care bundles are being introduced to improve management of patients who are deteriorating, although the trust acknowledges that implementation is still patchy. Policies and procedures reflected national guidance but did not always reflect current practice, particularly in end of life care and paediatrics.
- Efforts are being made to improve staff engagement. The trust is implementing 'Listening into action'. This is now estimated to have involved 1500 staff to some extent; pulse check surveys have shown improvements on several indicators between July 2013 and March 2014.
- Major efforts are being made to recruit additional staff, including recruiting from Spain, Italy, Greece and Portugal. However, vacancies remain unfilled particularly on the Pilgrim Hospital, Boston Site. Staffing shortages were particularly notable across A&E, paediatrics, maternity and palliative care.
- Governance systems had been recently reviewed. We found high numbers of errors in prescribing medicines, which put patients at risk. Records relating to risk assessment and care were not always maintained to ensure care was appropriate.
- The adult high dependency at Lincoln County Hospital was outstanding in its responsiveness to patients but at Grantham and District Hospital the use of manual beds was not responsive to patients' needs. Across the trust the high dependency provision for children was not functioning at the appropriate level.
- The Patients Advocacy and Liaison service had been re-introduced and was beginning to address issues with complaints. Complainants were invited to be involved in the recruitment of staff.

Summary of findings

- Across the trust, nursing staff were found to be caring and compassionate. However, the pressures in Stow ward impacted upon the ability of the nursing staff to provide compassionate care.
- Good progress has been made especially with regard to nursing across the trust, with strong leadership from an interim Director of Nursing.
- Around 100 additional nurses are working in the trust compared with a year ago, due to major recruitment initiatives.
- Bed numbers have deliberately been reduced to ensure better staffing levels on wards.
- Staff are more engaged as shown by the pulse survey.
- There has been a significant reduction in the number of falls and pressure ulcers across the trust. This is often a marker of improved nursing.
- Less progress has been made on engagement of medical staff across the trust. A new medical director has been appointed and a new divisional structure has been established. However, we heard from several individual consultants that the trust does not listen to their concerns, relating to issues which impact on the quality of patient care. These included, for example, poor implementation of the partial booking system in outpatients leading to appointments being delayed, which could impact on outcomes.

The trust continues to face major challenges including:

- Unfilled vacancies in certain services (e.g. radiology, paediatrics and A&E).
- Inconsistent use of care bundles that are not yet embedded in routine practice.
- Limited progress on seven-day services.
- Financial challenges.
- Limited engagement of senior medical staff.
- Lack of integrated working across the different locations, with successful innovation on one site not always being adopted by other sites.
- Challenges relating to patient flow.

We saw several areas of outstanding practice including:

- The intensive care unit has separate areas for male and female patients, which allows them to maintain their privacy and dignity.
- Patients who had complained about their care were involved in the recruitment and selection of new staff.

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

Importantly, the trust must:

- Ensure that there is an accurate record of each person's care and treatment in line with Regulation 20(1)(a) and (2)(a).
- Ensure that there is sufficient staff in the all areas to meet the needs of patients receiving treatment in line with Regulation 22.
- Ensure that equipment and the environment is adequately maintained to ensure the safety of patients in line with Regulation 15 (1)(c)(i).
- Ensure that staff are trained and receive appropriate supervision in line with Regulation 23 (1)(a).
- Ensure that medication processes for the safe prescribing, recording and administration of medications are maintained in line with Regulation 13.
- Ensure that there are appropriate governance processes to learn from incidents, so that patients are protected in line with Regulation 10.

We would normally take enforcement action in these instances, however, as the trust is already in special measures we have informed the Trust Development Agency of these breaches, who will make sure they are appropriately addressed and that progress is monitored through the special measures action plan.

On the basis of this inspection, I have recommended that the trust remain in special measures.

Professor Sir Mike Richards

Chief Inspector of Hospitals

Summary of findings

Background to United Lincolnshire Hospitals NHS Trust

The United Lincolnshire Hospitals NHS Trust was formed in April 2000 by the merger of the three former acute hospital trusts in Lincolnshire, creating one of the largest trusts in the country. Through three main hospitals and four sites, the trust provides a range of hospital-based medical, surgical, paediatric, obstetric and gynaecological services to the 700,000 people of Lincolnshire.

The trust employs 7,500 staff and has three main hospitals: Pilgrim Hospital in Boston (391 beds), Grantham and District Hospital (110 beds) and Lincoln County Hospital (602 beds). The trust also provides services at County Hospital Louth, John Coupland Hospital in Gainsborough, Skegness and District General Hospital and the New Johnson Community Hospital in Spalding. The trust has not applied for foundation trust status and is currently in special measures following the

Keogh Mortality Review in 2013. This is the primary reason for inspecting this trust. The trust is one of the highest risks as identified by CQC's Intelligent Monitoring data.

Lincolnshire is a largely rural area with only 27 miles of dual carriageway in the county. This makes travel times lengthy and road injuries/deaths are common. In Lincolnshire, traffic-related injuries/deaths are significantly worse than the average for these types of injuries in England.

The county's average of Black, Asian and minority ethnic residents is lower than the English average – with the largest ethnic group being Asian (1.2%). There are medium levels of deprivation, but these levels have increased since 2007. The county has an ageing population, with a higher than average number of older residents.

Our inspection team

Our inspection team was led by:

Chair: Professor Sir Mike Richards, Chief Inspector of Hospitals, CQC

Team Leader: Fiona Allinson, Head of Hospital Inspection, CQC

The team of 33 included CQC inspectors and analysts, a director of clinical service development, a quality

manager, a sexual health consultant, an oral and maxillofacial surgeon, a consultant in emergency medicine, an orthopaedic consultant, a consultant anaesthetist, a matron for complex health, a theatre specialist nurse, matrons in A&E and in maternity, a consultant nurse in critical care and a paediatric nurse adviser, patient and public representatives and various experts by experience.

How we carried out this inspection

To get to the heart of the 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?
- Is it well-led?

Before visiting, we reviewed a range of information and asked other organisations to share what they knew about

the hospital. These included the clinical commissioning group (CCG), NHS Trust Development Authority, NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), the royal colleges and the local Healthwatch.

We held three listening events in Lincoln, Boston and Grantham on 29 April and 30 April 2014, where people came to share their views and experiences of the trust. Some people who were unable to attend the listening events shared their experiences via email or telephone.

Summary of findings

We carried out an announced inspection visit from 29 April to 2 May 2014. 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 outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We carried out unannounced inspections between 3.30pm and 10pm on Sunday 11 May. We looked at how the hospital was run at night, the level and type of staff available, and how they cared for patients.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at United Lincolnshire Hospitals NHS Trust.

What people who use the trust's services say

The NHS Friends and Family Test was implemented to assess if patients and their friends and family would recommend the ward to their loved ones. The trust was performing below the England average, with patients scoring 63 in January 2014, as opposed to 73 for the England average. With regard to A&E, the trust performed around the England average.

The inpatient survey showed that the trust was performing in line with other trusts during 2012. However, there were three questions where the trust performed worse than other trusts when it came to assistance with meals, information about the care given and medication given on discharge.

In the cancer patient survey, the trust performed worse in 28 out of the 69 questions asked of patients. These questions included: how much sensitivity was used by staff, whether there was privacy when telling the patients that they had cancer, as well as the information that they were given about their treatment, medication and options.

In the CQC Maternity Survey 2013, the trust scored in line with other trusts, but better than the average when it came to support and advice being given at the start of the labour process.

Facts and data about this trust

Key facts and figures about the trust

Lincoln County Hospital = 601 beds

Grantham and District Hospital = 115 beds

The Pilgrim Hospital = 350 beds

Inpatient admissions = 152,760 2013/14

Outpatient attendances = 674,856 2013/14

A+E attendances = 144,239 2013/14

Births = 6,525

Deaths

Annual turnover

Surplus (deficit) = £26m deficit

Intelligent Monitoring

- Safe: Risks = 1, Elevated = 0, Score = 1
- Effective: Risks = 1, Elevated = 1, Score = 2
- Caring: Risks = 1, Elevated = 0, Score = 1
- Responsive: Risks = 1, Elevated = 1, Score = 2
- Well led: Risks = 6, Elevated = 2, Score = 8
- **Total:** Risks = 10, Elevated = 4, Score = 14

Summary of findings

Individual Elevated Risks

- All cancers: 62 day wait for first treatment from urgent GP referral
- TDA - Escalation score
- Whistleblowing alerts

Individual Risks

- Proportion of patients risk assessed for Venous Thromboembolism (VTE)
- Composite indicator: In-hospital mortality - Gastroenterological and hepatological conditions and procedures
- Inpatient Survey 2012 Q23 "Did you get enough help from staff to eat your meals?"
- The number of patients not treated within 28 days of last minute cancellation due to non-clinical reason
- Data quality of trust returns to the HSCIC
- NHS Staff Survey - KF7. % staff appraised in last 12 months
- NHS Staff Survey - KF9. support from immediate managers
- NHS Staff Survey - KF21. % reporting good communication between senior management and staff
- Composite risk rating of ESR items relating to staff sickness rates
- Composite risk rating of ESR items relating to staff support/ supervision

Indicators By Domain

Safe:

- Never events in past year = 2
- Serious incidents (STELs) = 173 Serious Incidents occurred at the trust
- Proportion of patients risk assessed for Venous Thromboembolism (VTE) one risk
- National reporting and learning system (NRLS)
- Deaths = 20
- Serious = 128
- Moderate = 870

- Abuse = 42
- **Total = 1,060**

Effective:

- HSMR = Within expected range
- SHMI = Within expected range

Caring:

- Inpatient Survey 2012 Q23 "Did you get enough help from staff to eat your meals?" one risk

Responsive:



- Bed occupancy = 79.6%
- All cancers: 62 day wait for first treatment from urgent GP referral one elevated risk
- The number of patients not treated within 28 days of last minute cancellation due to non-clinical reason one risk
- Delayed discharges = No evidence of risk
- 18 week RTT = No evidence of risk
- Cancer wards = No evidence of risk

Well-led:

- Staff survey = **below average**
- Sickness rate 5.2 % = **above**
- GMC training survey = **below average**
- Data quality of trust returns to the HSCIC one risk
- TDA - Escalation score one elevated risk
- NHS Staff Survey - KF7. % staff appraised in last 12 months one risk
- NHS Staff Survey - KF9. support from immediate managers one risk
- NHS Staff Survey - KF21. % reporting good communication between senior management and staff one risk
- Composite risk rating of ESR items relating to staff sickness rates one risk
- Composite risk rating of ESR items relating to staff support/ supervision one risk
- Whistleblowing alert one elevated risk

Summary of findings

Our judgements about each of our five key questions

	Rating
<p>Are services at this trust safe?</p> <p>Despite significant improvements to the safety of care at the trust we found that further improvements are required in a number of areas in order that services are safe for all patients. The trust has undertaken major recruitment drive but a lack of staff of all grades and specialities meant that patients could often be left waiting for care. The limited availability of paediatric nurses meant that there weren't paediatric nurses available in the A&E department at all times to care for sick children. This also impacted on the staffing in the paediatric wards, which we found to be working at higher than the recommended patient to nurse ratio. This applied across the trust. Bed numbers had been reduced to improve the safety of care to patients and following our concerns about the safe care provided on Stow ward bed number son this ward were further reduced to ensure safe care was provided.</p> <p>Medication errors on prescription charts were frequent but often not reported. This meant that there was a risk of maladministration of the medication prescribed. The condition of medical records was poor and the availability of these, particularly in the outpatient department, required improvements in order that in future, clinicians have a holistic history of the patient. A number of areas within the hospital required refurbishment and maintenance to ensure the safety of patients. Infection control procedures in a number of areas also required improvements to ensure that patients were protected from the risk of infection.</p>	<p>Requires improvement</p> 
<p>Are services at this trust effective?</p> <p>The services of the trust were not always effective. The trust had previously had a number of mortality outliers and we found that mortality and morbidity meetings were now being held in most clinical departments. At the time of the inspection the trust had no mortality outliers but since this inspection the trust is now an outlier in respect of Septicaemia (except in labour) and Aortic, peripheral, and visceral artery aneurysms. CQC await the trusts response to these concerns. In most areas, we saw that the relevant national guidelines were being used to improve care and monitor outcomes. Care bundles had been introduced to improve care but the implementation of these remained patchy. The majority of the staff were identifying patients who were deteriorating quickly and</p>	<p>Requires improvement</p> 

Summary of findings

appropriate action was taken. The exception to this was the early identification of patients at the end of life. This meant that these patients did not always receive the support of the palliative care team.

Staff appraisal rates, particularly those relating to the nursing staff, were low in some areas. This meant that staff did not have an opportunity to reflect on, and improve, practice. Appraisals also highlight specific training required to undertake the role or to further expand an individual's knowledge. We saw that the trust was working towards seven-day-working, but the resources to ensure that this flowed across disciplines were not always present. We found some issues with the patients experience with pain relief. On Stow ward we found one patient in pain who was visibly distressed and had not been attended to. We asked for immediate action to rectify the issues we saw on this ward and on our unannounced visit we saw that the actions taken remained in place.

Are services at this trust caring?

While the trust still has a number of actions to take to improve the services it provides, the staff across all grades and disciplines were seen to be caring, supportive and friendly towards patients. Patients told us the staff were excellent, efficient and went the extra mile. Occasionally, a patient complained that staff were brusque, but overwhelmingly we were told what a good job the care staff did. We had concerns on Stow ward, but following action taken by the trust we found that on our unannounced visit patients felt the care from staff had improved.

On most wards, the dignity and privacy of patients was respected. While the NHS Friends and Family Test results were below the England average, the Adult Inpatient Survey for 2013 showed that the trust was performing around the national average for all questions.

Good



Are services at this trust responsive?

Some services, such as Outpatients at Lincoln County Hospital and the A&E department at Grantham and District Hospital, did not offer services that met people's needs. In outpatients, the new booking system had not been implemented well. This led to distrust from both staff and patients. The overbooking and overcrowding of clinics led to frequent patient appointment cancellations, yet patients were penalised for arriving 10 minutes late. A&E at Grantham and District Hospital was not responsive to the needs of children and young people as there were limited facilities and staff. There was slow progress across the trust in respect of the four-hour A&E waiting time target. We saw ambulances waiting to hand over patients at Pilgrim Hospital.

Requires improvement



Summary of findings

Pilgrim Hospital at Boston was not responsive to the needs of the local Polish population, as information and signage was only available in English. However, the critical care unit at Lincoln County was outstanding in its responsiveness to patients, offering patients single-sexed accommodation.

Are services at this trust well-led?

The senior leadership team worked well together and appeared to have one vision for the trust. This was shared through team briefings and meetings with the staff. The trust subscribed to the Listening into Action™ programme, which enabled some staff to improve their services and those of the trust. This is now estimated to have involved 1500 staff to some extent; pulse check surveys have shown improvements on several indicators between July 2013 and March 2014. The chief executive and senior clinical team were well known to staff. The leadership style of the chief nurse, being visible on the wards and undertaking care duties, resonated with the nursing staff. The tri-site working of the leadership team meant that staff in each hospital were aware of the senior clinical team. This hands on style of working meant that they were more approachable.

However, we heard from a number of doctors that they struggled to resolve issues, as access to the Medical Director was limited. Medical staff felt that the trust was not listening to their concerns relating to the care and quality of the service they provide. These concerns included delays in outpatient appointments, effectiveness in the endoscopy unit and the lack of interventional radiology. Staff at the four locations we inspected reported that they felt disconnected from the trust and each other. This lack of cohesion within the cross site clinical teams prevented the sharing of good practice and effective use of the services provided.

Vision and strategy for this service

- The trust had a clear vision and values strategy, which put the patient at the heart of what staff do.
- The senior management team understood the strategy for the trust.

Governance, risk management and quality measurement

- New governance structure was in place, which was taking some time to embed. Staff felt that feedback on reported incidents was at times poor.
- There was recognition by the senior team that they were on a journey towards ensuring that issues were dealt with rigorously.
- All senior management could identify the wards that caused them concern and what action was being taken about these wards.

Requires improvement



Summary of findings

- Risk summits were convened to discuss actions to be taken.
- There were systems in place to ensure that these wards were identified early and action taken.
- Lack of integrated working across the different locations, with successful innovation on one site not always being adopted by other sites.

Leadership of service

- The chief executive and the team worked around the four hospitals and undertook ward assurance visits to increase their visibility.
- The non-executive directors chaired the sub-teams of the governance processes and were committed to the hospital.
- The trust board has been strengthened with a new chair, four new non-executive directors and four new executive directors.
- Middle managers felt that they did not have the means to make improvements to the quality of the service they provided.

Culture within the service

- The chief nurse was visible to staff and acted as a positive role model amongst nursing teams.
- The medical director had begun to meet some of the clinical directors. However, we heard from several individual consultants that the trust does not listen to their concerns, relating to issues which impact on the quality of patient care. These included, for example, poor implementation of the partial booking system in outpatients leading to appointments being delayed for periods which could impact on outcomes.
- The chairman and others were working to improve external relationships with key stakeholders.
- The disconnect between sites continues to exist with sharing of good practice and the “them and us” attitude of staff being examples of this.

Public and staff engagement

- The trust had invested in the Listening into Action™ programme. This had produced 421 quick wins, of which 18 were completed prior to our inspection.
- Staff awards had been introduced in January 2014.
- The PALS service had been reintroduced in November 2013.

Innovation, improvement and sustainability

- The pathway for fractured neck of femur had seen a 20% improvement in achieving the 36 hour target from admission to theatre.

Summary of findings

- The trust had implemented a six stage vacancy approval process to speed up recruitment times.
- Therapists were to commence seven-day-working within the A&E department.
- Major efforts are being made to recruit additional staff, including recruiting from Spain, Italy, Greece and Portugal. However, vacancies remain unfilled in some specialities.

Overview of ratings

Our ratings for Lincoln County Hospital

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

Our ratings for Pilgrim Hospital Boston

	Safe	Effective	Caring	Responsive	Well-led	Overall
A&E	Requires improvement	Not rated	Good	Requires improvement	Good	Requires improvement
Medical care	Requires improvement	Good	Good	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 & Family planning	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Children & young people	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Overview of ratings

End of life care	Good	Good	Good	Requires improvement	Good	Good
Outpatients	Good	Not rated	Good	Good	Good	Good
Overall	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Grantham and District Hospital

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

Our ratings for County Hospital Louth

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

Overview of ratings

Our ratings for this trust

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

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for both A&E and outpatients.

Outstanding practice and areas for improvement

Outstanding practice

- The intensive care unit has separate areas for male and female patients, which allows them to maintain their privacy and dignity.
- Patients who had complained about their care were used in the recruitment and selection of new staff

Areas for improvement

Action the trust **MUST** take to improve

- The trust must ensure that there is an accurate record of each person's care and treatment in line with Regulation 20(1)(a) and (2)(a).
- The trust must ensure that there is sufficient staff in the all areas to meet the needs of patients receiving treatment in line with Regulation 22.
- The trust must ensure that equipment and the environment is adequately maintained to ensure the safety of patients in line with Regulation 15 (1)(c)(i).
- The trust must ensure that staff are trained and receive appropriate supervision in line with Regulation 23 (1)(a).
- The trust must ensure that medication processes for the safe prescribing, recording and administration of medications are maintained in line with Regulation 13.
- The trust must ensure that there are appropriate governance processes to learn from incidents, so that patients are protected in line with Regulation 10.

Please refer to the location reports for details of areas where the trust **SHOULD** make improvements.