United Lincolnshire Hospitals NHS Trust

Review into the Quality of Care & Treatment provided by 14 Hospital Trusts in England

Key Findings and Action Plan following Risk Summit

July 2013
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1. Overview

A risk summit was held on 9 July 2013 to discuss the findings and actions of the Rapid Responsive Review (RRR) of United Lincolnshire Hospitals NHS Trust ("the Trust"). This report provides a summary of the risk summit including the Trust response to the findings and an action plan for the urgent priority actions from the RRR. The action plan includes any agreed support required from health organisations, including the regulatory bodies.

Overview of review process

On 6 February 2013 the Prime Minister asked Professor Sir Bruce Keogh, NHS England Medical Director, to review the quality of the care and treatment being provided by those hospital trusts in England that have been persistent outliers on mortality statistics. The 14 NHS trusts which fall within the scope of this review were selected on the basis that they have been outliers for the last two consecutive years on either the Summary Hospital Mortality Indicator (SHMI) or the Hospital Standardised Mortality Ratio (HSMR)\(^1\).

These two measures are intended to be used in the context of this review as a ‘smoke alarm’ for identifying potential problems affecting the quality of patient care and treatment at the trusts which warrant further review. It was intended that these measures should not be reviewed in isolation and no judgements were made at the start of the review about the actual quality of care being provided to patients at the trusts.

Key principles of the review

The review process applied to all 14 NHS trusts was designed to embed the following principles:

1) **Patient and public participation** – these individuals have a key role and worked in partnership with clinicians on the reviewing panel. The panel sought the views of the patients in each of the hospitals, and this is reflected in the reports. The Panel also considered independent feedback from stakeholders related to the Trust, received through the Keogh review website. These themes have been reflected in the reports.

2) **Listening to the views of staff** – staff were supported to provide frank and honest opinions about the quality of care provided to hospital patients.

3) **Openness and transparency** – all possible information and intelligence relating to the review and individual investigations will be publicly available.

4) **Cooperation between organisations** – each review was built around strong cooperation between different organisations that make up the health system, placing the interest of patients first at all times.

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\(^1\) Definitions of SHMI and HSMR are included at Appendix I of the full Rapid Responsive Review report published here [http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx](http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx)
Terms of reference of the review

The review process was designed by a team of clinicians and other key stakeholders identified by NHS England, based on the NHS National Quality Board guidance on rapid responsive reviews and risk summits. The process was designed to:

- Determine whether there are any sustained failings in the quality of care and treatment being provided to patients at these Trusts.
- Identify:
  - Whether existing action by these Trusts to improve quality is adequate and whether any additional steps should be taken.
  - Any additional external support that should be made available to these Trusts to help them improve.
  - Any areas that may require regulatory action in order to protect patients.

The review followed a three stage process:

- **Stage 1 – Information gathering and analysis**

This stage used information and data held across the NHS and other public bodies to prepare analysis in relation to clinical quality and outcomes as well as patient and staff views and feedback. The indicators for each trust were compared to appropriate benchmarks to identify any outliers for further investigation in the rapid responsive review stage as Key Lines of Enquiry (KLoEs). The data pack for the Trust is published at [http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx](http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx)

- **Stage 2 – Rapid Responsive Review (RRR)**

A team of experienced clinicians, patients, managers and regulators, following training, visited each of the 14 hospitals and observed the hospital in action. This involved walking the wards and interviewing patients, trainees, staff and the senior executive team. This report contains a summary of the findings from this stage of the review in section 2.

The three day announced RRR visit took place at the Trust's three acute sites: Grantham Hospital, Lincoln County Hospital and Pilgrim Hospital Boston on Monday 17 June, Tuesday 18 June and Wednesday 19 June 2013 respectively. The unannounced out-of-hours visit took place at Lincoln County Hospital and Pilgrim Hospital, Boston on the evening of Thursday 20 June 2013. A variety of methods were used to investigate the Key Lines of Enquiry (KLoEs) and enable the panel to analyse evidence from multiple sources and follow up any trends identified in the Trust's data pack. The KLoEs and methods of investigation are documented in the RRR report for United Lincolnshire Hospitals NHS Trust. A full copy of the report was published on 16 July 2013 and is available online: [http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx](http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx)

- **Stage 3 – Risk summit.**

This stage brought together a separate group of experts from across health organisations, including the regulatory bodies (Please see Appendix I for a list of attendees). The risk summit considered the report from the RRR, alongside other hard and soft intelligence, in order to make judgements about the quality of care being provided and agree any necessary actions, including offers of support to the hospitals concerned.
The Risk Summit was held on 9 July 2013. The meeting was Chaired by Paul Watson, NHS England Regional Director (Midlands and East), and focussed on supporting the Trust in addressing the urgent actions identified to improve the quality of care and treatment. The opening remarks of the Risk Summit Chair and presentation of the RRR key findings were recorded and are available online: http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx

Conclusions and priority actions

The review identified that the Trust has been developing its quality strategy over the last few years but with constant change in leadership, it had been challenging to make systematic improvements in quality.

The review team identified a number of concerns at the Trust which may impact on the quality of care and treatment being provided to patients, including:

- Inadequate staffing levels and poor workforce planning - staffing concerns were escalated to CQC and further investigation is underway
- A disconnect between leadership at Board level and leadership at clinical levels within the organisation, which may be contributing to the lack of knowledge in staff of the quality strategy
- Lack of clarity around escalation procedures leading to inconsistent application and use across the Trust sites
- Patient experience is not at the heart of the organisation and the complaints process is not fit for purpose
- Lack of staff awareness of the Mental Capacity and Deprivation of Liberty Act 2005 which may affect the care patients with mental health needs receive
- Issues with the completion of do not attempt resuscitation (DNAR) forms which the Trust has immediately reviewed and rectified.

The RRR Panel noted that the staff were dedicated, loyal and committed, but there were examples where they needed better, more joined up leadership. The RRR identified a number of areas of good practice, although these were applied inconsistency. The RRR Panel noted that many of the recommendations contained in the report are within the gift of the Trust, with some joint working required within the health community on capacity and staffing issues.

The Trust accepted the findings and considered that it had many actions already underway to address the concerns. The risk summit challenged management to consider why these actions had not had the necessary impact before to ensure quality improvements are progressed quickly.

Next steps

As the risk summit had focused on urgent priority actions, the Trust also agreed to provide a detailed action plan to all outstanding concerns included in the RRR report by 6 August 2013.

Follow up of the RRR and risk summit action plan will be undertaken by other organisations within the system, including CQC and GMC visits. A formal follow up will consist of a desktop review and a targeted two day site visit to the Trust in September or October 2013 reviewing key areas to understand the improvements that have taken place. A report of the follow up findings will be issued to the risk summit attendees and will consider, if there are significant remaining concerns, whether to convene a further risk summit.
2. Summary of Review Findings and Trust response

Introduction

The following section provides a summary of the RRR panel’s findings and the Trust’s response presented at the risk summit. The detailed findings are contained in the Trust’s RRR Report. The Trust’s response was presented by Jane Lewington, Chief Executive, supported by Neill Hepburn, Medical Director, and Eiri Jones, Interim Director of Nursing. The agreed action plan in response to the urgent priorities is included in the following section.

Overview of Trust response

The Trust welcomed the review and its findings and recognised the issues identified. The Trust accepted the report as a fair account and accepted that although it had improved over the last three years in relation to patient safety and mortality, further improvement is needed and it plans to continue in a sense of openness and transparency.

The Trust stated that the review confirmed the areas of concern that it was already working on but also identified some additional areas of focus. The need for a clear linkage between the Trust executives, non executives and staff on the ground was recognised as a particular area for attention. The Chief Executive recognised that the Trust had committed and loyal staff groups and it would need to engage with them effectively on any plans. The Trust response to staffing and quality is being considered in the context of an ongoing sustainability review alongside assuring quality of care. The Trust confirmed that they would be seeking some external support and guidance in implementing the recommendations, in particular from the Trust Development Authority (TDA).

Summary of Review Findings

1. Disconnect between Board level and clinical leadership

The panel observed strong clinical leadership from the matrons at hospital and ward level but identified there was a disconnect between this clinical leadership at ward level, medical clinical leadership (especially at Lincoln County Hospital) and the clinical directors and the Board (both executive and non executive directors).

Recommendation

The Trust should ensure there are clear and active discussion lines between the clinical leaders at ward level, the clinical directors and the Trust Board to ensure that leadership of the organisation is joined up and consistent. The Trust should focus on engaging clinical teams rather than specialties or separate professional groups.

The Executive Team recognise the need to build stronger connections between leadership at Board level and leadership at clinical level. It is critical that this recognition is adopted across the entire Trust, by all staff groups and by the whole Board.

Trust response

The Trust has undertaken a cultural diagnostic and is looking to implement a ‘visible leadership’ action plan, which is already underway. The leadership team will, in the
1. Disconnect between Board level and clinical leadership

Future, be distributed across the three main sites and new responsibilities will be allocated to executives, such as complaints management and so that the concerns of staff can be heard more readily than they have been in the past. This will be supplemented by a Board Competency Review to address gaps in capability and competency across the Board.

The Trust is planning to use the shop-in-shop program to improve leadership and this will be rolled out across the organisation. This is the Trust’s approach to getting multi-disciplinary team members together to understand what the team does well and where improvements can be made.

The Risk Summit asked the Trust to consider the impact of its existing initiatives as they had not seen the effects that they would hope to achieve.

2. Weakness in the escalation processes

The panel was unable to easily see or understand how escalation worked as there seemed to be no standardised process in operation across the specialties and sites. Staff were unable to articulate the escalation policy that was consistent and trust wide. There was a Track and Trigger warning score in place although it was not clear that this was being used appropriately.

Recommendation

The Trust should seek to clarify its escalation policy and ensure that it uses the ‘track and trigger’ system effectively across all the Trust sites. Staff should ensure that escalation responses are appropriate and well documented in response to managing deteriorating patients.

In addition the Trust should ensure that patient flow is planned and managed appropriately and there is consistent and early use of existing escalation policy. An IT solution also needs to be found to allow the ambulance inbound system to be visible in A&E.

Trust response

The Trust is looking, in the short term to re-launch its escalation policy in relation to managing the deteriorating patient and managing patient flow. The Trust recognises that it needs to standardise its escalation policy with respect to managing patient flow.

The Trust is looking to move to a 24 hours a day, 7 days a week outreach service on all sites with 7 day a week doctor review. The Trust will achieve this by recruiting 1.5 whole time equivalent nurses to support this function.

In addition the Trust is implementing a review of its early warning score (EWS) system to ensure it is in line with best practice. The current ‘Track and Trigger’ system is standardised across the whole Trust but will be re-launched in line with the recommendation above.

The Trust will continue on its journey with the Ambulance Trust to implement the ambulance inbound.
3. Confusing complaints process

The panel found a number of issues related to the complaints process:

- There were a number of complaints raised at the Patient and Public listening events where patients raised concerns that their complaint had not been responded to satisfactorily.
- Patients told the panel that they felt ‘scared’ to complain as they were worried they would be labelled and this would affect the quality of the care they received.
- There was a perceived lack of visibility of complaints methods by patients including confusion about whether PALs actually exists. All complaints are referred to an administrative function and there is no sign off of complaints by the Chief Executive, Medical Director or Director of Nursing.
- Complaints are dealt with on a department by department basis and the process is inconsistent.

Based on patient feedback, no one appeared to control or own the complaints process and learning is not systematic or Trust wide.

**Recommendation**

The Director of Nursing and the Company Secretary should review the handling of complaints and the processes whereby complaints can be systematically fed back and used by staff teams to improve service delivery. This should include creation of PALs. Complaints should be seen as everyone’s responsibility – not just the complaints team / board.

**Trust response**

The Trust recognises the limitations of its current complaints process and will perform an initial review with immediate effect. The Trust will move immediately to ensure executive oversight and Board governance of complaints as well as patient-led review of complaints.

The Trust will introduce PALs, who will eventually be based at the entrance to all three main hospital sites.

The Trust has a long term goal of embedding the management of complaints within clinical teams e.g. consultant complaint clinics.

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4. Making patient experience central to the Trust’s strategy

The panel found that patient experience is not integrated into the Trust’s strategy. The approach to patient experience was inconsistent across the Trust and the Trust approach could not be articulated by key staff groups both at focus groups and as part of our interviews and observations.

**Recommendation**

The Trust should implement a patient experience action focussed improvement plan that should include:
4. Making patient experience central to the Trust’s strategy

- real time patient feedback
- evidence of listening and responding
- using and working with patients to co-design service improvement

Trust staff should be engaged with this process.

**Trust response**

The Trust accepts the finding from the review. The Trust is looking to conduct its own patient listening events and will introduce ‘You said. We did’.

The Trust will undertake triangulation of patient experience, staff experience and SI to inform this.

The Risk Summit challenged the Trust to perform a root and branch review of its Patient Experience Strategy and the Trust accepted that this would be the most appropriate action in response to the recommendation.

5. Sub-optimal staffing

Staffing levels were, in some areas and at certain times of the day, low. There were not enough staff to do the tasks that are required of them for consistently high quality care. The panel formally escalated its concerns to the CQC. Issues in relation to staffing are summarised as follows:

- Low numbers of nurse staffing, especially out of hours and at weekends and on wards with high dependencies for example, patients who need help with eating. Additionally overnight nursing cover was a significant concern at Grantham Hospital.
- A lack of middle grade medical staff cover, especially out of hours and at weekends.
- High use of locums, as well as bank and/or agency to fill staffing gaps. Staff on some wards stated that bank and/or agency nursing staff were used every day. Agency nurses are limited, by Trust policy, in the tasks they can (such as undertaking intravenous administrations) to maintain patient safety. This increases the burden on existing staff.
- Problems with recruitment. Consultants told the panel that they had concerns about the inability to recruit consultants to the following specialties: A&E, Radiology in general and breast and interventional radiology in particular, Health Care of the Elderly physicians and Stroke physicians.
- The ratio of trained to untrained staff was considered too low.

**Recommendation**

The Trust should urgently implement the recommendations of its nurse staffing review, in particular taking account of: nursing numbers and appropriate use of agency and bank staff; Matron cover at Pilgrim Hospital, Boston; dependency of patients including 1:1 care, assistance with eating and assistance using toileting facilities.
5. Sub-optimal staffing

The Trust should also consider urgently middle grade cover and appropriate supervision of junior doctors, especially out of hours.

The Trust needs to consider whether to close beds so as to staff the wards properly given the current levels of staffing.

**Trust response**

The Trust is currently undertaking a Sustainable Services Review alongside its health and social care partners which is looking to define the future direction of the Trust. The Trust has identified that staffing decisions need to be taken in the round and in conjunction with this review, which will enable the Trust to develop a longer term recruitment plan.

The Trust recognises the need to address immediate patient safety and quality of care concerns and is therefore committed to discussing staffing levels and/or capacity reductions with its commissioners. The Trust will urgently undertake discussions with the CCG to put in place action and ensure that there is a safe, stable environment to deliver services in. These discussions will outline whether to increase funding and staffing or to reduce beds to enhance service delivery. After an initial conversation the Trust will establish a four way meeting to include TDA and NHS England to gain their input and sign-off on decisions.

The Trust has held a staffing open day, receiving 115 applications. The Trust has promised to appoint all suitable candidates, regardless of specific vacancies, as the current turnover of staff is such that vacancies will come up soon and this will help with the summer surge.

6. Poor workforce planning

The Trust has made limited progress towards 7-day working and out of hours medical staffing needs improvement. Additionally the Trust does not have recruitment plans and no plans in place to cover maternity leave, sickness and annual leave other than through the use of agency, bank staff or, in the case of medical staffing, locums. The panel also identified a number of other issues in relation to workforce planning:

- Gaps in establishment numbers of various wards and specialties
- Problems recruiting to key consultant posts
- Late recruitment of student nurses
- Lack of planning to support sickness absence, maternity leave etc

**Recommendation**

The Trust should document and implement a recruitment plan with immediate effect to fill the short term vacancies but also consider its medium term requirements. The
6. Poor workforce planning

Trust should also seek to firm up its strategic plans, including the level of future service provision at all three main hospital sites and the community sites. This should be done in conjunction with stakeholders. Student nurse posts should be advertised earlier.

Trust response

In the short term, the Trust is seeking to recruit additional nurses as part of the results of the Nurse Staffing Review. This will see £7m invested in staffing over the next two years. The Trust recognises the need to consult with its commissioners on the pace and rigour of implementation. The Risk Summit recognised the challenges that the Trust faces in relation to its sustainability review and agreed the most appropriate way forward was for the Trust to enter into dialogue with its commissioners to find a long term solution to the staffing challenges it faces. As a separate measure the Trust is proactively attempting to develop locums and convert them to full time staff.

7. Poor knowledge of the quality strategy

The Quality strategy has not been communicated effectively to site staff and therefore this could not be clearly articulated by the staff we spoke to. Without a clear quality strategy and shared goals among staff there are no consistent priorities across the three sites to improve the quality of care provided. A well understood quality strategy would help to engage staff to improve the quality of care.

Recommendation

The Trust should continue to confirm and communicate its key quality priorities for the Trust to staff using campaigns and listening events as well as emails, the intranet and Ward to Board initiatives.

Trust response

Whilst the Trust has a quality strategy, the Trust recognises the need to communicate the plan to enhance awareness of Quality and Safety strategy, including cascade of info to all staff groups.

The Risk Summit challenged the Trust to consider whether the current Quality and Safety strategy is fit for purpose and the Trust agreed that, with the support of the TDA, it will consider its quality and safety strategy alongside work on Board development.
8. Common understanding of the Mental Capacity and Deprivation of Liberty Act

Concerns were identified by the panel in relation to the Mental Capacity and Deprivation of Liberty Act 2005 (MCA) including observing staff not following the appropriate guidelines for dealing with a patient with potential mental health needs. Having asked a number of Matrons, sisters and staff nurses the panel’s observations was that there is a lack of understanding of the Mental Capacity and Deprivation of Liberty Act 2005, with the most common response being to ask the Trust safeguarding lead.

Recommendation

Staff should ensure that they are fully compliant with mandatory training requirements and adult safeguarding should be given clinical engagement as a matter of urgency.

Trust response

Whilst the Trust has a MCA Policy in place, it recognises the need to re-launch this and the associated training.

9. Weaknesses with the DNAR forms

The panel observed a number of issues with the completion of DNAR forms:
- Inconsistent consultation and discussion with patients and relatives
- Inconsistent sign off by consultants
- Inappropriate review of DNAR forms

Recommendation

The Trust has already undertaken an immediate review of all patients with DNAR forms to ensure they are accurately and adequately completed. This was completed immediately by the Trust. The Trust should review its process and policies for the completion for DNAR forms to ensure they meet best practice and legal requirements

Trust response

The Trust immediately performed a review of the DNAR forms within the hospital and it plans to implement review of current DNAR process and implement care bundle approach supplemented by monthly audits.
3. Risk Summit Action Plan

Introduction

The risk summit developed an outline plan focused on the urgent priority actions from the RRR report. The following section provides an overview of the issues discussed at the risk summit with the developed action plan containing the agreed actions, owners, timescales and external support.

Action plan

<table>
<thead>
<tr>
<th>Key issue</th>
<th>Agreed action and support required</th>
<th>Owner</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Disconnect between Board level and clinical leadership</td>
<td>The Trust should implement ‘shop in shop’ for gastroenterology and diabetes services at Lincoln County Hospital.</td>
<td>Trust</td>
<td>Starting in September 2013 an ongoing for 3 months</td>
</tr>
<tr>
<td></td>
<td>The Trust should implement its Visible Leadership plan. This will include:</td>
<td>Trust</td>
<td>August 2013</td>
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<tr>
<td></td>
<td>* Relocation of directors</td>
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<tr>
<td></td>
<td>* Weekly ‘corporate day’</td>
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<td></td>
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<tr>
<td></td>
<td>* Allocation of additional responsibilities to executives</td>
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<tr>
<td></td>
<td>The Trust should work with the TDA to ensure that the Board is filled by substantive post holders with sufficient capacity to deliver functions effectively.</td>
<td>Trust and TDA</td>
<td>With immediate effect</td>
</tr>
<tr>
<td></td>
<td>The Trust should create a plan for its Specialty Governance Review. The Trust should consult on this plan with it key stakeholders. The Trust should complete and implement this Specialty Governance Review.</td>
<td>Trust</td>
<td>Within 4 weeks By September 2013 By January 2014</td>
</tr>
<tr>
<td></td>
<td>The Trust should work with the TDA to undertake a Board diagnostic. The Trust should develop and implement a plan in response to the Board diagnostic.</td>
<td>Trust and TDA</td>
<td>July 2013 August 2013</td>
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<tr>
<td>Key issue</td>
<td>Agreed action and support required</td>
<td>Owner</td>
<td>Timescale</td>
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<tr>
<td>2. Weakness in the escalation processes</td>
<td>The Trust should move the resuscitation function to critical care to form part of the outreach team. The Trust will move to a 24/7 model of outreach at Lincoln and Boston. The Trust should therefore ensure recruitment of sufficient nurses to this team.</td>
<td>Trust</td>
<td>December 2013</td>
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<tr>
<td></td>
<td>The Trust should re-launch its Track and Trigger system.</td>
<td>Trust</td>
<td>Within 3 weeks</td>
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<tr>
<td></td>
<td>The Trust should re-launch its current escalation policy with respect to patient flow.</td>
<td>Trust</td>
<td>Within 2 weeks</td>
</tr>
<tr>
<td>3. Confusing complaint process</td>
<td>The Trust should introduce a PALs function.</td>
<td>Trust</td>
<td>September 2013</td>
</tr>
<tr>
<td></td>
<td>The Trust should invest in developing a suitable location for the PALs function at the front entrance to each of its main hospital sites.</td>
<td>Trust</td>
<td>December 2013</td>
</tr>
<tr>
<td>4. Making patient experience central</td>
<td>The Trust should undertake a review of its current complaints process and develop a suitable replacement that is fit for purpose.</td>
<td>Trust</td>
<td>Within 4 weeks</td>
</tr>
<tr>
<td></td>
<td>The Trust should undertake a fundamental review of its Patient Experience strategy.</td>
<td>Trust</td>
<td>October 2013</td>
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<tr>
<td></td>
<td>The Trust will be supported by the TDA in this.</td>
<td>Trust</td>
<td></td>
</tr>
<tr>
<td>5. Sub-optimal staffing</td>
<td>The Trust should engage in an urgent dialogue with its commissioners to determine whether higher staffing levels can be sustained or if reduction in bed capacity should be auctioned. Following on from this discussion, the Trust should engage in a discussion with NHS England, the TDA and commissioners to discuss any actions arising and the impact on the health economy as a whole.</td>
<td>Trust</td>
<td>By the end of July 2103</td>
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<tr>
<td></td>
<td>The Trust should implement live reporting of staffing levels on all wards across all three sites and report weekly to the TDA.</td>
<td>Trust</td>
<td>With immediate effect</td>
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<tr>
<td>Key issue</td>
<td>Agreed action and support required</td>
<td>Owner</td>
<td>Timescale</td>
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<tr>
<td><strong>6. Poor workforce planning</strong></td>
<td>The Trust should start recruitment for student nurses earlier on in the cycle.</td>
<td>Trust</td>
<td>With immediate effect</td>
</tr>
<tr>
<td>Workforce planning is poor with no recruitment plans and no plans in place to cover maternity leave, sickness and annual leave other than through the use of agency, bank staff or, in the case of medical staffing, locums.</td>
<td>The Trust should implement an escalation procedure for staffing. This should also consider planning for extended sickness absence.</td>
<td>Trust</td>
<td>Within 4 weeks</td>
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<tr>
<td></td>
<td>The Trust should work with the Deanery to understand its trainee posts from August and to consider converting locum positions to be substantive.</td>
<td>Trust</td>
<td>With immediate effect</td>
</tr>
<tr>
<td><strong>7. Poor knowledge of the quality strategy</strong></td>
<td>The Trust should re-launch its current quality strategy to address the immediate concern raised.</td>
<td>Trust</td>
<td>With immediate effect</td>
</tr>
<tr>
<td>Quality strategy could not be articulated by all staff and non executive directors.</td>
<td>The Trust should incorporate a review of its quality strategy into recommendation 1 above and work with the TDA to ensure it is fit for purpose, including benchmarking against best practice.</td>
<td>Trust</td>
<td>With immediate effect</td>
</tr>
<tr>
<td><strong>8. Common understanding of the Mental Capacity and Deprivation of Liberty Act</strong></td>
<td>The Trusts should re-launch its MCA Code and training and escalate the current training plan.</td>
<td>Trust</td>
<td>With immediate effect</td>
</tr>
<tr>
<td>There is a lack of awareness of the Mental Capacity and Deprivation of Liberty Act 2005 in relation to the Trust's responsibilities in allowing patients to leave wards if they are deemed capable and wish to.</td>
<td>The Trust should implement monthly audits of DOLs</td>
<td>Trust</td>
<td>By the end of July 2013</td>
</tr>
<tr>
<td><strong>9. Weaknesses with the DNAR forms</strong></td>
<td>The Trust should review the DNAR process</td>
<td>Trust</td>
<td>By the end of July 2013</td>
</tr>
<tr>
<td>The panel observed a number of issues with the completion of DNAR forms.</td>
<td>The Trust should implement monthly audits of DNAR forms</td>
<td>Trust</td>
<td>By the end of July 2013</td>
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Appendices
## Appendix I: Risk Summit Attendees

<table>
<thead>
<tr>
<th>Risk summit role</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk summit chair, NHS England Regional Director (Midlands and East)</td>
<td>Paul Watson</td>
</tr>
<tr>
<td>NHS England, Regional Chief Nurse and RRR panel chair</td>
<td>Ruth May</td>
</tr>
<tr>
<td>AT Director</td>
<td>David Sharp</td>
</tr>
<tr>
<td>AT Medical Director</td>
<td>Aly Rashid</td>
</tr>
<tr>
<td>NHS England, Regional Dir Ops and Delivery</td>
<td>Sarah Pinto-Duschinsky</td>
</tr>
<tr>
<td>NHS England, Regional Medical Director</td>
<td>David Levy</td>
</tr>
<tr>
<td>NHS England, Regional Deputy Director of Nursing</td>
<td>Lyn McIntyre</td>
</tr>
<tr>
<td>Trust CEO</td>
<td>Jane Lewington</td>
</tr>
<tr>
<td>Trust Interim Director of Nursing</td>
<td>Eiri Jones</td>
</tr>
<tr>
<td>Trust Deputy Medical Director</td>
<td>Neill Hepburn</td>
</tr>
<tr>
<td>CCG Accountable Officer</td>
<td>Sunil Hindocha</td>
</tr>
<tr>
<td>CCG Executive Lead Nurse</td>
<td>Wendy Martin</td>
</tr>
<tr>
<td>CQC Regional Director</td>
<td>Andrea Gordon</td>
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<td>Julie Walton</td>
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<td>Ian Whittle</td>
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<td>Health and Wellbeing Board</td>
<td>Councilor Sue Woolley</td>
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<tr>
<td>Assistant Director for Public Health, Lincolnshire County Council</td>
<td>Dr Robert Wilson</td>
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<td>Healthwatch</td>
<td>Eilene Preston</td>
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<td>Charlie Mann</td>
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<td>Kathryn Tomlinson</td>
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<td>Professor Sir Mike Richards</td>
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<td>Regional Head of Communications Lead</td>
<td>David Woodthorpe</td>
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