

# United Lincolnshire Hospitals NHS Trust

# County Hospital Louth

## Quality Report

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Date of inspection visit: 30 April 2014; Focused  
Inspection 2 March 2015  
Date of publication: 10 27/03/2015

This report describes our judgement of the quality of care at this hospital. 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 hospital

Good



Surgery

Good



Outpatients

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

We carried out a comprehensive inspection in 2014 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 into hospitals with higher than average mortality rates. We returned in February 2015, and found that significant improvements had been made to services. We inspected only the areas which were found to require improvements at our previous inspection.

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 at County Hospital Louth took place on 30 April 2014.

In April 2014 the hospital was found to require improvement, although we rated it good in terms of having caring staff.

We returned on 2 March 2015, and found that improvements had been made to services elevating the hospital to a rating of good although formal governance processes were not embedded in the nursing teams in both surgery and outpatients.

Our key findings were as follows:

- The surgery service was able to demonstrate good outcomes for patients.
- Mandatory training attendances had improved in surgical services and the outpatients department.
- The link between trust management and the staff at County Hospital Louth had improved.
- Feedback from people who use the service, those who are close to them and stakeholders is consistently positive about the way staff treat people at County Hospital Louth.

However, the hospital should make improvements to clarify and embed the link into the governance systems in place within the trust.

**Professor Sir Mike Richards**

Chief Inspector of Hospitals

# Summary of findings

## Our judgements about each of the main services

### Service

#### Surgery

### Rating

Good



### Why have we given this rating?

In April 2014, we found that the surgical units and inpatient ward at County Hospital Louth could show good outcomes for patients following surgery. The safety quality dashboard demonstrated good performance for managing patient risks and the consistent feedback from patients and carers showed that they would recommend the hospital to family and friends.

However, County Hospital Louth surgical service requires improvement as mandatory training provision for staff was poor, especially in key risk areas, such as: safeguarding, health and safety management and mental capacity assessment practices, which could impact on patient safety.

On 2 March 2015 staff confirmed they received feedback from any incidents they raised and lessons were learned. Mandatory training levels for staff had improved and we were assured patients at risk of deterioration would be identified at an early stage. Regular health and safety meetings were in place and action plans developed to address concerns.

We had found in April 2014 that there was a lack of shared vision and strategy with the staff to assure them of a sustainable future. More visible leadership was required to ensure that County Hospital Louth surgical services were well-led. Staff noted that there was a disconnect between leadership at board-level and frontline clinical teams in County Hospital Louth. Staff engagement was lacking and formal communication practices were limited, which resulted in staff not always being fully aware of the bigger picture or future plans for the hospital.

Leadership had improved in March 2015 with the appointment of a matron for County Hospital Louth. Staff felt better connected with the rest of the hospital sites in the trust although work was needed to embed formal governance processes in Fotherby ward.

### Outpatients

Good



In April 2014 the outpatient department could show a good service for patients following surgery or treatments. The safety quality dashboard demonstrated

## Summary of findings

good performance for managing patient risks across the hospital. The consistent feedback from patients and carers was that they would recommend the hospital to family and friends.

However, County Hospital Louth outpatient service required improvement as mandatory training provision for staff was poor especially in key risk areas, such as: safeguarding, health and safety management, basic life support, recognising the deteriorating patient and mental capacity assessment practices. This could impact on patient safety and requires improvement. In March 2015 staff confirmed they received feedback from any incidents they raised and lessons were learned. Mandatory training levels for staff had improved, regular health and safety meetings were in place and action plans developed to address concerns. However, simulation training for a collapsed patient had yet to be undertaken.

We found in April 2014 there was a lack of shared vision and strategy with the staff to assure them of a sustainable future. More visible leadership was required to ensure that County Hospital Louth outpatient services were well-led. Staff noted there was a disconnect between leadership at board-level and frontline clinical teams in County Hospital Louth. Staff engagement was lacking and formal communication practices were limited which resulted in staff not always receiving feedback or being fully aware of the bigger picture or future plans.

We saw leadership had improved in March 2015 with the appointment of a matron for County Hospital Louth. Staff felt better connected with the rest of the hospital sites in the trust although work was needed to embed formal governance processes in the department.

**Good** 

# County Hospital Louth

## Detailed findings

### Services we looked at

Surgery; Outpatients

## Contents

### Detailed findings from this inspection

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# Detailed findings

## Background to County Hospital Louth

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. County Hospital Louth has 30 beds and provides a range of hospital-based surgical and outpatient services to the 700,000 people in Lincolnshire.

The trust has not applied for foundation trust status and is currently in special measures following the Keogh Review in 2013. This is the primary reason for the inspection: the trust is one of the highest risks, as identified by the CQC intelligent monitoring.

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 (BAME) 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

In April 2014, 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

Of the 33 team members, a team of two inspected this hospital. These included CQC inspectors and a quality manager.

In March 2015, the inspection team was led by:

**Chair:** Gillian Hooper, Improvement Director, Monitor

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

On 2 March 2015, the CQC inspection team included two CQC inspectors.

## 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.

In 2014 we held a listening event in Lincoln, at the University, on 29 April 2014, where people shared their views and experiences of the trust. Some people who were unable to attend the listening events shared their experiences via email or telephone. We carried out an announced inspection visit on 30 April 2014.

In 2015 we carried out an announced inspection on 2 March 2015.

# Detailed findings

## Facts and data about County Hospital Louth

### 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): £0.1m 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

### 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

# Detailed findings

- 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



# Detailed findings

## Our ratings for this hospital

Our ratings for this hospital are:

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

### Notes

We are currently not confident that we are collecting sufficient evidence to rate effectiveness for outpatients.

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Safe	Good	●
Effective	Good	●
Caring	Good	●
Responsive	Good	●
Well-led	Good	●
Overall	Good	●

## Information about the service

United Lincolnshire Hospitals NHS Trust has three hospitals. County Hospital Louth is a hospital which provides services from two different providers. United Lincolnshire Hospitals Trust at County Hospital Louth provides services in an endoscopy unit, an inpatient unit and a urology suite. The service provided 3,636 day cases and 569 elective surgeries in the last year.

During our inspection in 2014, we spoke to 13 staff, six patients and two carers. We visited the endoscopy unit, urology unit and inpatient ward. We received comments from our listening events and from people who contacted us to tell us about their experiences. We used information that we requested, which included feedback from people using the service about their experiences.

During our inspection on 2 March 2015, we spoke with 4 staff in surgical services, 3 patients and reviewed records provided by the services.

## Summary of findings

In April 2014 we found that the surgical units and inpatient ward at County Hospital Louth showed good outcomes for patients following surgery. The safety quality dashboard demonstrated good performance for managing patient risks and the consistent feedback from patients and carers was that they would recommend the hospital to family and friends. However, County Hospital Louth's surgical service required improvements, as mandatory training provision for staff was poor, especially in key risk areas such as safeguarding, health and safety management and mental capacity assessment practices, which could impact on patient safety. This requires improvement.

We found that there was a lack of shared vision and strategy with the staff to assure them of a sustainable future. More visible leadership was required to ensure that County Hospital Louth services were well-led. Staff noted there was a disconnect between leadership at board-level and frontline clinical teams in the hospital. Staff engagement was lacking and formal communication practices were limited which resulted in staff not always being fully aware of the bigger picture or future plans.

In March 2015 staff confirmed they received feedback from any incidents they raised and lessons were learned. Mandatory training levels for staff had

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improved and we were assured patients at risk of deterioration would be identified at an early stage. Regular health and safety meetings were in place and action plans developed to address concerns.

Leadership had improved with the appointment of a matron for County Hospital Louth. Staff felt better connected with the rest of the hospital sites in the trust although work was needed to embed formal governance processes in Fotherby ward.

## Are surgery services safe?

Good



In April 2014 the endoscopy unit and inpatient ward showed good outcomes for patients following surgery. The safety quality dashboard was consistently good for managing patient risks. We saw that staff understood incident reporting and were proud of the service provided to their patients. We found that staffing levels were satisfactory and availability and suitability of equipment was adequate. However, mandatory training provision was poor, especially in key risk areas such as safeguarding, health and safety management and mental capacity assessment practices, which could impact on patient safety. This required improvement.

In March 2015 staff confirmed they received feedback from any incidents they raised and lessons were learned. Mandatory training levels for staff had improved and we were assured patients at risk of deterioration would be identified at an early stage. Regular health and safety meetings were in place and action plans developed to address concerns.

### Incidents

- In April 2014 the hospital had a reporting system to ensure all incidents were reported in line with defined timescales, including those reportable to the National Patient Safety Agency.
- Staff were confident about reporting serious incidents, whistleblowing or challenging staff if they suspected poor practice which could harm someone.
- The level of reporting incidences and near misses at County Hospital Louth was noted to be low. The Executive Lead we interviewed noted that training in incident reporting was not embedded, which could lead to under-reporting.
- Staff did not always receive feedback once an incident was escalated. However, lessons learned were disseminated through team meetings, although notes of these were not kept.
- In March 2015 staff we spoke with were aware of the incident reporting system. The feedback mechanism from any incident had recently changed. Staff now received a personal email to notify them of actions that had been taken in response to their alert.

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- We saw minutes of a team meeting held in January 2015 where a lesson learned from an incident report had been fed back to staff and discussed to prevent a similar occurrence.

## Safety Thermometer

- The safety quality dashboard and Safety Thermometer monitoring systems showed consistently good outcomes for patients at County Hospital Louth. Fotherby Ward was recently acknowledged in a staff award 2014, which highlighted that they receive compliments from patients and visiting clinicians every day.
- Fotherby inpatient ward scored 100% nearly every month on the safety quality dashboard in the last year; this was recognised as good practice recently in a trust staff award (2014).
- Ward to board quality metrics for County Hospital Louth were within the 'satisfactory' range.
- There were displays of the safety scorings for staff and patient information. Staff told us they were proud of the safe service they provided patients with.

## Cleanliness, infection control and hygiene

- The latest infection control audit for County Hospital Louth scored 97% and consistently scored above 95% in the regular cleanliness audits.
- Staff and patients were satisfied with the cleanliness levels throughout the hospital
- No MRSA or C. difficile infections had been reported at County Hospital Louth in the last year.
- We saw that decontamination practices in the endoscopy unit were compliant with national guidelines and monitored appropriately.

## Environment and equipment

- County Hospital Louth was found to have sufficient equipment and suitable premises.
- We saw that resuscitation equipment was satisfactory and checked appropriately on the surgical units and inpatient ward.

## Medicines

- The trust has a Drugs and Therapeutics Committee; minutes showed that all policy decisions relating to the management of medicines were focused and monitored, and coordinated across the trust.
- Drug errors were logged appropriately and staff we spoke with were aware of medicine management policies for reference purposes.

## Records

- We checked care records and found information and recording to be appropriate.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- In April 2014 there was minimal evidence that staff had received recent Mental Capacity Act and Deprivation of Liberty Safeguards training. The safeguarding committee report (January 2014) indicated only 9% of staff, trust-wide, had attended. The trust safeguarding committee recognised this as a significant risk and reported that this should be escalated to Quality Governance.
- In March 2015 we found Mental Capacity Act and Deprivation of Liberty Safeguards training levels had improved.

## Safeguarding

- In January 2014, the safeguarding committee noted that the current central training figures indicated that less than 20% of staff had attended updated level 1 and 3 safeguarding training. Only 23% have attended level 2. Staff told us there is e-learning training, but there is not always time to action this.
- The Listening into Action™ group highlighted concerns that some staff may have difficulty in undertaking e-learning if they lack access to computers and IT support. They are currently seeking support for the introduction of Learning Resource Centres on each site, in order to improve access to computers and available support.
- In March 2015 we found safeguarding, Mental Capacity Act and Deprivation of Liberty Safeguards training levels had improved. Training levels for Fotherby ward in those areas had increased and by 31 March 2015 86% of staff would have completed required training. Although this still did not equate to the trusts' acceptable level of 95%, senior staff were aware this still had to be improved.
- All staff on the endoscopy unit had completed the training.

## Mandatory training

- In April 2014 staff and managers we spoke with noted that the central electronic recording system was not currently robust and did not always reflect training attendances accurately. It was clear during the inspection that training records were poor, we received

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differing percentages of attendees from staff in different units and reports we looked at confirmed that the trust was not compliant with the current mandatory training requirements. For example, fire and infection control training at County Hospital Louth was 64% in 2013.

- Staff we spoke with in March 2015 told us opportunities for completing mandatory training modules had improved over the previous twelve months. Records we viewed demonstrated that 95% of staff had completed both fire and infection prevention and control training. Other training elements included moving and handling and equality and diversity, both which had also improved.
- The hospital had introduced a training room in the hospital. On 2 March 2015, this training room had been allocated and staff were waiting for it to be fully equipped and resourced. Staff told us they were looking forward to being able to receive training at Louth in the near future instead of travelling to Lincoln or Boston.

## Management of deteriorating patients

- In April 2014 staff were aware of the management of the deteriorating patient. We saw that appropriate observations were recorded in the care plans, but we were not assured that adequate training had been provided to the staff as there were no training records available to show this.
- In March 2015 we saw evidence all staff had either received training in the use of the national early warning score (NEWS) and the sepsis care bundle or were booked on a course before 31 March 2015. Staff we spoke with were confident in using the tools and we were assured patients at risk of deterioration would be identified at an early stage.

## Nursing staffing

- Staff and line managers told us that with the current levels of activity, staffing levels at County Hospital Louth were satisfactory and staff turnover was not high. We corroborated this and agreed.
- The HR report for 31 January 2014 noted that the trust percentage sickness absence rate continues to go down, and for the 12 months ending December 2013 the figure stands at 4.80%. This is the lowest it has been since 2008.
- Bank and agency usage is monitored by the trust and the numbers used were satisfactory at the hospital.

## Medical staffing

- County Hospital Louth is open six days a week and staff reported that there was adequate medical cover during those times.
- There had been no incidents or concerns raised through patient and staff feedback mechanisms to indicate any problems with medical staffing at the hospital. The executive lead for County Hospital Louth confirmed there was always medical cover on-site and overnight for inpatients. We saw records which confirmed this.

## Health and safety management.

- In April 2014 health and safety awareness training for staff was lacking.
- There had been no health and safety meetings on-site in the last four years. This had been raised in an educational audit for Nursing and Midwifery practice placements in December 2013, but no action plan was observed.
- The health and safety strategy 2013-2015 recognises the need for improved staff engagement and training and we saw there were plans in place to address this in the coming year.
- In March 2015 we found regular health and safety meetings had been put in place for the hospital. We saw minutes and actions logs from December 2014 and January 2015.
- By October 2014 beds on Fotherby ward had been condemned three times; these were due to be replaced with electronic profiling ones in April 2015 to ensure the risk to the health and safety of patients and staff was reduced.
- A keypad lock for theatres had been put in place to prevent unauthorised access. An incident report had been raised after the lock had been fitted as it had not prevented access by members of the public. This was to be addressed as a matter of urgency.
- Health and safety training records for staff showed almost 100% of staff were due to have attended by the end of March 2015.

## Are surgery services effective?

Good



The surgical services provided at County Hospital Louth were effective. Staff could demonstrate systematic

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processes for implementing and monitoring the use of best practice guidelines/standards and demonstrated good outcomes to patients through the care and treatment provided. The trust had a process in place to identify the learning needs of staff and recognised where developments were needed to ensure an effective service is maintained.

Treatment plans for patients were determined with multidisciplinary involvement, as well as the involvement of patients and those close to them. Patients consistently praised the effectiveness of the staff and services provided.

**We did not re-inspect this aspect of the service in February 2015.**

## Evidence-based care and treatment

- The endoscopy unit at County Hospital Louth is Joint Advisory Group accredited and by definition compliant with all the required the group standards.
- The business plan (2013) states that standards are monitored and discussed on a monthly basis at site-based user meetings where all endoscopy staff and endoscopists are represented. Staff we spoke with confirmed this. A pan-trust user meeting occurs every quarter, taking in operational and strategic matters, but also reviewing areas of quality assurance. A patient representative is present at these meetings. We saw the recent minutes of these meetings, including action plans, which are required as evidence for the group reaccreditation to ensure an effective service.
- We saw examples of local policies, such as: the management of deep vein thrombosis (August 2013), which made reference to current National Institute for Health and Care Excellence (NICE) guidance to support evidence-based care.

## Patient outcomes

- Six patients and two carers spoken to during the inspection would recommend County Hospital Louth to family and friends.

## Competent staff

- Staff we spoke with were confident in their job roles and eager to increase and develop the services at the hospital. While there were adequate numbers of competent staff for the day-to-day operational provision of services, there was a lack of supernumerary time for the band 7 leads. Staff noted a lack of leadership to support development.

- The first staff survey report indicated that areas of priority for the 2013/14 action plan will be staff appraisal and staff engagement. The majority of staff had received an appraisal, but the senior managers acknowledged that this was an area that could be improved to ensure continual professional development of staff was maintained.

## Multidisciplinary working

- Staff and patients were positive about the team approach to care. The care plans we observed showed a joined up approach to assessment, treatment and discharge planning.

## Are surgery services caring?

Good



All the patients and carers we spoke with would recommend County Hospital Louth to family and friends. We looked at the Friends and Families Test results for the last year and it showed that they had scored 100% in nearly all of the Friends and Family Tests during the last year. This is a good indicator of a caring service.

Staff in all roles put significant effort into treating patients with dignity. Patients felt well cared for as a result. Staff responded compassionately to pain, discomfort, and emotional distress in a timely and appropriate way.

**We did not re-inspect this aspect of the service in February 2015.**

## Compassionate care

- All the patients and carers we spoke with would recommend County Hospital Louth to family and friends. We looked at the Friends and Families Test results for the last year and it showed that they have scored 100% in nearly all of these tests since they began.
- The specialist nurse at County Hospital Louth urology unit was nominated twice for a staff award: for care and passion, delivering services with compassion and remaining dedicated, professional and prepared to go that extra mile.
- The whole County Hospital Louth theatre team were acknowledged in 2014 by the provider, for working incredibly hard with dedication, commitment and flexibility to ensure that every patient undergoing surgery received exceptional care. They were recognised

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as having gone the extra mile to prevent any unnecessary cancellations. Staff ensured all patients were treated with dignity, respect and as individuals. Patient feedback was overwhelmingly positive.

- Six patients we spoke with felt safe in the hands of the staff and were very positive about the care provided. One patient said, "This is a wonderful place." Another stated, "I wouldn't want to go anywhere else for care."

## Patient understanding and involvement

- Patients we spoke with told us they were involved in the decision-making regarding treatment and discharge-planning.
- County Hospital Louth was identified by the provider as providing exemplary care in dignity and nutrition. We observed good engagement between staff and patients during the inspection, and patients confirmed their needs were met well by staff. One patient said, "They all knew my name."

## Emotional support

- Each ward or unit had a copy of the trust's Dignity in Care pledges on display. This set out how people would be respected and their wishes met.
- Hourly rounding visits by staff were being actioned to ensure that patients had regular contact with their named nurse and additional support, if needed.

## Are surgery services responsive?

Good



The hospital could demonstrate that it understood the different needs of the communities it served and acts on this to plan and design services. Patients wait as little as possible for services, treatment or care. Waiting times were in line with standards in the NHS constitution.

Systems were in place to support patients' individual needs. Staff ensured that both the complaints procedure and ways to give feedback were easy to use. Staff encouraged patients, their relatives and those close to them to provide feedback about their care.

**We did not re-inspect this aspect of the service in February 2015.**

## Service planning and delivery to meet the needs of local people

- Staff told us that the current surgical services at County Hospital Louth were under-utilised. Both the ward, surgical units and theatres could accommodate more sessions and the staff had raised this with the provider through a staff forum, as they were keen to develop the current service.
- We looked at the business plans and annual plans which showed the provider was looking at opportunities to increase workloads. Such as: The reduction of main theatre usage at the Lincoln site through extending the scope of surgical day unit procedures for urology patients to Grantham and Louth sites. (September 2013)
- The executive lead for County Hospital Louth and lead matron acknowledged that GP referrals were low and they were inviting GPs to locality forums to heighten awareness of the services available on site.

## Access and flow

- The bed occupancy at County Hospital Louth was low, therefore currently there are no capacity problems regarding admitting and treating patients and we saw that there were adequate numbers of staff available at all times.
- The data pack showed that the majority of waiting times regarding referral to treatment showed no evidence of risk. The scorecard showed that patients were seen within the 26 weeks maximum inpatient or day case wait for admission and patients we spoke with were pleased with the access to services at the hospital.
- There was one cancellation of operation in November 2013 due to lack of equipment.

## Meeting people's individual needs

- Staff were aware of supporting people with complex needs such as learning disabilities. We saw easy-to-read information leaflets and "All about me" health passports, which provide an overview of the person's individual needs, set out in a way that can be understood by all persons involved, including the patient.
- Staff confirmed that translation services could be accessed through language line for people whose first language was not English.
- We were informed that endoscopy was the first speciality to roll out postal consent for all endoscopic procedures nationally. This process was led by the British Society of Gastroenterology and supported by



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the NHS. Consent forms and patient information booklets were published and adapted to local needs. They were also published in the key ethnic languages to inform people of their rights

## Learning from complaints and concerns

- We saw reports which showed complaints and concerns are monitored by the provider centrally.
- 412 enquiries were handled by the Patient Advice and Liaison Service during January 2014; eight were recorded for the hospital.
- Complaints posters were displayed in some areas. Patients told us they would raise concerns if needed. Staff and managers all told us that the number of complaints was low at County Hospital Louth and staff would always try and resolve any concerns straight away, before they became a problem.

## Are surgery services well-led?

Good



In April 2014 whilst the overall clinical performance and patient satisfaction was good, there was a lack of shared vision and strategy with the staff to assure them of a sustainable future. More visible leadership was required to ensure that County Hospital Louth services were well-led.

Staff noted there was a disconnect between leadership at board-level and frontline clinical teams in the hospital. Staff engagement was lacking and formal communication practices were limited, which resulted in staff not always being fully aware of the bigger picture or future plans.

In March 2015 leadership had improved with the appointment of a matron for County Hospital Louth. Staff felt better connected with the rest of the hospital sites in the trust although work is needed to embed formal governance processes in Fotherby ward.

## Vision and strategy for this service

- In April 2014 staff were not fully aware of the vision and strategy for the development of the hospital. They expressed concerns that they felt isolated and ignored and did not always feel part of the bigger picture. They noted they had received a briefing before the inspection, but there was no formal system to engage them on a regular basis.

- In March 2015 staff felt more engaged with senior management in the trust. Staff opinion varied in the extent to which those views were held.
- Staff in the endoscopy unit had been informed they would be the first unit in the trust to provide a bowel scoping service to patients from May 2015 onwards.

## Governance, risk management and quality measurement

- In April 2014 the overall clinical performance and patient satisfaction at County Hospital Louth was good, ward to board quality metric March 2014 scored 100%. However, staff were not aware of development plans to ensure a clear quality pathway for continual improvements in the future.
- We found staff were not clear on the governance arrangements in the trust. While they were aware of local audit and performance outcomes, and clear on day-to-day risk management practices, they indicated there was little formal feedback. This was supported by the fact that there was minimal evidence of minutes of formal unit/ward meetings to show that staff were involved in risk management developments and quality strategies.
- Staff did not feel well informed on lessons learned across the trust. We were informed by the executive lead that a communication champion was currently being considered to improve this.
- In March 2015 we found governance arrangements in the endoscopy unit were clear. These ranged from sister's meetings pan trust to quarterly endoscopy meetings, which included medical and nursing staff. The latter included discussions of audits and standards set by the joint advisory group for gastrointestinal endoscopy. Information from both these meetings were cascaded to staff within the unit at their unit meetings; any concerns in the unit could be raised at those meetings.
- Governance in Fotherby ward was informal. Although senior nursing staff in Fotherby ward were able to access trust governance teams, the ward staff were not aware how governance was included in systematic governance processes. On discussion with the senior manager on site it was agreed the issue should be taken forward as a priority



# Surgery

- Individual risks and concerns with regard to patient safety were brought swiftly to the attention of the consultant concerned. Staff told us of two examples of this.

## Leadership of service

- In April 2014 staff noted there was a disconnect between leadership at board-level and frontline clinical teams in the hospital. They felt there was no visible leadership on-site although the lead matron and executive lead were approachable and supportive when they visited.
- We spoke with the executive lead and matron who both acknowledged there was no recognised management lead. Actions were being taken, which included a rota of five senior leads from the trust to ensure a visible leader on-site at least once a week to support staff and update them on service developments.
- In March 2015 we found a matron had been appointed for County Hospital Louth in September 2014. The matron visited the hospital on a weekly basis from Lincoln where they held other responsibilities; they were available via email or telephone at other times.
- Staff we spoke with had developed a good rapport with their matron and felt confident in their ability to resolve issues.
- Two members of staff we spoke with told us of a recent visit by the acting chief nurse.
- The trust held a monthly team brief across all its hospitals delivered by a senior member of the executive team. Louth's team brief was delivered via video conferencing. We were informed this facility was not always available and staff could not always be released to view it.
- Staff had access to the trust's weekly news round-up which was delivered via email. It included items relating to staff appointments and training and development.

## Culture within the service

- In April 2014 staff told us the culture was open and listening but not always proactive in making changes. One member of staff indicated that, as the hospitals performance was consistent and did not highlight significant risks, they were forgotten about.

- There was no evidence of consideration of equality and diversity. The executive lead stated they had just formed an equality and diversity board to address this.
- In March 2015 County Hospital Louth staff told us they felt better represented in the trust.







## Public and staff engagement

- Staff at County Hospital Louth asked the Listening into Action team to help them get an executive director lead for the site, as there had been leads allocated for the other trust sites but none for County Hospital Louth – they felt the trust had responded positively and listened as a new executive lead was introduced and recently actioned a briefing session for staff.
- A patient we spoke with had attended a “Listening into Action” event and was really impressed with the opportunity to sit with staff and discuss service improvements and developments.
- Patients and public consistently indicate they would recommend County Hospital Louth to family and friends.

## Innovation, improvement and sustainability

- In April 2014 staff had raised concerns regarding the under use of the current service and whether it was sustainable if occupancy was not increased. While they had been heard by the provider they were not aware of what plans may be in place to improve the situation which was causing frustration.
- We saw that the annual plan recognises the need to regenerate services at County Hospital Louth but staff were not aware of this.
- In March 2015 staff in Fotherby ward remained uncertain of the future use of the service they delivered. There had been no clear message from the trust's executive team although some staff we spoke with felt more elective surgery would be undertaken at Louth in the future.

# Outpatients

Safe	Good	
Effective	Not sufficient evidence to rate	
Caring	Good	
Responsive	Good	
Well-led	Good	
Overall	Good	

## Information about the service

United Lincolnshire Hospitals Trust provides services in the outpatient department at County Hospital Louth. The service provided 10,451 new outpatient appointments, and 18,611 follow ups in the last year.

In April 2014 we spoke to 13 staff and six patients and two carers. We visited the outpatient department. We received comments from our listening events and from people who contacted us to tell us about their experiences. We used information provided by the organisation, a recent inspection report by the CQC in February 2014 and information that we requested, which included feedback from people using the service about their experiences.

On 2 March 2015 we spoke with three staff and reviewed records provided by the outpatient department.

## Summary of findings

In April 2014 the outpatient department could show a good caring service for patients following surgery or treatments. The safety quality dashboard demonstrated good performance for managing patient risks across the hospital and the feedback from patients and carers was that they would recommend the hospital to family and friends. However, County Hospital Louth outpatient service require improvements as mandatory training provision for staff was poor especially in key risk areas such as safeguarding, health and safety management, basic life support, recognising the deteriorating patient and mental capacity assessment practices which could impact on patient safety.

We found that there was a lack of shared vision and strategy with the staff to assure them of a sustainable future. More visible leadership is required to ensure that County Hospital Louth outpatient services are well-led. Staff noted there was a disconnect between leadership at board-level and frontline clinical teams in the hospital. Staff engagement was lacking and formal communication practices were limited which resulted in staff not always receiving feedback or being fully aware of the bigger picture or future plans.

In March 2015 staff confirmed they received feedback from any incidents they raised and lessons were learned. Mandatory training levels for staff had

# Outpatients

improved and regular health and safety meetings were in place and action plans developed to address concerns. Simulation training for a collapsed patient had yet to be undertaken.

Leadership had improved with the appointment of a matron for County Hospital Louth. Staff felt better connected with the rest of the hospital sites in the trust although work was needed to embed formal governance processes in the department.

## Are outpatients services safe?

Good



In April 2014 patients in the outpatient unit were protected from abuse and avoidable harm as staff we spoke with were confident to report serious incidents, whistle blow or challenge if they suspected poor practice which could harm a person. Staffing levels were satisfactory and availability and suitability of equipment was adequate.

However, monitoring and provision of mandatory training was poor especially in key risk areas such as safeguarding, health and safety management, basic life support and recognition of the deteriorating patient and requires improvement.

In March 2015 staff confirmed they received feedback from any incidents they raised and lessons were learned. Mandatory training levels for staff had improved and regular health and safety meetings were in place and action plans developed to address concerns. Simulation training for a collapsed patient had yet to be undertaken.

### Incidents

- In April 2014 we found that patients in the outpatient unit were protected from abuse and avoidable harm as staff we spoke with were confident to report serious incidents, whistle blow or challenge staff if they suspected poor practice which could harm a person. A recent serious incident had been reported and the outpatient sister was clear on the process to ensure lessons would be learned to avoid a reoccurrence.
- The level of reporting incidences and near misses at County Hospital Louth was noted to be low and staff did not always receive feedback once an incident was escalated. The senior managers we interviewed noted that training in incident reporting was not embedded, which could lead to under reporting.
- Staff were aware of trust wide lessons learned being reported through a newsletter and local issues were discussed at team meetings, although there were no formal minutes to show evidence of this. Staff said there was an open approach to reporting and learning.

# Outpatients

- In March 2015 outpatient department (OPD) staff were aware of the incident reporting system. The feedback mechanism from any incident had recently changed. Staff now received a personal email to notify them of actions that had been taken in response to their alert.

## Safety Thermometer

- The quality dashboard and safety thermometer monitoring systems showed consistently good outcomes for patients at the hospital.

## Cleanliness, infection control and hygiene

- The latest infection control audit for County Hospital Louth scored 97% and consistently scored above 95% in the regular cleanliness audits. Staff and patients were satisfied with the cleanliness levels throughout the hospital which was also judged satisfactory by a recent CQC report in February 2014.
- The majority of equipment in the outpatient department was single use only. We saw that decontamination practices for nasoendoscopes were compliant with national guidelines.

## Environment and equipment

- County Hospital Louth was found compliant by the CQC with safety, availability and suitability of equipment 18 Feb 2014.

## Medicines

- The outpatient sister informed us that a recent medicine review was satisfactory although we did not see a report.
- Staff we spoke with were aware of medicine management policies for reference purposes.

## Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

- In April 2014 there was minimal evidence that staff had received recent Mental Capacity Act and deprivation of liberty safeguards training. Safeguarding committee reports January 2014 indicated only 9% of staff trust-wide had attended. The trust safeguarding committee recognised this as a significant risk and reported that this should be escalated to Quality Governance. This is a risk as County Hospital Louth is registered to provide treatment to patients who are detained under the Mental Health Act and therefore staff need to fully understand how to support these vulnerable people safely.

- In March 2015 consent, Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) training was delivered with safeguarding training. We found improved completion of MCA and DoLS training, delivered as part of safeguarding training.

## Safeguarding

- The outpatient sister noted that safeguarding training had been actioned for all staff but there was no robust evidence to support this and two staff spoken with had not attended this training recently.
- The safeguarding committee January 2014 noted that the current central training figures indicated that less than 20% of staff had attended updated level 1 and 3 safeguarding training and only 23% have attended level 2. This is a concern as all staff involved with the care of vulnerable Adults and Children should receive this training on a regular basis to ensure they recognise and act on concerns relating to abuse.
- In March 2015 staff receiving Level 1 safeguarding training as at 14 December 2014 for children and adults was 86% and 71% respectively. Level 2 safeguarding was 36% and 50% respectively. Although these training rates were improved since our inspection in April 2014, they still did not meet trust required levels.
- All qualified staff had been booked to attend the training in March 2015.
- Senior OPD staff told us safeguarding training had been prioritised in the next training year starting from April 2015.

## Mandatory training

- In April 2014 staff and managers we spoke with noted that the central electronic recording system was not currently robust and did not always reflect training attendances accurately. It was clear during the inspection that training records were poor, we received differing percentages of attendees from staff in different units and reports we looked at confirmed that the trust were not compliant with the current mandatory training requirements: such as fire and infection control training at County Hospital Louth for 2013 was 64%.
- There was no evidence of basic adult and child life support training and two staff confirmed they had not attended in the last three years.
- We saw poorly completed paper records of training attendances which the outpatient sister maintained because the central electronic recording system was not

# Outpatients

robust and did not reflect the department's attendances. It was not possible to be assured by these records that staff were receiving relevant mandatory training due to the omissions and poor presentation.

- Staff we spoke with in March 2015 told us opportunities for completing mandatory training modules had improved over the previous twelve months. However, although the number of staff attending training had increased the department was still not attaining the trust's acceptable level of 95%.
- Records we viewed demonstrated that 93% of staff had completed fire training and 86% moving and handling. Other training elements included equality and diversity at 86% and infection prevention and control at 86%.
- The hospital had introduced a training room in the hospital. On 2 March 2015, this training room had been allocated and staff were waiting for it to be fully equipped and resourced. Staff told us they were looking forward to being able to receive training at Louth in the near future instead of travelling to Lincoln or Boston, which took a lot of time.

## Assessing and responding to patient risk

- In April 2014 the sister and staff in the outpatients department confirmed that they had not received training in the recognition or management of the deteriorating patient.
- There had been no simulations to test staff response to a collapsed patient in the outpatients which is a concern as patients especially post-surgery could be at risk.
- In March 2015 we were informed staff had still not received any simulation training to test staff response to a collapsed patient despite requesting it.
- On 2 March 2015 we found 86% of staff had received training on slips and 71% on risks.

## Nursing staffing

- The outpatient sister was not supernumerary and staff noted a lack of admin support at times when clinics were busy especially at weekends.
- The HR report 31 January 2014 noted that the trust percentage sickness absence rate continues to reduce and for the 12 months ending December 2013 stands at 4.80%. This is the lowest it has been since 2008.

## Medical staffing

- County Hospital Louth is open six days a week and staff reported that there was adequate medical cover during those times. This means nursing staff were not taken from nursing duties.
- There had been no incidents or concerns raised through patient and staff feedback mechanisms to indicate any problems with medical staffing at the hospital. The executive lead for County Hospital Louth confirmed there was always medical cover on-site and overnight for inpatients.

## Health and safety

- In April 2014 health and safety awareness training for staff was lacking.
- We looked at risk assessments which were basic, lacked detail and did not fully reflect the risks of the department such as environmental risks to children, lone worker protection and the decontamination practices for equipment.
- There had been no health and safety meetings on-site in the last four years. This had been raised in an educational audit for Nursing and Midwifery practice placements December 2013 but no action plan was observed.
- The Health and Safety strategy 2013-2015 recognises the need for improved staff engagement and training and we saw there were plans in place to address this in the coming year.
- In March 2015 health and safety training for staff had increased to 71%.
- Work was on-going for risk assessments in the department and it had been acknowledged that further work was required and a meeting had been arranged between the senior nurse in OPD and the health and safety lead to discuss the issues.
- Regular health and safety meetings had been put in place for the hospital. A representative from the OPD had been appointed to attend. The action log drawn up as a result of the meetings were discussed in the department.

# Outpatients

## Are outpatients services effective?

Not sufficient evidence to rate

The outpatient department could demonstrate that there was a collaborative approach to care and treatment. Staff could demonstrate systematic processes for implementing and monitoring the use of best practice guidelines/standards and demonstrated good outcomes to patients through the care and treatment provided.

However, we found that staff were not always supported to participate in training and development which would enable them to deliver good effective quality care, this requires improvement.

**We did not re-inspect this aspect of the service in February 2015.**

### Evidence-based care and treatment

- We saw examples of local policies such as: management of whole life medical devices which made reference to current national guidance to support evidence-based care.

### Patient outcomes

- Patients gave positive feedback about the doctors they saw in the clinics.
- Patients reported that waiting times whilst in the clinic were good.

### Competent staff

- The outpatient sister confirmed that all staff had received an appraisal, but she herself had not had one for two years, nor had the receptionist. Clinical supervision was not offered and one-to-one meetings with line managers were not actioned regularly. The lead matron reported that outpatients was next to have a review and it was recognised that band 7 staff needed more supervisory time.
- Staff confirmed they had team meetings to update on local practices and service developments but there was minimal evidence of formal minutes to support this.
- Mandatory training was limited and one staff member noted it would be good to have wound care updates, which highlights concerns as to whether core skills were being updated appropriately.
- There is currently no registered children's sick nurse available for the children's outpatient clinics.

- There is an irritable bowel disease nurse specialist who provides a regular outpatient clinic at County Hospital Louth to help people manage their condition.
- Regular pain management clinics are provided to help people cope with long standing illnesses.

### Multidisciplinary working

- Staff told us there was good team work and medical input was good. Liaison with GPs was satisfactory although referral letters were sometimes not in place.

## Are outpatients services caring?

Good

Feedback we received shows that staff are kind and have a caring, compassionate attitude and build positive relationships with people using the service and those close to them. Staff spend time talking to people, or those close to them. We could see that people value their relationships with staff and have experienced effective interactions with them. We saw that staff approach people in a person-centred way.

All the patients and carers we spoke with would recommend County Hospital Louth to family and friends. We looked at the Friends and Families Test results for the last year and it showed that they have scored 100% in nearly all of the Friends and Family Tests during the last year.

**We did not re-inspect this aspect of the service in February 2015.**

### Compassionate care

- All the patients and carers we spoke with would recommend County Hospital Louth to family and friends. We looked at the Friends and Families Test results for the last year and it showed that they have scored 100% in nearly all of the Friends and Family Tests since they began.
- We did not speak to any out patients during this inspection, but a recent review in February 2014 by CQC noted patients told us staff were attentive. One patient said, "Nothing is too much trouble." A patient who had been visiting the hospital for a few years told us, "I've



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been coming here two or three times a year for the last twenty years. It's always been very good, you can't fault it." One other patient told us they had received, "Absolutely excellent care."

## Patient understanding and involvement

- County Hospital Louth was found to be compliant with involvement of patients in their treatment and consent to care practices by CQC in February 2014.
- Six patients and two carers spoken with during the inspection would recommend County Hospital Louth to family and friends.

## Emotional support

- We saw good interactions between staff and patients in the outpatient department and the interviews with staff indicated a caring supportive service.

## Are outpatients services responsive?

Good



Systems were in place to support patients' individual needs. Staff ensured that both the complaints procedure and ways to give feedback were easy to use and encouraged patients, their relatives and those close to them to provide feedback about their care.

Patients wait as little as possible for services, treatment or care. Waiting times were in line with standards in the NHS constitution.

**We did not re-inspect this aspect of the service in February 2015.**

## Access and flow

- We looked at the performance and target report which showed regular monitoring of access to services. Where referral to treatment for admitted and non-admitted patients was below target in November 2013 a clear action plan was in place to improve access such as: mandatory weekly monitoring meetings to improve access.
- The data pack showed that the majority of waiting times regarding referral to treatment showed no evidence of risk.

## Meeting people's individual needs

- Staff were aware of supporting people with complex needs such as learning disabilities. We saw easy read

information leaflets and "All about me" Health passports which provide an overview of the person's individual needs set out in a way that can be understood by all persons involved including the patient.

- Staff confirmed that translation services could be accessed through language line for people whose first language was not English.

## Learning from complaints and concerns

- We saw reports which showed complaints and concerns are monitored by the provider centrally.
- 412 enquiries were handled by the Patient Advice and Liaison Service during January 2014; eight were recorded for County Hospital Louth.
- Complaints posters were displayed in some areas, patients told us they would raise concerns if needed. Staff and managers all told us that the number of complaints was low at County Hospital Louth and staff would always try and resolve any concerns straight away before they became a problem.

## Are outpatients services well-led?

Good



While the overall clinical performance and patient satisfaction was good in April 2014, there was a lack of shared vision and strategy with the staff to assure them of a sustainable future. More visible leadership was required to ensure that County Hospital Louth services are well-led.

Staff noted there was a disconnect between leadership at board level and frontline clinical teams in the hospital. Staff engagement was lacking and formal communication practices were limited which resulted in staff not always being fully aware of the bigger picture or future plans.

In March 2015 leadership had improved with the appointment of a matron for County Hospital Louth. Staff felt better connected with the rest of the hospital sites in the trust although work was needed to embed formal governance processes in the department.

## Vision and strategy for this service

- In April 2014 staff were not fully aware of the vision and strategy for the development of County Hospital Louth.

# Outpatients

They noted they had received a briefing before the inspection, but there was no formal system to engage them on a regular basis apart from information provided on the intranet system.

- In March 2015 staff felt more engaged with senior management in the trust. A senior member of staff informed us they were getting additional information from the trust although it was not always relevant to the department.
- There was an improvement plan for the department; part of phase 2 for the trust's outpatients departments. However, at the time of our inspection on 2 March 2015 no details had been shared with staff.

## Governance, risk management and quality measurement

- In April 2014 the overall clinical performance and patient satisfaction at County Hospital Louth was good, ward to board quality matrix March 2014 scored 100%, however, staff were not aware of development plans to ensure a clear quality pathway for continual improvements in the future.
- We found staff were not clear on the governance arrangements in the trust. While they were aware of local audit and performance outcomes and clear on day-to-day risk management practices they indicated there was little formal feedback. This was supported by the fact that there was minimal evidence of minutes of formal unit/ward meetings to show that staff and line managers were involved in risk management developments and quality strategies.
- Staff did not feel well informed on lessons learned across the trust. We were informed by the executive lead that a communication champion was currently being considered to improve this.
- In March 2015 we found senior nursing staff in the outpatient department compiled monthly information updates for all staff in the department. Staff were aware of any information as this was kept in a file; signatures of staff were required to ensure they had read the information.
- Any urgent information that staff were required to see was attached to the fridge door in OPD staff kitchen.
- In March 2015 we found the department lead nurse attended pan-trust sister's meetings to exchange ideas and receive feedback from any issues that had been raised. Minutes of meetings were available.

- A Louth user group had been set up for staff from each department to discuss issues raised across the site. The group meets each month following the health and safety meeting.
- We found staff meetings were regularly held by senior nursing staff and minutes were recorded.
- Governance in the outpatients department was informal. Although senior nursing staff in the outpatient department were able to access trust governance teams, the staff were not aware how the department was included in corporate systematic governance processes. On discussion with the senior manager on site it was agreed the issue should be taken forward as a priority.
- Individual risks and concerns with regard to patients were brought to the attention of the medical secretaries based in Lincoln.
- Senior nursing staff confirmed they could and did contact speciality secretaries in Lincoln to get information about changes to trust management structures, which might affect the outpatient department. However, the outpatient department was not routinely included in the dissemination of this information.

## Leadership of service

- In April 2014 staff noted there was a disconnect between leadership at board-level and frontline clinical teams in the hospital. They felt there was no visible leadership on-site although the lead matron and executive lead were approachable and supportive when they visited.
- We spoke with the executive lead and matron who both acknowledged there was no recognised management lead and actions were being taken which included a rota of five senior leads from the trust to ensure a visible leader on-site at least once a week to support staff and update them on service developments.
- In March 2015 we found a matron had been appointed for Louth in September 2014. The matron visited the hospital on a weekly basis from Lincoln where they held other responsibilities; they were available via email or telephone at other times. Staff we spoke with had developed a good rapport with their matron and felt confident in their ability to resolve issues.
- The trust held a monthly team brief across all its hospitals delivered by a senior member of the executive



# Outpatients

team. Louth's team brief was delivered in person where possible or via video conferencing. We were informed this facility was not always available and staff could not always be released to view it.

- Staff had access to the trust's weekly news round-up which was delivered via email. It included items relating to staff appointments and training and development.

## Culture within the service

- In April 2014 staff told us the culture was open and listening, but not always proactive in making changes. We noted a lack of managerial support for the sister in outpatients to enable service developments and empowerment of staff to facilitate changes for quality improvements such as waiting times during busy clinics.
- In March 2015 we were informed the regular presence of a matron for the site had been a big improvement for the hospital although the lead nurse in OPD was not line managed by them. They did however visit the department on a regular basis.
- There was no evidence of consideration of equality and diversity; the executive lead stated they have just formed an equality and diversity board to address this.
- In March 2015 we found equality and diversity training had been delivered to 86% of staff which had raised their awareness of the subject.
- In March 2015 County Hospital Louth staff told us they felt better represented in the trust.

## Public and staff engagement

- Staff at County Hospital Louth asked the Listening into Action team to help them get an executive director lead for the site, as there had been leads allocated for the other trust sites but none for County Hospital Louth – they felt the trust had responded positively and listened as a new executive lead was introduced and recently actioned a briefing session for staff.
- A patient we spoke with had attended a "Listening into Action" event and was really impressed with the opportunity to sit with staff and discuss service improvements and developments.
- Patients and public consistently indicate they would recommend County Hospital Louth to family and friends.
- In March 2015, we found staff had actively participated in Listening into Action TM projects.

## Innovation, improvement and sustainability

- In April 2014 we saw that the annual plan recognises the need to regenerate services at County Hospital Louth but staff were not aware of this.
- Staff told us the outpatient service provided was good, but there was no protected time put aside for developing services or considering quality improvements.
- In March 2015 we were aware the patients who used the outpatient service at Louth were complimentary of the service they received. A quality survey was in progress and we noted patients were highly satisfied.

# Outstanding practice and areas for improvement

## Outstanding practice

- Feedback from people who use the service, those who are close to them and stakeholders, is consistently positive about the way staff treat people at County Hospital Louth.

## Areas for improvement

### Action the hospital **MUST** take to improve

- The trust must take action to ensure that mandatory training is provided in a timely manner and monitored

robustly, so that staff are supported in relation to their responsibilities. This will enable them to deliver care and treatment to service users safely and to an appropriate standard.