

Northern Lincolnshire and Goole NHS Foundation Trust

Quality Report

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2014
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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

Northern Lincolnshire and Goole NHS Foundation Trust serves a population of more than 350,000 people living in North and North East Lincolnshire and East Riding of Yorkshire. In total the trust employs around 6,500 staff and has 850 beds across three hospitals, Diana Princess of Wales, Scunthorpe General Hospital and Goole and District Hospital. Other locations registered with the Care Quality Commission include Monarch House and Community Equipment Store.

We carried out this comprehensive inspection because the Northern Lincolnshire and Goole NHS Foundation Trust was placed in a high risk band 1 in CQC's intelligent monitoring system. The trust was also one of 14 trusts, which were subject to a Sir Bruce Keogh (the Medical Director for NHS England) investigation in June 2013, as part of the review of high mortality figures across trusts in England. At that time, there were concerns around a lack of senior clinical leadership in relation to clinical issues, the approach to medical handovers, patient flow management, standards of clinical documentation, a lack of trust wide sharing of lessons learnt from clinical incidents including serious untoward incidents and Never Events. In addition, the review found low levels of mandatory training in some areas, issues regarding hydration, nutrition and promoting hand hygiene, as well as the process of responding to complaints being seen by patients as inaccessible and slow.

We completed an announced inspection of the trust between 23 and 25 April and on 8 May 2014, and an unannounced visit took place on 6 May 2014. We did not inspect the community service provision at the trust as part of this inspection.

Overall, this trust was found to require improvement, although we rated it as good in terms of having caring staff.

Our key findings were as follows:

- There were arrangements in place to manage and monitor the prevention and control of infection, with a dedicated team to support staff and ensure policies and procedures were implemented. We found all areas

visited clean. Methicillin-Resistant Staphylococcus Aureus (MRSA) and Clostridium difficile (C.difficile) rates were within an acceptable range for the size of the trust.

- There were significant vacancies with nursing and medical staff in some areas. The trust was actively recruiting into these posts. In the meantime, staff were able to work additional hours and bank, agency and locum staff were used to fill any deficits in staff numbers.
- Patients were able to access suitable nutrition and hydration including special diets. Patients reported that on the whole they were content with the quality and quantity of food provided.
- Best practice and national guidance was not consistently applied across some specialities.
- Mortality rates are improving for this trust. There had been a reduction in the summary hospital level mortality indicator (SHMI) rate and the trust was now at 109, which is within the 'as expected' range.
- Work was in progress to improve the patient experience, including initiatives to engage with patients, increase feedback responses and improve the handling of complaints.

We saw some areas of outstanding practice including:

- The maternity service at Scunthorpe General Hospital had won a national award for promoting a normal birth experience. A midwifery-led vaginal birth after caesarean section clinic had been introduced which worked with women who had a previous caesarean section. This meant that women were given increased opportunities to have a natural birth.
- The facilities team received the National Annual Hospital Estates and Facilities Management Association Team of the Year Award, with the Hotel Services Manager being awarded Project Manager of the Year for improving patient and staff experience. This included the creation of a multi-skilled role – ward caterer, ward domestic and nursing support.

Importantly, to improve quality and safety of care, the trust must:

- Ensure that there are sufficient qualified, skilled and experienced staff, particularly in the A&E department,

Summary of findings

and medical and surgical wards. This is to include provision of staff out of hours, bank holidays and weekends at Scunthorpe General Hospital and Diana, Princess of Wales Hospital.

- Review the skills and experience of staff working with children in the A&E departments to meet national recommendations at Scunthorpe General Hospital and Diana, Princess of Wales Hospital.
- Review the consistency of care and level of consultant input, particularly out of hours and at weekends in the High Dependency Unit at Diana Princess of Wales Hospital.
- Review care and treatment to ensure that it is keeping pace with National Institute of Clinical Excellence guidance and best practice recommendations, particularly within the intensive therapy units and the high dependency unit at Scunthorpe General Hospital and Diana, Princess of Wales Hospital.
- Ensure that the intensive therapy unit uses nationally-recognised best-practice guidance in terms of consultant wards rounds and reviewing admissions to the unit.
- Review delayed discharges from intensive therapy unit in terms of the negative impact this can have on patients.
- Review the environment and lay out of the accident and emergency department at Scunthorpe General Hospital so that it can meet the needs of children and patients with mental health needs.
- Ensure that the designation of the specialty of some medical wards reflect the actual type of patients treated at Scunthorpe General Hospital and Diana, Princess of Wales Hospital .
- Review the on-call medical rota covering patients admitted with gastrointestinal bleeding (GI bleed).
- Ensure that the availability of emergency theatre lists at Scunthorpe General Hospital is improved.
- Ensure that there is an improvement in the number of Fractured Neck of Femur patients who had surgery within 48 hours at Scunthorpe General Hospital and Diana, Princess of Wales Hospital.

- Ensure there is appropriate care planning and a paediatric early warning scoring system on the neonatal intensive care unit and that there is consistent nutritional and tissue viability screening and assessment on paediatric wards.
- Ensure that all staff attend and complete mandatory training, particularly for safeguarding children and resuscitation at Scunthorpe General Hospital and Diana, Princess of Wales Hospital.
- Ensure that staff have appropriate appraisal and supervision at Scunthorpe General Hospital and Diana, Princess of Wales Hospital.
- Review the effectiveness of handovers, particularly in the medical services at Scunthorpe General Hospital and Diana, Princess of Wales Hospital.
- Ensure that all patient documentation is appropriately updated and maintained including documentation for mental capacity assessments and risk assessments at Scunthorpe General Hospital and Diana, Princess of Wales Hospital.
- Ensure that reasons for Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) are recorded and are in line with good practice and Guideline at Scunthorpe General Hospital and Diana, Princess of Wales Hospital.
- Ensure that DNACPR orders confirm discussion with patients or family members and whether multidisciplinary teams are involved before an order is put in place at Scunthorpe General Hospital and Diana, Princess of Wales Hospital.
- Review access to soft diets outside of meal-times at Scunthorpe General Hospital and Diana, Princess of Wales Hospital.
- Review the 'did not attend' and waiting times in outpatients' clinics and put in steps to address issues identified.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Northern Lincolnshire and Goole NHS Foundation Trust

The trust was originally formed following a merger between North East Lincolnshire NHS Trust and Scunthorpe and Goole Hospital NHS Trust in April 2001. In April 2011, the trust was established as a combined hospital and community trust and achieved Foundation Trust status on 1 May 2007.

The trust serves a population of more than 350,000 people living in North and North East Lincolnshire and East Riding of Yorkshire. Of all 362 local authority areas, North Lincolnshire is ranked as the 120th most deprived. Life expectancy is 10.7 years lower for men and 9.5 years lower for women in the most deprived areas of North Lincolnshire than in the least deprived areas. The population for North Lincolnshire is generally even, the highest proportion is the 40-49 year olds, which matches the England average figures.

Diana, Princess of Wales Hospital provides healthcare services to people across North East Lincolnshire. This hospital has approximately 400 in-patient beds as well as day beds providing medical and surgical services, maternity, children and young people services, and a critical care unit. It also has an accident and emergency department, and an out patients department.

Scunthorpe General Hospital provides a wide range of district general services to the population of North

Lincolnshire. This hospital has approximately 400 in-patient beds as well as day beds providing medical and surgical services, maternity delivering more than 2,000 babies a year, children and young people services, and a critical care unit. It also has an accident and emergency department seeing around 60,000 attendances every year, and an out patients department.

Goole and District Hospital is a small, purpose built, community hospital providing care and treatment for the people of East Riding. This hospital does not provide an accident and emergency facility or emergency medical or surgical services. It has approximately 30 in-patient beds as well as day beds providing medical and elective surgical services, a midwifery led maternity service, a minor injuries unit and out patients facility.

The inspection team inspected the following core services:

- Accident and Emergency (A&E)
- Medical care (including older people's care)
- Surgery
- Intensive/critical care
- Maternity and family planning
- Services for children and young people
- End of life care
- Outpatients

Our inspection team

Our inspection team was led by:

Chair: Bill Cuncliffe, Colorectal Consultant Surgeon.

Head of Hospital Inspections: Julie Walton, Care Quality Commission

The team of 33 included CQC inspectors and a variety of specialists: Consultant Paediatrician, Medical consultant, ENT consultant, consultant anaesthetist, junior doctor, matron, senior nurses, nurse practitioner, physiotherapist, health visitor, student nurse and 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?
- Is it well-led?

Summary of findings

Before visiting, we reviewed a range of information we held about the hospital and asked other organisations to share what they knew about the hospital. This included the clinical commissioning group, local area team, Monitor, Health Education England and Healthwatch.

We held three listening events on 23 April 2014 in Goole, Grimsby and Scunthorpe to hear people's views about care and treatment received at the hospitals. We used this information to help us decide what aspects of care and treatment we looked at as part of the inspection. The team would like to thank all those who attended the listening events.

We carried out announced inspection visits on 23 to 25 April and 8 May 2014. During the visit we held a focus group with a range of hospital staff, including support

workers, nurses, doctors (consultants and junior doctors), physiotherapists, occupational therapists and student nurses. We talked with patients and staff from all areas of the trust, including the wards, theatres, critical care, outpatients, maternity and A&E department. We observed how people were being cared for, talked with carers and/or family members and reviewed patients' personal care or treatment records.

We carried out an unannounced inspection on 6 May 2014 to Scunthorpe General Hospital. We observed how people were being cared for, talked with carers and/or family members and reviewed patients' personal care or treatment records in specific areas of the hospital, including some medical wards.

What people who use the trust's services say

Between September 2013 and January 2014, a questionnaire was sent to 850 recent inpatients at the trust as part of the CQC Adult Inpatient Survey 2013. Responses were received from 366 patients at Northern Lincolnshire and Goole NHS Foundation Trust. Overall the trust was rated as average across all areas, with the exception of operations and procedures which was rated as below average.

In the January 2014 inpatient Family and Friend Test, 33 wards at Northern Lincolnshire and Goole NHS Foundation Trust were included. Response rates within wards varied between 2.2% and 94.8%. There were 10 wards that scored less than the trust average of 63. Ward 17 and the Planned Investigations Unit scored the least of all wards. However they also had the lowest response rate. Between October 2013 and January 2014 the Accident and Emergency Family and Friend Test showed that the trust was performing similar or above the England average. However the exceptionally low response rates (between 0.6% and 2.1%) indicated that the scores were less likely to represent the views of the majority of patients on the department.

The trust had 196 reviews on the NHS Choices website from patients between February 2013 and March 2014. Diana Princess of Wales Hospital scored 4 out of 5 stars

overall and Scunthorpe General Hospital scored 3.5 out of 5 stars overall. The highest ratings were for cleanliness, excellent care and treating patients with respect and dignity. The lowest scores were for waiting times and lack of communication.

Patient-Led Assessment of the Care Environment (PLACE) is a self-assessment undertaken by teams of NHS and independent healthcare staff, and also members of the public. They focus on the environment. In 2013, the trust scored between 57.7% and 91.2% on areas such as cleanliness, food, facilities and privacy, dignity and wellbeing.

CQC's Survey of Women's Experiences of Maternity Services 2013, Labour and Birth data, showed that the trust was performing better than other trusts for two of the three areas of questioning. In comparison with the 2010 results, the trust was showing an upward trend in two of the eight questions asked.

The Cancer Patient Experience Survey (CPES) is designed to monitor national progress on cancer care. In the 2012/13 survey the trust performed better than other trusts for three of the 69 questions asked, but worse than other trusts for six of the other questions.

Summary of findings

Facts and data about this trust

Safety

- There were 12 Never Events (events so serious they should never happen) from December 2012 to January 2014. These involved one drill guide retained in a patient's hand following surgery and a locum surgeon implanting the wrong lens in 11 patients' eyes during cataract surgery.
- There were 63 Serious Incidents between December 2012 and January 2014, wards accounted for the majority with 47.6% in total. Pressure ulcers Grade 3 accounted for 30.2% of all incidents reported, the majority of which occurred at the Diana Princess of Wales Hospital.

Safety Thermometer data

(It must be noted that caution should be used when comparing trust Safety Thermometer results to the national average as this does not account for trust to trust variation in the demographic make-up of the population).

- For new pressure ulcers the trust performed above the national average for the entire year.
- For new UTIs the trust performed below the national average for six months of the year.
- For falls with harm the trust performed below the national average for seven months of the year.
- The trust's infection rates for C. difficile and Methicillin-Resistant Staphylococcus Aureus (MRSA) lie within a satisfactory statistically acceptable range for the size of the trust.

Effective

- Tier 1 Mortality Indicators (used for the assessment of mortality). There were zero Tier 1 indicators flagged as 'risk' or 'elevated' risk for the trust.

- Other Tier 1 indicators – a risk was identified for the proportion of patients who received all secondary prevention medications for which they were eligible.

Responsive

- During December 2012 and April 2013 the trust struggled to achieve the 95% target for admitting or transferring or discharging patients within four hours of their arrival in the A&E department. However the performance did improve and in February 2014 saw the highest percentage at 98.7%.
- Cancelled operations – the trust performed similar to expected for patients not treated within 28 days of a last minute cancellation due to non-clinical reason and the proportion of patients whose operation was cancelled.
- The trust performed similar to expected with regard to patients being given enough notice when they were going to be discharged and discharge delays for more than four hours.

Well-led

- Overall sickness – 4.4%, national average is 4.2%.
- The Agency spend – the trust performed better than expected for full time equivalent bed days with 1.97 compared to a national average of 1.94.
- NHS Staff Survey 2013 – the results are organised into 28 key findings. Five of the indicators show performance that is better than the expected and placed within the top 20% of trusts nationally. Nine of the indicators were placed in the bottom 20%. Trust staff are less likely to recommend the trust as a place to work or receive treatment and report lower levels of fairness and effectiveness of incident reporting procedures and support from immediate managers.

Summary of findings

Our judgements about each of our five key questions

| | Rating |
|---|--|
| <p>Are services at this trust safe?</p> <p>Overall, we rated the safety of services in the trust as requiring improvement.</p> <p>There were systems in place for managing incidents, risk, and learning from incidents. Areas we visited were clean with systems in place to manage and monitor the prevention and control of infection. Although mandatory training levels had improved, attendance for mandatory training was low in some areas. Not all staff involved in the care of children had undertaken appropriate children’s safeguarding training.</p> <p>The trust had completed a review of nurse staffing establishment using a formal acuity tool which had resulted in an increase in staffing in some areas. The trust was recruiting medical staff. However, there were large numbers of nursing and medical staff vacancies, particularly across medical and surgical services. The trust was using a significant number of temporary staff, agency and bank nurse and locum medical staff. Not all sites had an on-call medical rota covering patients admitted with gastrointestinal bleeding (GI bleed). This meant that patients with this condition would not necessarily be seen by a specialist, therefore increasing the risk that they would not initially receive the most appropriate and timely treatment.</p> <p>Intensive therapy services within the trust were a concern. The medical rota for the critical care units did not promote consistency of care and consultant reviews of patients at weekends were not adequate, particularly at the Diana Princess of Wales (DPOW) site. In addition, patients were not always assessed by a consultant within 12 hours of admission. Of greatest concern was the safety of non-respiratory patients on the high dependency unit (HDU) at DPOW site, particularly out of hours and weekends and bank holidays. There was widespread confusion about ‘ownership’ of level 2 non-respiratory patients which created significant confusion and frustration for nursing staff. There was a lack of joined-up thinking between the two main hospital sites and we had concerns about the plans to replicate the HDU services provided at Diana Princess of Wales Hospital at Scunthorpe General Hospital.</p> <p>There were concerns about the entrance of the Accident and Emergency department at Scunthorpe General Hospital. There was no specific children’s entrance or children’s waiting area, as well as</p> | <p>Requires improvement </p> |

Summary of findings

no dedicated area for the assessment by mental health professionals of patients attending with mental health conditions. The trust was fully aware of this and had plans in place to address these.

There were concerns about the birthing room within the maternity unit at Goole and District Hospital. The room was located away from the maternity outpatient area and was not in close proximity to the clinic's midwives. This room was basic and small, which did not enable women to walk around freely or provide sufficient space for birthing aids or space in the event of an emergency.

The standard of record keeping was variable in some areas across the trust. Do Not Resuscitate orders, care plans and risk assessments were not always fully completed or care pathways always followed.

Are services at this trust effective?

Overall, we rated the effectiveness of services in the trust as requiring improvement.

The trust's mortality rates were improving. There had been a reduction in the summary hospital level mortality indicator (SHMI) rate and the trust was now within the 'as expected' range.

Staff worked in line with National Institute for Health and Care Excellence (NICE) guidelines. However, the trust was only assured of 70% compliance at the time of the publication of the Quality Accounts 2013/14, this was across all directorates. Within critical care services (ITU), particularly at Diana Princess of Wales Hospital, some medical guidance was not up to date. Outcome data for patients on the ITU was mixed. The HDU at Diana Princess of Wales did not collect such data, which dramatically reduced the ability to assess and benchmark patient outcomes.

Clinical audits took place to ensure that staff were working to expected standards and following guidelines. The trust had highlighted that there were a number of national audits that required additional focus to ensure that they remained on schedule for completion.

Medical and nursing staff appraisal and nurse supervision rates in some areas across the trust were variable.

Access to diagnostic tests was available seven days a week including bank holidays. Medical input on wards was sometimes poor over bank holiday periods with some patients not being seen after initial

Requires improvement



Summary of findings

admission by a doctor until after the holiday, unless they were deteriorating. Access to emergency theatres required improvement at Scunthorpe General Hospital as this hospital did not provide full day emergency lists from Monday to Friday.

Are services at this trust caring?

Overall, we rated caring in the trust as good.

Throughout our inspection we observed patients being treated with compassion, dignity and respect. Patients and/or their relatives spoke positively about the care that staff, both nursing and medical, provided. Patients felt involved in their care and in decisions about their treatment. They received good emotional support from staff and were positive about staff attitudes.

Analysis of patient feedback information showed that generally patients were positive about their experience.

Good



Are services at this trust responsive?

Overall, we rated the responsiveness of services in the trust as requiring improvement.

Access to services and patient flow was variable across the trust. Accident and Emergency wait times for this trust were similar to the England average overall. NHS trusts in England are required to admit, transfer or discharge 95% of patients within four hours of their arrival in the A & E department.

The trust scored similar to expected when compared to other trusts regarding the proportion of patients whose operation was cancelled, cancellation rates on the day of operation and the number of patients not treated within 28 days of last minute cancellation due to a non-clinical reason. There were no urgent operations cancelled more than once during 2013/14 at this trust. The hospital could improve the number of Fractured Neck of Femur patients who had surgery within 48 hours. Data in relation to patient access and flow for the critical care units within the trust was mixed. Delayed discharges were the main concern in this area especially in terms of the negative impact this can have on patients. The trust had quite high levels of cancellation of outpatient appointments.

The trust offered a variety of medical specialty services; however, the designation of the specialty of some of the wards did not accurately reflect the actual type of patients treated on the wards. There were times when patients were transferred between wards and to different sites late at night and early in the morning. However, the majority of patients were transferred after 7am and before 9pm.

Requires improvement



Summary of findings

Are services at this trust well-led?

Overall, we rated the leadership within the trust as requiring improvement.

The trust had 156 required actions in their Keogh Action Plan and information from the trust and Monitor indicated that, as of January 2014, 154 had been delivered, and 2 were on track to be delivered by 31 December 2014. The trust had commissioned an external review regarding Quality Governance in October 2013, which resulted in 21 recommendations; A follow up review reported in March 2014, indicated that 19 of the recommendations have been achieved (some with ongoing monitoring) and two were in progress.

The trust had revised its clinical leadership structure from January 2014, with senior clinicians involved in the management of clinical service directorates. This needed to be embedded and the impact of this change was not yet evident. A new medical director took up post in January 2014; a new chief operating officer commenced April 2014 and the director of facilities left in February 2014, this post was being advertised. The Chief Executive was appointed in 2010. Staff across the trust had reported a positive shift in culture in the last 12 months and increased engagement and visibility of the Chief Executive and the board of directors. Staff said it was more of a listening organisation.

At a local level, most staff felt supported by their managers. However, there were some areas where there was lack of medical leadership and direction, particularly in end of life and critical care services. In critical care services, consultant working patterns, once daily ward rounds at weekends and lack of medical clinical guidelines were a concern.

Vision and strategy for this trust

- Staff were aware and could describe the trust vision. Staff we spoke with were familiar with key parts of the trust strategy specifically the six Cs, which included care, compassion, competence, communication, courage and care.
- In many areas, the trust's vision and objectives were displayed on wards and clinical areas.
- Members of the executive team were very clear about the vision and direction of travel for the trust and had taken steps to improve engagement with staff including an increase in clinical leadership at senior management level to ensure that the vision and values were embedded in practice.

Requires improvement



Summary of findings

Governance, risk management and quality measurement

- The trust had 156 required actions in their Keogh Action Plan and information from the trust and Monitor indicated that, as of January 2014, 154 had been delivered, and 2 were on track to be delivered by 31 December 2014.
- The trust had commissioned an external review regarding Quality Governance in October 2013 which resulted in 21 recommendations; A follow up review reported in March 2014, indicated that 19 of the recommendations have been achieved (some with ongoing monitoring) and two are in progress. The follow up review suggests that the trust would likely now meet Monitor's requirements for Quality Governance.
- The trust had revised its clinical leadership structure from January 2014, with senior clinicians involved in the management of clinical service directorates. This needed to be embedded and the impact of this change was not yet evident.
- There were systems in place for reporting and learning incidents and events. There was reporting to the Trust Board about incidents. Risk registers were in place for all clinical directorates. A "confirm and challenge" group had been established to provide additional challenge and assurance for this.
- There were regular clinical governance meetings held within each directorate. Information from these meetings was given to staff.
- Quality dashboards had been recently introduced on each ward to identify and prioritise areas of risk. Action plans were put in place for any identified risks and follow up by matrons.
- The trust had completed a review of nurse staffing establishment using a formal acuity tool which had resulted in an increase in staffing in some areas. The trust was recruiting medical staff. However, there were large numbers of nursing and medical staff vacancies, particularly across medical and surgical services. The trust was using a significant number of temporary staff, agency and bank nurse and locum medical staff.
- Mandatory training levels had improved across the trust; however attendance for mandatory training still remained low in some areas.
- Medical and nursing staff appraisal and nurse supervision rates in some areas across the trust were variable.
- Following the Keogh review the trust had completed a review of their complaints procedures and strengthened the escalation and monitoring procedures. The Director of Clinical and Quality Assurance looked at all formal complaints, with copies shared

Summary of findings

with the Medical Director and Chief Nurse where appropriate. Non-executive director challenge to the process had been included. At ward level there was an increased focus on meeting with individual complainants to discuss their concerns.

- Since June 2013 the number of re-opened complaints had been reducing, although there was a sudden increase for the month of November. The trust was meeting its own 90% target for responding to complaints. However, it was not meeting its own 90% target for meeting actions agreed following the outcome to investigations. Complaints remained a challenge from April 2013 to January 2014. The trust was still dealing with a backlog of open complaints, which continued to rise since July 2013, which impacted on the timelines of responses.
- The trust was undertaking work to identify trends and themes from complaints and to support this work additional staff had been recruited to the complaints team.

Leadership of trust

- Staff reported increased engagement and visibility of the Chief Executive and the board of directors.
- There were some areas where there was lack of medical leadership and direction, particularly in end of life and critical care services. In critical care services, consultant working patterns, once daily ward rounds at weekends and lack of medical clinical guidelines were a concern.

Culture within the trust

- Staff across the trust had reported a positive shift in culture in the last 12 months.
- Many areas visited spoke of changes in culture putting the patient first and a drive for quality care.

Public and staff engagement

- Patient experience and involvement was seen as a priority for the trust. The trust had a Quality and Patient Experience committee, which reported directly to the Trust Board. It also had a Communication Strategy for 2014-2017, as well as a patient experience strategy and delivery plan. This plan was updated regularly, with the last update being March 2014. These documents were the framework to improve the patient experience and involvement. One of the quality matrons led on patient experience and work was underway to increase engagement with patients and carers, including improving the response rates for the Family and Friends Test. Initiatives such as the "You said, We did" boards on wards, patient stories going before the Trust Board and the introduction of patient

Summary of findings

champions on ward areas were some of the steps taken by the trust to improve engagement and learn from the patients' experience for service development. However, it was too early to assess the impact of these initiatives at this time.

- The trust had a reward and recognition strategy for staff, which had introduced staff incentive schemes such as a Dragon Dens approach to innovation, employee of the month and a “together we shine” network. Staff reported that engagement with them had increased and most were positive about the initiatives introduced.
- Staff reported that they felt better informed than previously and communication came in a range of forms including newsletters and email updates and monthly cascade briefings from the Chief Executive. There was also “meet the Chief Sessions” and non-executive forums.

Innovation, improvement and sustainability

- Staff reported that they were supported to try new ways of working to improve the effectiveness and efficiency of the wards and clinical areas within the trust.
- The maternity service had won a national award for promoting a normal birth experience. A midwifery-led vaginal birth after caesarean section clinic had been introduced which worked with women who had a previous caesarean section.
- The facilities team received the National Annual Hospital Estates and Facilities Management Association Team of the Year Award, with the Hotel Services Manager being awarded Project Manager of the Year for improving patient and staff experience. This included the creation of a multi-skilled role – ward caterer, ward domestic and nursing support.

Overview of ratings

Our ratings for Diana Princess of Wales, Grimsby

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

Our ratings for Scunthorpe General Hospital

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

Overview of ratings

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

Our ratings for Goole and District Hospital

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|-----------------------------|------|-----------|--------|----------------------|----------|---------|
| Minor injuries unit | Good | Not rated | Good | Good | Good | Good |
| Medical care | Good | Good | Good | Good | Good | Good |
| Surgery | Good | Good | Good | Good | Good | Good |
| Maternity & Family planning | Good | Good | Good | Good | Good | Good |
| Outpatients | Good | Not rated | Good | Requires improvement | Good | Good |
| Overall | Good | Good | Good | Good | Good | Good |

Our ratings for the trust overall

| | 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 Accident and emergency and Outpatients.

Outstanding practice and areas for improvement

Outstanding practice

- Dementia friendly bays on the orthopaedic surgery wards had been opened at the Diana Princess of Wales Hospital to support people living with dementia.
- The trust had invited the Alzheimer's Society to undertake drop in sessions at the Scunthorpe and Grimsby hospital sites and dementia advisers were available in the outpatients clinics.

Areas for improvement

Action the trust MUST take to improve

- Ensure that there are sufficient qualified, skilled and experienced staff, particularly in A&E, medical and surgical wards. This is to include provision of staff out of hours, bank holidays and weekends.
- Review the skills and experience of staff working with children in the A&E to meet national recommendations.
- Review the consistency of care and level of consultant input, particularly out of hours and at weekends in the High Dependency Unit at Diana Princess of Wales Hospital.
- Review care and treatment to ensure that it is keeping pace with National Institute of Clinical Excellence guidance and best practice recommendations, particularly within the intensive therapy and high dependency units.
- Ensure that the coronary care unit uses nationally-recognised best-practice guidance in terms of consultant wards rounds and reviewing admissions to the unit.
- Review delayed discharges from coronary care unit in terms of the negative impact this can have on patients.
- Review the environment and lay out of the accident and emergency department at Scunthorpe General Hospital so that it can meet the needs of children and patients with mental health needs.
- Ensure that the designation of the specialty of some medical wards reflect the actual type of patients treated.
- Review the on-call medical rota covering patients admitted with gastrointestinal bleeding (GI bleed).
- Ensure that the availability of emergency theatre lists at this hospital is improved.
- Ensure that there is an improvement in the number of Fractured Neck of Femur patients who had surgery within 48 hours.
- Review the location of and facilities within the birthing room at Goole District Hospital and ensure that these are risk assessed.
- Ensure there are appropriate care planning and a paediatric early warning scoring system on the neonatal intensive care unit and that there is consistent nutritional and tissue viability screening and assessment on Disney Ward.
- Ensure that all staff attend and complete mandatory training, particularly for safeguarding children and resuscitation.
- Ensure that staff have appropriate appraisal and supervision.
- Review the effectiveness of handovers, particularly in the medical services.
- Ensure that all patient documentation is appropriately updated and maintained including documentation for mental capacity assessments and risk assessments.
- Ensure that reasons for Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) are recorded and are in line with good practice and guidelines.
- Ensure that DNACPR orders confirm discussion with patients or family members and whether multidisciplinary teams are involved before an order is put in place.
- Review access to British Sign Language interpreters.
- Review access and attendance to dementia awareness training for staff working with people who live with dementia.
- Review provision of training for staff in the care of patients with a learning disability.
- Review access to soft diets outside of meal-times.

Outstanding practice and areas for improvement

- Review the 'did not attend' and waiting times in outpatients' clinics and put in steps to address issues identified.

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

Treatment of disease, disorder or injury

Regulation

Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing

Appropriate steps had not been taken to ensure that there were sufficient numbers of suitably qualified, skilled and experienced nursing and medical staff working in the hospital to carry out the activity of TDDI, particularly in A&E, medical and surgical wards, including provision of staff out of hours, bank holidays and weekends, in order to safeguard the health safety and welfare of service users.

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

There were not suitable arrangements in place to ensure that staff were supported to enable them to deliver care and treatment to service users safely and to the appropriate standard.

Not all staff had attended and completed mandatory training, particularly for safeguarding children and resuscitation.

Not all staff had received an appraisal or had appropriate supervision.

Not all staff had the skills and experience to work with children in the A&E department to meet national recommendations.

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

This section is primarily information for the provider

Compliance actions

(1) The registered person must take proper steps to ensure that each service user is protected against the risks of receiving care or treatment that is inappropriate or unsafe, by means of –

(a) The carrying out of an assessment of the needs of the service user; and

(b) The planning and delivery of care and, where appropriate, treatment in such a way as to –

1. Meet the service user's needs,
2. Ensure the welfare and safety of the service user

Not all patient documentation was appropriately updated and maintained including documentation for mental capacity assessments and risk assessments, including nutritional and tissue viability screening and assessment on paediatric wards.

Not all reasons for Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) were recorded and in line with good practice and guidelines.

Access to soft diets outside of meal-times must be reviewed.

The 'did not attend' and waiting times in outpatients' clinics must be addressed and measures put in place to address the issues identified.

The consistency of care and the level of consultant input, particularly out of hours and at weekends in the high dependency unit at Diana, Princess of Wales Hospital must be reviewed.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers

Care and treatment must be in line with National Institute of Clinical Excellence guidance and best practice recommendations, particularly within the intensive therapy unit.

The intensive therapy unit must use nationally-recognised best-practice guidance in terms of consultant wards rounds and reviewing admissions to the unit.

This section is primarily information for the provider

Compliance actions

Delayed discharges from intensive therapy unit must be reviewed in terms of the negative impact this can have on patients.

The designation of the specialty of some medical wards must reflect the actual type of patients treated.

The availability of emergency theatre lists at this hospital must be improved.

There must be an improvement in the number of Fractured Neck of Femur patients who had surgery within 48 hours.

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises

The environment and lay out of the accident and emergency department at Scunthorpe General Hospital must be reviewed so that it can meet the needs of children and patients with mental health needs.