

United Lincolnshire Hospitals NHS Trust

Inspection report

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We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Are resources used productively?

Inadequate 

Combined quality and resource rating

Requires improvement 

Summary of findings

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

Background to the trust

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. The trust provides a range of hospital-based medical, surgical, paediatric, obstetric and gynaecological services to the 720,000 people of Lincolnshire. It has three emergency departments.

The trust operates acute hospital services from four main hospital sites:

- Lincoln County Hospital
- Pilgrim Hospital, Boston
- Grantham and District Hospital
- County Hospital, Louth

The trust also provides services from four other registered locations.

The trust employs around 8,500 staff and has an income of £446.3m for the current financial year 2018/19, with a projected deficit of £86.2m. The trust was placed into financial special measures in September 2017 by NHS Improvement. The trust has been in quality special measures since 2017.

The trust has 51 wards across the four hospital sites; 1213 inpatient beds, 231 day-case beds, 139 maternity beds and 58 children's beds. Each week the trust runs 2021 outpatient clinics. (Source: Provider Information Request 2018)

The trust's main CCG (Clinical Commissioning Group) is Lincolnshire East CCG, however as four hospitals are in different areas, the trust works with four CCGs: Lincolnshire East, Lincolnshire West, South Lincolnshire, and South West Lincolnshire. NHS England Leicestershire and Lincolnshire area team also commissioned specialist services at this trust.

Overall summary

Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement 

What this trust does

The trust provides a range of hospital-based medical, surgical, paediatric, obstetric and gynaecological services. It has three emergency departments.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Summary of findings

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

What we inspected and why

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

Between 11 June 2019 and 20 June 2019, we inspected a total of five core services provided by the trust across two locations. At Lincoln County Hospital, we inspected urgent and emergency care, medical care (including older peoples care), critical care, maternity and children and young people's care. Urgent and emergency care and medical care were rated as requires improvement at our last inspection. We returned to check on progress within these services. Maternity was rated as requires improvement at our 2017 inspection at this time it was a combined inspection with gynaecology, children and young peoples care was rated as good also at our 2017. Critical care was rated as good in our 2015 inspection. We inspected these services this time as part of our continual checks on the safety and quality of healthcare services and to check on improvements within these services. At Pilgrim Hospital we inspected inspected urgent and emergency care, medical care (including older peoples care), critical care, maternity and children and young people's care. At our last inspection urgent and emergency care and children and young people services were rated as inadequate and medical care as requires improvement. We returned to check on progress within these services. Maternity was rated as requires improvement at our 2017 inspection at this time it was a combined inspection with gynaecology and critical care was rated as good. We inspected this service this time as part of our continual checks on the safety and quality of healthcare services.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish. Our findings are in the section is this organisation well-led? We inspected the well led question between 16 and 18 July 2019.

We did not inspect Lincoln County Hospital and Pilgrim Hospital outpatients' services which were previously rated requires improvement because the services were still working towards making the necessary improvements as set out in the action plan the trust sent us after the last inspection. We are monitoring the progress of improvements to services and will re-inspect them as appropriate.

What we found

Overall trust

Our rating of the trust stayed the same. We rated it as requires improvement because:

- We rated safe, effective, responsive and well-led as requires improvement, and caring as good.
- In rating the trust, we took into account the current ratings of the 14 services not inspected this time.
- We rated three of the core services we inspected at this inspection inadequate overall, four as requires improvement and three as good.
- We rated well-led for the trust overall as requires improvement.

Are services safe?

Our rating of safe stayed the same. We rated it as requires improvement because:

Summary of findings

- Some services did not always have enough staff to care for patients and keep them safe. In three out of five services some staff had not had training in key skills. Some services did not always control infection risk well. Staff did not always assess risks to patients, act on them and keep good care records. Not all services managed safety incidents well and learned lessons from them.

However:

- Most staff understood how to protect patients from abuse.

Are services effective?

Our rating of effective stayed the same. We rated it as requires improvement because:

- Managers did not routinely monitor the effectiveness of services and did not always achieve good outcomes for patients. Managers did not always make sure staff were competent. Issues, identified at our last inspection, threatening the safety and effectiveness of care, had not been not progressed in an acceptable timeframe. Staff had access to information however, this was not always up to date. In some services key services were not available seven days a week.

However:

- Most staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives and supported them to make decisions about their care.

Are services caring?

Our rating of caring stayed the same. We rated it as good because:

- Most staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.

Are services responsive?

Our rating of responsive stayed the same. We rated it as requires improvement because:

- Services did not always plan care to meet the needs of local people or take account of patients' individual needs. People could not always access some services when they needed it and had to wait too long for treatment.

However:

- Services made it easy for people to give feedback.

Are services well-led?

Our rating of well-led stayed the same. We rated it as requires improvement because:

- Leaders did not always run services well using reliable information systems. Not all staff felt respected, supported and valued, were clear about their roles and accountabilities and supported to develop their skills. Services did not always engage well with patients and the community to plan and manage services and not all staff were committed to improving services continually.

However:

- Most staff understood the service's vision and values, and how to apply them in their work. Most staff were focused on the needs of patients receiving care.

Summary of findings

Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings

Outstanding practice

We found examples of outstanding practice in Medical care (including older peoples care), Critical Care and Maternity at both Lincoln County Hospital and Pilgrim Hospital.

For more information, see the Outstanding practice section of this report.

Areas for improvement

We found areas for improvement including six breaches of legal requirements that the trust must put right. We found 56 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

Action we have taken

Under Section 31 of the Health and Social Care Act 2008, we imposed conditions on the registration of the provider in respect to three regulated activities. We took this urgent action as we believed a person would or may have been exposed to the risk of harm if we had not done so. Imposing conditions means the provider must manage regulated activity in a way which complies with the conditions we set. The conditions related to the emergency department at Pilgrim Hospital, Boston and the emergency department at Lincoln County Hospital. We also issued a section 29a warning notice to the trust as we found significant improvement was required to the governance in children and young people services. The section 29a notice has given the trust three months to rectify the significant improvements we identified.

We also issued six requirement notices to the trust. That meant the trust had to send us a report saying what action it would take to meet these requirements.

Our action related to breaches of legal requirements in trust overall, urgent and emergency care, medicine including older peoples care and children and young people's services.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

What happens next

As a result of insufficient improvement made for the trust to be able to exit special measures, the chief inspector of hospitals has recommended to the Secretary of State for Health and Social Care that United Lincolnshire Hospitals NHS Trust remains in special measures. Trusts are placed in special measures when there are concerns about the quality of care they provide.

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

Outstanding practice

We found the following areas of outstanding practice:

Summary of findings

Lincoln County Hospital

Medical care (including older peoples care)

- Staff on the endoscopy suite were very engaged with the community and attended a local show where they promoted breast and bowel cancer screening.
- Staff had utilised translation services and provided this to help aid recovery to one patient where they had a translator daily. Staff had also attempted to learn the language themselves to help make the patients experience better by being able to communicate basic needs.

Critical Care

- The service developed best interest care plans for level two and level three patients who could not give consent. The plans were bespoke to individual preferences, culture and traditions, and ensured patients were supported when they lacked capacity.
- The unit offered a follow up clinic, in a number of ways to support patients with a range a needs following their care on the unit. Since our last inspection in 2014, the service had widened the patient group the follow up clinic was offered to. The follow up clinic provided people with the opportunity to revisit the unit, if appropriate, and supported them to come to terms with their experience in critical care.

Maternity

- The trust offered a birth afterthought service. This offered women and their families the opportunity to access an experienced midwife for up to one year following the birth of their baby and to take part in the debrief of their birth experience.
- They found some babies were so small, it was difficult to find clothing and families couldn't cuddle their babies easily. The bereavement midwife campaigned for women to donate their wedding dresses to the service and were overwhelmed with the response. Volunteers made clothes of every size and made small, satin sleeping bags for tiny babies to be cuddled better.
- The trust stillbirth report had recently been completed and the service had done a lot to raise awareness of reduced fetal movements. The bereavement midwife arranged an event at a local football match to raise awareness amongst men. They had stands with information, made staff available for advice and had a local radio announcement to reach people travelling to the match.

Pilgrim Hospital

Medical care (including older peoples care)

- Staff on ward 6B had developed a bespoke dignity campaign for patients. This included quotes from previous patients and guidelines for staff on how to deliver care that ensured privacy, dignity and respect. For example, patients had said it was beneficial for them to wear their own clothes and to feel in control of how they looked.
- A physiotherapist had introduced a handover book on wards 6A and 6B to ensure continuity and consistency of handover documentation. Prior to this, staff had no tools to track daily patient updates and the handover book represented one of a number of improvement strategies the physiotherapy team planned to introduce. This included a 'grow your own' staffing plan to address shortages and to incentivise staff to develop professionally.
- The team on ward 6B had refurbished a day room to a high standard. They had worked with patients and relatives to identify resources they would find useful and furnished it with mechanical chairs, which occupational therapists used

Summary of findings

to help build patients' independence and confidence. The team had also provided sensory lamps, reminiscence materials, a foosball table, a collection of books, and a piano. The room included an OT therapy kitchen for rehabilitation as well as games and toys and was designed with multiple needs in mind, including cognitive impairment.

- Dementia practitioners had substantially increased the resources and opportunities for patients to socialise and engage in meaningful activities. For example, practitioners had introduced dementia cafes for patients and their relatives. One practitioner had researched the benefits of music therapy and had introduced a range of initiatives in ward 6A to help patients relax and promote physical recovery. For example, they researched the music that was popular at the time of their patients' childhood and played this for them through online streaming music services. During our weekend unannounced inspection we saw this therapy had a significant, positive impact on patients. Patients recognised the music and they sang along to it.

Critical Care

- The service had recently received the trust's compassion and respect award. Staff told us they were happy and proud to receive the award. Staff explained it meant a lot to them because the unit had been nominated by a colleague in the hospital.
- Managers and staff had put into place improvements where issues were identified by incidents and audits. One example was suture removal reminder cards for tracheostomy patient to prevent pressure ulcers. Another example was the introduction of sleep pack for patients containing ear plugs and an eye mask following a sleep audit.

Maternity

- The trust offered a birth afterthought service. This offered women and their families the opportunity to access an experienced midwife for up to one year following the birth of their baby and to take part in the debrief of their birth experience.
- The new M1 maternity ward included separate gender neutral shower facilities that could be used by partners.

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve services.

Action the trust **MUST** take to improve

We told the trust that it must take action to bring services into line with six legal requirements. This action related to the trust overall, urgent and emergency care, medicine including older peoples care and children and young people's services.

Overall Trust

- The trust must ensure the executive leadership team have the capacity and capability to deliver current priorities and challenges. Regulation 17(2)
- The trust must ensure the leadership team have oversight of current priorities and challenges and are taking actions to address them. Regulation 17(1)
- The trust must ensure leadership structures have a continued focus to ensure they embed across the organisation. Regulation 17(1)

Summary of findings

- The trust must ensure staff understand how their role contributes to achieving the strategy. Regulation 17(1)
- The trust must ensure there is timely progress against delivery of the strategy and local plans continue to be monitored and reviewed. Regulation 17(1)
- The trust must ensure action is taken to ensure staff feel respected, supported and valued and are always focused on the needs of patients receiving care. Regulation 17(1)
- The trust must work at pace to ensure sufficient numbers of suitably qualified, competent, skilled and experienced medical and nursing staff across all services. Regulation 18(1)(2)
- The trust must ensure there are effective governance processes throughout the service and with partner organisations. Regulation 17(1)
- The trust must ensure systems to manage performance are embedded across the organisation. Regulation 17(1).
- The trust must ensure leaders and teams, across all services, always identify and escalate relevant risks and issues and identify actions to reduce their impact. Regulation 17(1)
- The trust must ensure all staff are committed to continually learning and improving services. Regulation 17(1)
- The trust must ensure systems or processes are established and operated effectively, across all services, in line with national guidance. Regulation 17(1)
- The trust must ensure premises across all services are suitable for the purpose for which they are being used and properly maintained. Regulation 15(1)

Lincoln County Hospital

Urgent and Emergency Care

- The trust must ensure all patients who attend the department are admitted, transferred and discharged from the department within four hours. Regulation 17(2).

Medical care (including older peoples care)

- The trust must ensure patients receive timely review by specialist consultants when required, including speech and language therapy. Regulation 14(1)
- The trust must ensure that processes are being followed related to proper and safe management of medicines. Regulation 12(2)

Children and Young people's services

- The trust must ensure there are suitable arrangements in place to support people who are in a transition phase between services and/or other providers. Regulation 17(1)

Pilgrim Hospital

Urgent and Emergency Care

- The trust must ensure information is readily available for patients to take away that details what signs or symptoms they needed to look out for that would prompt a return to hospital or seeking further advice. Regulation 12(1)

Medical care (including older peoples care)

- The trust must ensure patients are treated with dignity and respect at all times. Regulation 10(1)

Summary of findings

- Ensure beds ringfenced for non-invasive ventilation and for thrombolysis are available for these patients and have trained, competent staff always available. Regulation 12(1)(2)

Children and Young people's services

- The trust must ensure all staff comply with good hand hygiene practice. Regulation 12(2)

Action the trust SHOULD take to improve

Overall Trust

- The trust should ensure the causes of workforce inequality are sufficiently addressed to ensure staff from a BAME background are supported through their career development. Possible breach of regulation 17(1)(2)
- The trust should ensure there is an increased awareness of the role of the Freedom to Speak Up Guardian role. Possible breach of regulation 17(1)(2)
- The trust should ensure there is a clear process for the GOSW report to the board and that issues raised through the GOSW are appropriately addressed. Possible breach of regulation 17(1)(2)
- The trust should ensure divisional leads are fully engaged in decisions about financial improvement and have oversight of their divisional budgets. Possible breach of regulation 17(1)(2)
- The trust should ensure leaders and staff strive for continuous learning, improvement and innovation through participation in appropriate research projects. Possible breach of regulation 17(1)(2)

Lincoln County Hospital

Urgent and Emergency Care

- The trust should ensure governance and performance monitoring and management are strengthened at operational level. Possible breach of regulation 17(1)(2)
- The trust should ensure consistent arrangements for pain relief and nutrition are developed for patients who are in the emergency department. Possible breach of regulation 9(1)
- The trust should review pathways and processes in the emergency department to ensure they are efficient and communicate processes to staff so that there is a consistent understanding.
- The trust should consider training key staff in customer care skills.
- The trust should formulate a formal clinical audit plan with identified roles and responsibilities and review dates.

Medical care (including older peoples care)

- The trust should ensure an up to date policy and training to staff in the cardiac catheter lab is implemented for the use of conscious sedation for patients. Possible breach of regulation 18(2)
- The trust should ensure that patient notes and confidential information are stored securely. Possible breach of regulation 12(2)
- The trust should ensure that there is an inpatient adult pain team that is sufficiently staffed for patients to be referred to. Possible breach of regulation 18(1)
- The trust should ensure patients are appropriately assessed for self-administration of medicines and that their own medicines are in date. Possible breach of regulation 12(2)
- The trust should establish a process that identifies patients on MEAU that require a specialist consultant review.

Summary of findings

- The trust should consider reducing the amount of patient moves during the night.
- The trust should review arrangements for discharge to ensure that there are no delays due to transport or waits for to take away medications.

Critical Care

- The trust should ensure there is adequate pharmacist cover for the critical care unit at Lincoln Hospital. Possible breach of regulation 12(2)
- The trust should ensure a pharmacist attends multidisciplinary ward handover meeting daily. Possible breach of regulation 12(2)
- The trust should ensure therapist cover includes dietetics, physiotherapists and speech and language therapists seven days a week. Possible breach of regulation 18(1)
- The trust should ensure the new senior leadership team has oversight of the critical care unit, as this level was not currently robust. Possible breach of regulation 17(1)
- The trust should ensure finances for the ventilator replacement programme. Possible breach of regulation 15(1)
- The trust should consider identifying support with staff moves to improve morale on the unit.

Maternity

- The trust should ensure they continually review audits and implement measures to improve patient outcomes for low performance metrics. Possible breach of regulation 17(1)(2)
- The trust should ensure mandatory training is completed by medical staff in line with trust policy, in particular mental capacity and deprivation of liberty safeguarding training. Possible breach of regulation 18(2)
- The trust should ensure they implement systems to monitor waiting times in line with national standards. Possible breach of regulation 17(1)(2)
- The trust should ensure risks are clearly identified and documented in an appropriate format. Possible breach of regulation 17(1)(2)
- The trust should ensure they collect data relating to the percentage of women seen by a midwife within 30 minutes and if necessary by a consultant within 60 minutes during labour. Possible breach of regulation 17(1)(2)

Children and Young people's services

- The trust should ensure that they have robust procedures and processes that make sure that people are protected. Safeguarding must have the right level of scrutiny and oversight with overall responsibility held by the board. Possible breach of regulation 13(1)(2)
- The trust should ensure children's safeguarding lead is in receipt of regular one to one safeguarding supervision. Possible breach of regulation 13(1)(2)
- The trust should ensure staff are in receipt of regular group supervision. Possible breach of regulation 13(1)(2)
- The trust should ensure there is a medical lead for safeguarding. Possible breach of regulation 13(1)(2)

Pilgrim Hospital

Urgent and Emergency Care

- The trust should consider how sound levels might be reduced in the department.

Summary of findings

Medical care (including older peoples care)

- The trust should ensure robust communication and referral standards in the IAC are established so that senior staff understand who is responsible for each patient and to reduce delays in specialist review. Possible breach of regulation 12(2)
- The trust should ensure the leadership team in the stroke service are supported to resolve the backlog of open incident reports. Possible breach of regulation 17(1)
- The trust should consider implementing more robust medical handover processes for patients being cared for as inpatients on haematology or oncology wards.
- The trust should review medical staffing on the IAC so that junior doctors have appropriate support and can provide care safely within their abilities.

Critical Care

- The trust should ensure staff record all patient care such as oral care and tissue viability assessments on the clinical information system to assure managers these have been carried out. Possible breach of regulation 12(2)
- The trust should ensure a pharmacist attends the Pilgrim Hospital critical care unit daily multidisciplinary handover meeting. Possible breach of regulation 12(2)
- The trust should ensure a critical care pharmacist attends the Pilgrim Hospital critical care unit for an agreed time each week to review patient medicines. Possible breach of regulation 12(2)
- The trust should ensure the on-call pharmacist is available to attend the Pilgrim Hospital critical care unit when necessary. Possible breach of regulation 12(2)
- The trust should ensure swallowing assessments are carried out to prevent delays with patient weaning. Possible breach of regulation 14(1)
- The trust should ensure policies and guidelines used by critical care staff are within review dates and dated to ensure they are in line with the most recent national guidance. Possible breach of regulation 17(1)
- The trust should consider administrative support for risk and governance for the Pilgrim Hospital critical care service.

Maternity

- The trust should ensure labour ward coordinators are supernumerary in line with national guidance. Possible breach of regulation 18(1)
- The trust should ensure mandatory training is completed by medical staff in line with trust policy, in particular mental capacity and deprivation of liberty safeguarding training. Possible breach of regulation 18(2)
- The trust should ensure systems to monitor waiting times in line with national standards are implemented. Possible breach of regulation 17(2)
- The trust should continually review audits and implement measures to improve patient outcomes for low performance metrics. This include still birth rates, proportion of women having induction of labour and proportion of blood loss (greater than 1500mls).

Children and Young people's services

- The trust should ensure plans are in place to assess staff adherence to infection prevention and control principles, in particular in relation to infection control high impact interventions. Possible breach of regulation 17(1)

Summary of findings

- The trust should ensure it improve the separation of children and young people from adults in the operating recovery areas. Possible breach of regulation 15(1)
- The trust should review the provision of paediatric emergency drugs in the operating theatres.
- The trust should improve processes for the communication of learning from incidents to ensure they are robust.
- The trust should improve facilities for children and young people visiting adult outpatient areas.
- The trust should improve systems for alerting staff to patients such as those with a learning disability, or autism, who may need adjustments to improve access to care and services.
- The trust should improve training of staff in the requirements of children and young people with learning disabilities and/or autism.

Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

Our rating of well-led at the trust stayed the same. We rated well-led as Requires Improvement because:

- Since our last inspection, the trust had had some further changes to its executive leadership team. Executive leaders were able to describe the key priorities and vision for the organisation. However, leaders were not always sighted on significant risks.
- Workforce and staffing issues posed a major risk for the trust and the impact on finance, quality and service continuity was significant. We found progress and ownership of this significant risk lacked pace.
- Since the last inspection, the trust had implemented a new operating model. Although there were some signs that this new model was improving leadership across the trust, there were still posts to fill and further work to do to embed this across the four new divisions.
- The trust had a vision and strategy in place which had been developed with local people and staff and was aligned to local plans within the wider health economy. However, we were not assured staff always understood how their role contributed to achieving the strategy.
- There had been some progress in delivering the strategy, but progress had been slow and improvements were often in their infancy. Whilst it was clear there was a collective understanding of the ongoing pressures the organisation, we found some leaders were normalising past and current challenges.
- The trust had a significant estates risk with high levels of back log maintenance some of which was critical infrastructure statutory/mandatory maintenance. Executive leaders cited the high risks within estates as one of their top concerns. We found evidence of how the estate risks were impacting on the quality and safety of patient care
- Since our last inspection, leaders had continued to address the culture in the trust. We did find some areas of the trust where staff felt more empowered and had higher levels of satisfaction. However, we also found staff who didn't always feel respected or valued and had low morale. The staff survey results remained poor with low levels of staff satisfaction and a lower than average staff engagement score.

Summary of findings

- Although there was a Freedom to Speak Up Guardian (FTSUG) in place, we found there was a lack of knowledge amongst staff about the role of the FTSUG or who it was.

However:

- The trust had sought to actively engage with people who were living with a learning disability and patients with physical disabilities.
- Most leaders supported staff to develop their skills and take on more senior roles. They were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Since our last inspection, the arrangements for governance and performance had been reviewed. There was a clear governance structure in place but it had not yet had the time to be fully tested. The new trust operating model had a structure for overseeing performance, quality and risk.
- Since our last inspection the trust had made significant improvements to its serious incidents reporting and learning systems. The trust has allocated sufficient expert resources to ensure there was an effective system in place. Previous backlogs of investigations had been dealt with.
- Since our last inspection, significant progress had been made with the development of the Board Assurance Framework.
- The trust had a ward accreditation programme which provided a framework of 13 quality standards which the wards were measured against.
- The trusts learning from death process had developed since the last inspection. Significant work had taken place to address mortality and nationally, the trust were in the top 22% for low Hospital Standardised Mortality Ratio (HSMR).
- The trust was engaged with the Academy of FAB NHS since its launch in 2015 .

Use of resources

Please see separate use of resources report.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	→←	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement →← Oct 2019	Requires improvement →← Oct 2019	Good →← Oct 2019	Requires improvement →← Oct 2019	Requires improvement →← Oct 2019	Requires improvement →← Oct 2019

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Lincoln County Hospital	Requires improvement ↔↔ Oct 2019	Requires improvement ↔↔ Oct 2019	Good ↔↔ Oct 2019	Requires improvement ↔↔ Oct 2019	Requires improvement ↔↔ Oct 2019	Requires improvement ↔↔ Oct 2019
Pilgrim Hospital	Inadequate ↓ Oct 2019	Requires improvement ↔↔ Oct 2019	Requires improvement ↓ Oct 2019	Requires improvement ↑ Oct 2019	Requires improvement ↑ Oct 2019	Requires improvement ↑ Oct 2019
Grantham and District Hospital	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
County Hospital, Louth	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Overall trust	Requires improvement ↔↔ Oct 2019	Requires improvement ↔↔ Oct 2019	Good ↔↔ Oct 2019	Requires improvement ↔↔ Oct 2019	Requires improvement ↔↔ Oct 2019	Requires improvement ↔↔ Oct 2019

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Lincoln County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↓ Oct 2019	Inadequate ↓ Oct 2019	Requires improvement ↓ Oct 2019	Inadequate ↓ Oct 2019	Inadequate ↓ Oct 2019	Inadequate ↓ Oct 2019
Medical care (including older people's care)	Requires improvement ↔↔ Oct 2019	Requires improvement ↓ Oct 2019	Good ↔↔ Oct 2019	Requires improvement ↔↔ Oct 2019	Requires improvement ↓ Oct 2019	Requires improvement ↔↔ Oct 2019
Surgery	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Critical care	Good ↔↔ Oct 2019	Good ↔↔ Oct 2019	Good ↔↔ Oct 2019	Outstanding ↔↔ Oct 2019	Good ↔↔ Oct 2019	Good ↔↔ Oct 2019
Maternity	Good Oct 2019	Good Oct 2019	Good Oct 2019	Good Oct 2019	Good Oct 2019	Good Oct 2019
Services for children and young people	Requires improvement ↔↔ Oct 2019	Requires improvement ↓ Oct 2019	Good ↔↔ Oct 2019	Requires improvement ↓ Oct 2019	Requires improvement ↓ Oct 2019	Requires improvement ↓ Oct 2019
End of life care	Requires improvement Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Outpatients	Requires improvement Jul 2018	N/A	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
Overall*	Requires improvement ↔↔ Oct 2019	Requires improvement ↔↔ Oct 2019	Good ↔↔ Oct 2019	Requires improvement ↔↔ Oct 2019	Requires improvement ↔↔ Oct 2019	Requires improvement ↔↔ Oct 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Pilgrim Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↔ Oct 2019	Inadequate ↔ Oct 2019	Requires improvement ↑ Oct 2019	Inadequate ↔ Oct 2019	Requires improvement ↑ Oct 2019	Inadequate ↔ Oct 2019
Medical care (including older people's care)	Requires improvement ↔ Oct 2019	Requires improvement ↓ Oct 2019	Requires improvement ↓ Oct 2019	Requires improvement ↓ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↔ Oct 2019
Surgery	Good Jul 2018	Good Jul 2018	Good Jul 2018	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018
Critical care	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019	Good ↔ Oct 2019
Maternity	Good Oct 2019	Requires improvement Oct 2019	Good Oct 2019	Requires improvement Oct 2019	Requires improvement Oct 2019	Requires improvement Oct 2019
Services for children and young people	Inadequate ↓ Oct 2019	Requires improvement ↔ Oct 2019	Good ↔ Oct 2019	Requires improvement ↑ Oct 2019	Inadequate ↔ Oct 2019	Inadequate ↔ Oct 2019
End of life care	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Outpatients	Requires improvement Jul 2018	N/A	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
Overall*	Inadequate ↓ Oct 2019	Requires improvement ↔ Oct 2019	Requires improvement ↓ Oct 2019	Requires improvement ↑ Oct 2019	Requires improvement ↑ Oct 2019	Requires improvement ↑ Oct 2019

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for Grantham and District Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017
Medical care (including older people's care)	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Surgery	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Critical care	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Outpatients and Diagnostic Imaging	Good Mar 2015	N/A	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Overall*	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for County Hospital, Louth

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Outpatients and Diagnostic Imaging	Good Mar 2015	N/A	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Overall*	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Pilgrim Hospital

Sibsey Road
Boston
Lincolnshire
PE21 9QS
Tel: <xxxx xxxx
www.ulh.nhs.uk

Key facts and figures

Pilgrim Hospital, Boston serves the communities of south and south east Lincolnshire. It provides all major specialties and a 24-hour major accident and emergency service.

During the period March 2018 to February 2019 there were 46,387 inpatient admissions and 312,500 outpatient attendances.

We inspected Urgent and emergency services, Medical care (including older people's care), Critical care, Maternity and Services for children and young people.

Summary of services at Pilgrim Hospital

Requires improvement  

Our rating of services improved. We rated it them as requires improvement because:

- Some services did not always have enough staff to care for patients and keep them safe. In three out of five services some staff had not had training in key skills. Some services did not always control infection risk well. Staff did not always assess risks to patients, act on them and keep good care records. Not all services managed safety incidents well and learned lessons from them.
- Managers did not routinely monitor the effectiveness of the service and make sure staff were competent. In services for children and young people action to address some of the issues threatening the safety and effectiveness of care, had not been not progressed in an acceptable timeframe. Staff had access to information however, this was not always up to date. In some services key services were not available seven days a week.
- Not all services planned care to meet the needs of local people or, took account of patients' individual needs. People could not always access services when they needed it and sometimes had to wait too long for treatment.
- Leaders did not always run services well using reliable information systems and support staff to develop their skills. Services did not always engage well with patients and the community to plan and manage services and not all staff were committed to improving services continually.

However:

- Staff understood how to protect patients from abuse. They managed medicines well. Staff collected safety information and used it to improve the service.

Summary of findings

- Most staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives and supported them to make decisions about their care.
- Most staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Services made it easy for people to give feedback.
- Staff felt respected, supported and valued and were focused on the needs of patients receiving care. Most staff understood the service's vision and values, and how to apply them in their work. Staff were clear about their roles and accountabilities.

Urgent and emergency services

Inadequate   

Key facts and figures

Pilgrim Hospital, Boston is a large district general hospital located on the outskirts of Boston. At Pilgrim hospital, the urgent and emergency services consist of the emergency department (ED) and an Ambulatory Emergency Care (AEC) unit.

The ED has a waiting and reception area, two triage rooms, 10 major cubicles, three minor cubicles, one 'fit to sit' room, a see and treat room, a plaster room, a clean procedure room, four resus bays, three rapid assessment and treatment (RAT) cubicles, one waiting room and a quiet relative's room which was also used as a mental health assessment room.

AEC is open Monday to Friday, 08:30am to 10:30pm and has six beds and two seated areas

Pilgrim Hospital emergency department supports the treatment of patients presenting with minor, major and traumatic injuries. Serious traumatic injury patients receive stabilisation therapy, before transfer to the major trauma centre at a neighbouring NHS trust.

Summary of this service

Our rating of this service stayed the same. We rated it as inadequate because:

- The service did not have enough permanent staff to care for patients and keep them safe relying heavily on agency and locum staff. Staff had training in key skills but completion rates for the training was low. Nursing staff understood how to protect patients from abuse, and managed safety well but training completion rates for medical staff were low. The department was too small for the number of patients it dealt with and this impacted on patient care. Staff did not always assess risks to patients or act on those assessments.
- Staff did not demonstrate sufficient knowledge of the Mental Health Act 1983. Pain relief was not always given in a timely manner. Participation in national audit was low and lessons were not well learnt.
- People could not always access the service when they needed it because of limited capacity and they often had to wait too long for treatment.
- Staff were only starting to understand and manage the priorities and issues the service faced, the management team responsible for delivering this were very new in post and work was at an early stage. There were still issues with some staff's behaviours and the positive changes were not yet fully embedded.

However:

- The service controlled infection risk well. They did keep good care records and they managed medicines well. The service managed safety incidents and learned lessons from them.
- Staff provided care and treatment based on national guidance.
- Patients were given enough to eat and drink. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

Urgent and emergency services

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and encouraged people to give feedback.
- Leaders had the abilities to run the service and they were visible and approachable in the service for patients and staff. The service had a developing vision for what it wanted to achieve and was an emerging strategy to turn it into action, developed with all relevant stakeholders. Staff felt respected, supported and valued and they were focused on the needs of patients receiving care.

Is the service safe?

Inadequate ● → ←

Our rating of safe stayed the same. We rated it as inadequate because:

- The service provided no evidence of training in dementia or mental health awareness. Completion rates for mandatory training were poor with only three modules out of eight achieving the trust target for nursing staff and for medical staff no modules achieved their completion rate and the completion rate for some modules was very low.
- Staff were provided with training on how to recognise and report abuse but completion rates for medical staff were low.
- Recent infection prevention and control audits provided by the trust demonstrated that there had been variable compliance with trust infection control standards in recent months.
- The department was too small for the number of patients it dealt with and this impacted on how patient flow could be implemented. It also resulted in patients being treated in corridors or the central space of the department and having their dignity compromised. The department was not compliant with several standards. However, managers had thought carefully about how to best use the space and staff worked hard to minimise the effects on patients.
- Staff did not always complete risk assessments for each patient swiftly or correctly. Identified risks were not always removed or minimised and assessments were not always updated. Staff did not always identify patients at risk of deterioration nor act quickly to respond to these patient's circumstances.
- The service did not have enough permanent nursing staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment relying on substantial numbers of bank and agency staff.
- The service did not have enough permanent nursing staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment relying on substantial numbers of bank and agency staff.
- The service did not have enough permanently employed medical staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment.
- Staff did not always keep detailed records of patients' care and treatment. We saw examples of poor and incomplete record keeping particularly in respect of mental health assessments.

Urgent and emergency services

- The service used systems and processes to safely prescribe, administer, record and store medicines. However, there were occasions when controlled stationary was improperly stored and the Patient Group Directives (PGD) for the department were so out of date they were not being used.
- Managers had not investigated all patient safety incidents in a timely manner and there was a backlog.

However:

- The service provided mandatory training in most key skills including the highest level of life support training for all staff.
- Most staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- Staff were provided with training on how to recognise and report abuse. Completion rates for nursing staff were mostly met.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Managers continually reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- Managers regularly reviewed staffing levels and skill mix, recruited sufficient locum doctors and gave those locum staff a full induction.
- Records were easily available to all staff providing care.
- The service had systems to manage patient safety incidents. Staff recognised incidents and near misses, reported them appropriately and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.

Is the service effective?

Inadequate ● ➡ ➡

Our rating of effective stayed the same. We rated it as inadequate because:

- Staff did not demonstrate sufficient knowledge to protect the rights of patients subject to the Mental Health Act 1983.
- Staff did not always fully and consistently assess and monitor patients regularly to see if they were in pain. Because of out of date documents and inconsistent practice some patients waited too long in pain before receiving medicines. However, when pain relief was given it was administered and recorded properly.
- The service did not participate in all relevant national clinical audits. In those that it did participate, performance was variable across the standards. Information from the audits was not used to improve care and treatment.
- Supervision rates for nursing staff were very low.
- Staff did not always know how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health and did not always follow national guidance to gain consent from these patients. However, staff did support patients to make informed decisions about their care and treatment.

However:

Urgent and emergency services

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs. They used special feeding and hydration techniques when necessary.
- The service made sure staff were competent for their roles. Managers appraised medical staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Most patients were supported to make informed decisions about their care and treatment.

Is the service caring?

Requires improvement  

Our rating of caring improved. We rated it as requires improvement because:

- As a result of pressures in the department and ongoing staffing issues, care was not provided in a way that staff wanted.
- Staff did not always respect patients' privacy and dignity. The crowded nature of the department resulted in some conversations taking place with other patients present.

However:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Inadequate   

Our rating of responsive stayed the same. We rated it as inadequate because:

- The service did not always plan and provide care in a way that met the needs of local people and the communities served. The department was constrained by its size and the premises were not suitable for the number of patients who attended.

Urgent and emergency services

- The service was not fully inclusive and did not take into account all patients' individual needs and preferences. Important information was not readily available as leaflets for patients to take away. Staff made reasonable adjustments when possible to help patients access services but there were not good systems in place to help them do this.
- People could not always access the service when they needed it and did not always received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.

However:

- The service worked with others in the wider system and local organisations to plan care.
- The service coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Requires improvement  

Our rating of well-led improved. We rated it as requires improvement because:

- During our 2018 inspection of Pilgrim Hospital emergency department, the trust had been reactive to concerns we had raised resulting in improvements in caring and well led. However, the same leadership team had not had sufficient oversight or considered replicating actions taken at Pilgrim in Lincoln.
- Leaders were only starting to understand and manage the priorities and issues the service faced.
- The management team responsible for delivering the vision and strategy were very new in post and work was at an early stage.
- There were issues with some staffs' behaviours and the positive changes were not yet fully embedded. There was also limited opportunities for career development.
- There was not an integrated approach to the collection, analysis and use of information and it was not available to make day to day decisions.
- Staff showed commitment and enthusiasm for learning and for improving services. However, the opportunities were not always there for them. Understanding of quality improvement methods was low and there was little evidence of innovation and participation in research.

However:

- Leaders had the integrity, skills and abilities to run the service. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a developing vision for what it wanted to achieve and a strategy was emerging to turn it into action. The vision and strategy were to be focused on sustainability of services and aligned to local plans within the wider health economy. Leaders understood and knew how to deliver and monitor progress of the plans.

Urgent and emergency services

- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- The service collected some data and analysed it. Staff could find some data they needed to manage the department on a day to day basis. The information systems were secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Areas for improvement

We found two areas for improvement in this service. See the Areas for Improvement section above.

Medical care (including older people's care)

Requires improvement   

Key facts and figures

The trust provides medical care (including older people's care) at three sites: Grantham and District Hospital; Lincoln County Hospital; and Pilgrim Hospital. Services at all sites sit within the division of medicine and are managed through the cardiovascular and specialty medicine clinical business units.

The trust has 546 inpatient medical beds across Lincoln County Hospital and Pilgrim Hospital, with 300 of these beds being located at Lincoln County Hospital.

(Source: Routine Provider Information Request AC1 - Acute context)

The trust had 72,242 medical admissions from January to December 2018. Emergency admissions accounted for 33,181 (45.9%), 1,269 admissions (1.8%) were elective, and the remaining 37,792 (52.3%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 31,313 admissions
- Clinical haematology: 7,985 admissions
- Clinical oncology: 7,447 admissions

(Source: Hospital Episode Statistics)

We last inspected medical care services between February 2018 and April 2018 and rated the service as requires improvement overall. This reflected ratings of requires improvement in safe and well led and good in effective, caring and responsive. At that inspection we told the trust they must:

- Urgently address the ongoing failure of staff to always follow care pathways and national requirements in relation to serious incidents.

We also told the trust they should:

- Ensure induction processes for nurses include meaningful, demonstrable competency checks and assurance that agency nurses have the willingness to deliver care.
- Review the processes used to manage the risk register to ensure risks are addressed in a timely manner with continual progress.
- Improve complaint response and resolution times.
- Continue to improve safety and care standards in relation to sepsis screening, non-invasive ventilation and nasogastric feeding.
- Improve the use of ward social spaces for patients at risk of social isolation or boredom, such as day rooms.
- Consider an action plan to address the significant shortfall of capacity in the speech and language therapy service.
- Carry out a review of all fire safety instructions, posters and signage.
- Implement a monitoring system to ensure fire doors are used correctly.

Medical care (including older people's care)

- Review compliance with National Institute of Health and Care Excellence standards on assessment for venous thromboembolism.

At this inspection we found the trust had addressed some of these issues although there was a need for further improvements to ensure they were consistent and sustained. Despite our previous findings and construction work to improve fire safety, fire instruction posters remained out of date and not fit for purpose and we saw staff failed to follow posted signs regarding fire doors.

To come to our ratings, we carried inspected every inpatient medical ward and the acute medical short stay unit (AMSS), the integrated assessment centre (IAC), the discharge lounge, the endoscopy unit and the chemotherapy and haematology suite. We spoke with 68 members of staff representing a wide range of roles and levels of responsibility. We reviewed the medical records of 23 patients and looked at over 100 other items of evidence, including governance records and training documentation.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- The service did not always have enough staff to care for patients and keep them safe. Staff did not always maintain up to date training in key skills. The service did not always control infection risk well. Staff did not always assess risks to patients, act on them or keep good care records. The service did not always manage safety incidents well and did not always learn lessons from them.
- Not all key services were available seven days a week.
- Staff did not always treat patients with compassion and kindness, respect their privacy and dignity and take account of their individual needs.
- Local leaders supported staff to develop their skills, but trust resources were very limited. Staff did not always understand the service's vision and values, or how to apply them in their work.

However:

- Staff understood how to protect patients from abuse, and managed safety well. They managed medicines well. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff provided emotional support to patients, families and carers. and helped them understand their conditions.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders at a local level ran services well using reliable information systems and staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Medical care (including older people's care)

Is the service safe?

Requires improvement   

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service did not make sure all staff completed mandatory training in key skills. The number of staff who completed it did not meet trust targets.
- The service did not always control infection risk well.
- The service did not have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction. However, such reviews were often superfluous as there were no reserves of staff to backfill posts.
- The service did not have enough medical staff in each specialty with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave locum staff a full induction.
- The service did not always use systems and processes to safely prescribe, administer, record and store medicines.
- The trust did not supply a record of incidents in a format we could fully analyse. This meant we had limited oversight of standards of reporting over the previous 12 months.

However:

- Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Requires improvement  

Medical care (including older people's care)

Our rating of effective went down. We rated it as requires improvement because:

- Staff were experienced and qualified but did not always have the right skills and knowledge to meet the needs of patients.
- Staff had limited opportunities to discuss training needs with their line manager and were not always supported to develop their skills and knowledge.
- Staff did not always know how to support patients who lacked capacity, or who were experiencing mental ill health, to make their own decisions.
- Staff did not always give patients enough food and drink to meet their needs and improve their health.
- Performance in national audits did not always meet national standards.

However:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent.

Is the service caring?

Requires improvement  

Our rating of caring went down. We rated it as requires improvement because:

- Although staff treated patients with care and compassion during most of our inspection, there were some notable exceptions. This included staff on one ward referring to a patient as a “nuisance” and on another ward referring to a patient using an unkind description.
- It was evident pressures on ward teams sometimes resulted in a rushed service that meant patients who needed time to communicate were missed from non-clinical care, such as tea rounds.

However:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

Medical care (including older people's care)

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement  

Our rating of responsive went down. We rated it as requires improvement because:

- People could not always access the service when they needed it and receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards.
- From March 2018 to February 2019 the trust's referral to treatment time (RTT) for admitted pathways for medicine was consistently lower than the England average. In the most recent month, February 2019, the trust performance was 76.8% compared to the England average of 87.2%.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Is the service well-led?

Requires improvement   

Our rating of well-led stayed the same. We rated it as requires improvement because:

- Leaders at a local level had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles, although this was restricted by a lack of resources and senior trust input.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders understood and knew how to apply them and monitor progress but knowledge amongst staff was highly variable.
- Leaders and teams did not always use systems to manage performance effectively. They identified and escalated relevant risks and issues but actions to reduce their impact were not always taken.
- Leaders did not always actively or openly engage staff.

However:

Medical care (including older people's care)

- Leaders operated effective governance processes throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Ward-based teams engaged with patients and colleagues to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

Outstanding practice

We found four examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found six areas for improvement in this service. See the Areas for Improvement section above.

Critical care

Good   

Key facts and figures

The trust had 25 critical care beds as reported to NHS England. There were two intensive care units to manage level 2 and level 3 patients at Lincoln County Hospital and Pilgrim Hospital.

The trust has a critical care outreach service which is provided 24 hours a day, seven days a week.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We inspected Pilgrim Hospital which has a nine bed adult intensive care unit.

During our inspection we:

- visited the adult intensive care unit (AICU).
- spoke with three relatives and three patients.
- spoke with members of staff including ward managers, nurses, domestic staff, health care support workers, anaesthetists, a physiotherapist, consultants and junior doctors, a clinical nurse educator.
- looked at four sets of medical and nursing records.
- observed a ward handover and interactions between patients, relatives and staff.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

Critical care

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

- Staff were not always completing patient records on the electronic clinical information system (CIS) such as oral care and tissue viability assessments.
- Speech and language therapists (SALT) were not always available to review patients for swallowing assessments which could cause a delay for patient weaning onto oral feeding.
- There was not adequate pharmacist cover for the critical care unit at Pilgrim Hospital. A pharmacist did not always attend the unit's multidisciplinary ward handover meeting each morning or attend the unit for the agreed one day a week. The out of hours on-call pharmacist was not always able to attend the unit from home.
- Some policies on the CIS were out of review date. The tracheostomy policy and sedation hold guidelines were out of review date. The enteral feed guideline was not dated.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- Staff kept detailed records of patients' care and treatment. Records were clear and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.

Critical care

- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However,

- Recent audits of electronic patient records on the Metavision system had found staff were not always completing patient records such as oral care and tissue viability assessments.
- There was not adequate pharmacist cover for the critical care unit at Pilgrim Hospital.
- A pharmacist did not always attend the multidisciplinary ward handover meeting each morning.
- A pharmacist did not always attend the unit for the agreed one day a week.
- The out of hours on-call pharmacist was not always able to attend the unit from home to dispense urgently required medicine.

Is the service effective?

Good   

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.

However,

Critical care

- Some policies on the electronic clinical information system (CIS) were out of review date. The tracheostomy policy and sedation hold guidelines were out of review date. The enteral feed guideline was not dated.
- The service did not have administrative support for risk and governance, such as support for meetings and an audit trail of correspondence and actions.
- Staff told us there could sometimes be a delay with a speech and language therapist being able to assess patients.

Is the service caring?

Good ● ➡ ➡

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good ● ➡ ➡

Our rating of responsive stayed the same. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Is the service well-led?

Good ● ➡ ➡

Our rating of well-led stayed the same. We rated it as good because:

- Managers at all levels in the service had the right skills and abilities to run a service providing high-quality sustainable care.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients and relatives.

Critical care

- Managers across the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- The service used a systematic approach to continually be improve the quality of its services and safeguarding high standards of care by creating an environment in which excellence in clinical care would flourish.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

Outstanding practice

We found two examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found seven areas for improvement in this service. See the Areas for Improvement section above.

Maternity

Requires improvement ●

Key facts and figures

Maternity services provided by United Lincolnshire Hospitals NHS Trust (ULHT) are located on three hospital sites; Lincoln County Hospital, Pilgrim Hospital Boston and Grantham and District Hospital.

Services on all sites are run by one maternity and gynaecology management team.

Maternity services at Pilgrim Hospital included an antenatal clinic, an antenatal assessment unit, and a maternity ward (M1) consisting of 15 beds. The labour ward has eight rooms, one of which includes a birthing pool and two theatres.

Trust wide community midwife teams covered Skegness, Spalding, Grantham, Sleaford, Lincoln, Gainsborough and Boston.

The Early Pregnancy Assessment Unit (EPAU) was located within the gynaecology unit. The EPAU provided early scans and consultations for women experiencing problems in pregnancy between six and 20 weeks gestation.

There were 1585 births at Pilgrims Hospital between July 2018 and May 2019.

During our inspection, we visited all clinical areas and departments relevant to the service. We spoke to 21 members of staff including senior managers, service leads, midwives, maternity support workers, domestic staff, obstetricians, junior doctors and a student nurse. We spoke with 11 women and six family members. We observed care and treatment and reviewed 13 sets of medical records.

Summary of this service

We previously inspected maternity jointly with gynaecology so we cannot compare new ratings directly with previous ratings. We rated it as requires improvement because:

- Some of the problems we found during the previous inspection still existed; maternal choice for a midwife led delivery unit was limited. There was no designated bereavement area for families who had lost a baby. At the time of this inspection the labour ward did not have an electronic emergency call buzzer system.
- The labour ward co-ordinator was not always supernumerary. Local audits showed between December 2018 and May 2019, there were 243 occasions when the labour ward co-ordinator was not supernumerary equating to 22% of the time. However, an improvement plan was in place.
- Although the service achieved good outcomes for some patients, some areas required improvement. The still birth rate, proportion of women having induction of labour and proportion of blood loss (greater than 1500mls) were higher than trust targets or national average.
- The trust was only able to offer scans on four weekly basis to women identified as high risk for 'small for gestational age' (SGA) or fetal growth restriction (FGR). The trust was unable to offer routine scanning to women with BMI of 35 – 39.99. This was not in line with national guidance.
- The trust did not routinely audit waiting times to ensure they were in line with national standards.
- The service did not provide a designated midwifery led unit. There was no dedicated bereavement room available for women and families suffering a bereavement.

Maternity

- Systems used for identifying risks and planning to eliminate or reduce them were efficient. The risk register was revised in a board level format with an overarching title that was not appropriate for clinical risk.

However:

- There were effective systems to safeguard women and their babies from harm. Women identified as “high risk” where offered enhanced care by specialist midwives.
- There was a good culture of incident reporting and staff were open and honest with people when things went wrong.
- Patient records were comprehensive with appropriate risk assessments completed. Staff identified and quickly acted upon patients at risk of deterioration.
- The unit had specialist midwives, which ensured that women received specialist care suited to them.
- Feedback for the services inspected were mostly positive. Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- The service worked with commissioners and stakeholders to plan services. Community midwives covered specific geographical areas thereby ensuring women had access to midwives in their local area.
- Staff felt valued, were supported in their role and had opportunities for learning and development. Staff understood the service’s vision and values, and how to apply them at work. They were clear about their roles and responsibilities.
- The service had opened a new maternity ward with modern facilities to enhance patient care. Local goals were set for each of the metrics monitored on the maternity dashboard. The service carried out regular audits, with an action plan to improve patient outcomes.

Is the service safe?

Good 

We previously inspected maternity jointly with gynaecology so we cannot compare new ratings directly with previous ratings. We rated it as good because:

- The service provided mandatory training in key skills to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough midwifery and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction.

Maternity

- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- The local acuity tool audit demonstrated the labour ward coordinator was not always supernumerary.
- Hand hygiene audit results showed staff compliance with the trust standards were inconsistent for labour ward and M1 maternity ward.
- The labour ward did not have an electronic emergency call buzzer system. To mitigate this risk, staff used a draw string call bell which they pulled twice to alert other staff about an emergency during labour.

Is the service effective?

Requires improvement



We previously inspected maternity jointly with gynaecology so we cannot compare new ratings directly with previous ratings. We rated it as requires improvement because:

- Although the service achieved good outcomes for some patients, some areas required improvement. The still birth rate, proportion of women having induction of labour and proportion of blood loss (greater than 1500mls) were higher than the national average or trust targets.
- Routine scans for women identified as 'high risk' were not in line with national guidance even though the trust still birth report identified the risks as underlying factors for high still birth rate.
- The percentage of women smoking at birth was higher than the national standard.
- Medical staff did not meet the trust target for mental capacity training.

However:

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

Maternity

- Doctors, midwives and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care. Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good 

We previously inspected maternity jointly with gynaecology so we cannot compare new ratings directly with previous ratings. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement 

We previously inspected maternity jointly with gynaecology so we cannot compare new ratings directly with previous ratings. We rated it as requires improvement because:

- The trust did not routinely audit waiting times to ensure they were in line with national standards. The trust did not collect data relating to the percentage of women seen by a midwife within 30 minutes and if necessary by a consultant within 60 minutes during labour.
- The service did not provide a designated midwifery led unit, although women who were deemed to be at low risk did receive midwifery led one-to-one care in labour in two rooms set aside for this purpose.
- There was no designated room for a woman to deliver a still born baby or spend time with a partner and baby.
- Some labour rooms did not have en-suite toilets, which could be inconvenient for women.

However:

- The percentage of women who booked their maternity appointment by 12 weeks plus six days of pregnancy was higher than the trust target and the national average.
- The trust had employed specialist midwives to provide extra support to women and families with more complex needs. The labour ward had facilities for women with low-risk pregnancies to give birth to their babies. This included a birthing pool, relaxing lighting, birthing balls and stools.

Maternity

- The service was inclusive and took account of most patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Partners were allowed to stay overnight by women's bedside on the maternity ward. The new M1 maternity ward included separate gender neutral shower facilities that could be used by partners. Families were offered support towards the cost of parking.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

Is the service well-led?

Requires improvement



We previously inspected maternity jointly with gynaecology so we cannot compare new ratings directly with previous ratings. We rated it as requires improvement because:

- The service did not have efficient systems for identifying risks and planning to eliminate or reduce them. The risk register was revised in a board level format with an overarching title that was not appropriate for clinical risk.
- The hospital had insufficient scanning capacity to monitor women identified as high risk for 'small for gestational age' (SGA) or fetal growth restriction (FGR). Interim measures were insufficient to mitigate the issues with scanning capacity.
- Some of the areas of improvement identified during the last inspection had not been addressed. This included lack of bereavement facilities and lack of a designated midwifery led unit.
- Leaders and teams did not always use systems to manage performance effectively. The service did not routinely audit waiting times. This meant the trust was not assessing this performance against national standards.

However:

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

Outstanding practice

We found two examples of outstanding practice in this service. See the Outstanding practice section above.

Maternity

Areas for improvement

We found five areas for improvement in this service. See the Areas for Improvement section above.

Services for children and young people

Inadequate ● → ←

Key facts and figures

The trust provides care for children and young people at Lincoln County Hospital and Pilgrim Hospital, Boston. Both hospitals provide paediatric services for children from newborn to 16 years of age including day case and emergency services.

There are 24 paediatric inpatient beds on Rainforest Ward at Lincoln County Hospital, an eight-bedded paediatric day case ward, one intensive care, two high dependency, 12 special care and four transitional care beds.

(Source: Routine Provider Information Request (RPIR) – Acute context)

At the time of the inspection there were eight paediatric assessment beds and four day case surgery beds on ward 4A at Pilgrim hospital and a neonatal unit with eight neonatal cots and four transitional care beds.

The Pilgrim hospital had 2,609 spells from January 2018 to December 2018.

Lincoln County hospital and Pilgrim hospital were visited as part of the inspection process and each location has a separate evidence appendix and report. Children's and young people's services were run by one management team and are regarded by the trust as one service ('Two sites, one model'). For this reason, it is inevitable there is some duplication contained within the two evidence appendices.

This report relates to children's and young people's service provided at the Pilgrim hospital.

We inspected the service from 11 to 13 June 2019. As part of the inspection we visited ward 4A (providing a paediatric assessment unit and day surgery beds), the neonatal unit, the children's outpatient department, radiology, operating theatres and adult outpatient departments where children are regularly seen.

During the inspection, we spoke with 26 staff of various grades, including ward and theatre managers, nurses, consultants, middle grade doctors, healthcare assistants, nursery nurses and administrative staff. We also met with the senior management team. We spoke with 12 children, young people and their family members, observed care and treatment and looked at 16 patient's medical records including some medicines charts. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the hospital.

The service was last inspected in July 2018. At that inspection, it was rated 'inadequate' overall.

Summary of this service

Our rating of this service stayed the same. We rated it as inadequate because:

- Staff did not always assess risks to patients appropriately and did not always learn lessons and share learning from incidents. The service did not always have enough permanent medical staff to care for patients and keep them safe. Staff did not always have training in key skills such as safeguarding children. Staff did not consistently follow good hand hygiene practice, increasing the risk of infection.
- Managers did not ensure staff had access to up to date best practice guidance and carried out very few audits, to assess whether staff complied with national guidance. Staff did not follow best practice guidance to reduce the time fluids were withdrawn prior to surgery. Some key services were not available seven days a week. There were gaps in the management and support arrangements for staff, such as appraisal.

Services for children and young people

- Services did not always meet people's individual needs, as the environment in some departments children visited was not suitable and staff did not always make the adjustments needed to help patients access services. The operational policy of the paediatric assessment unit in relation to the transfer of patients was not always followed.
- Adequate action to address some of issues threatening the safety and effectiveness of care, had not been not progressed in an acceptable timeframe. Actions we advised the service to take following the inspection in March 2018 had not been fully addressed. The arrangements for governance and risk management were not fully effective, although a new governance framework was being implemented.

However:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service managed medicines well and kept good records of the care provided. There was a good culture of incident reporting and staff were open and honest with people when things went wrong.
- The service worked with stakeholders and commissioners to plan services and staff coordinated care with other services and providers. They listened to complaints and took them seriously.
- Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. Staff were focused on the needs of patients receiving care. They were clear about their roles and accountabilities.

Is the service safe?

Inadequate  

Our rating of safe went down. We rated it as inadequate because:

- The service provided mandatory training in key skills to all staff but did not make sure everyone completed it. Medical staff did not always receive and keep up to date with their mandatory training.
- Staff did not always have training on how to recognise and report abuse. Trust data showed the percentage of medical staff receiving training did not meet trust targets.
- The service did not always control infection risk well. Staff did not always use control measures to protect children, young people, their families, themselves and others from infection. They did not always adhere to hand hygiene requirements and managers did not complete regular audits of procedures shown to reduce infection.
- The design and use of facilities, premises and equipment did not always keep people safe.
- Staff did not always complete and update risk assessments for each patient and did not always take action to remove or minimise risks. Staff did not always identify and quickly act upon patients at risk of deterioration.
- The service did not have enough substantive medical staff with the right qualifications, skills, training and experience to keep children, young people and families safe from avoidable harm and to provide the right care and treatment.
- They achieved safe care through high use of agency/locum staff, although the situation was fragile.
- The service did not always manage patient safety incidents well. Managers investigated incidents but did not always share lessons learned with the whole team and the wider service, as systems for sharing learning were not robust.

However:

Services for children and young people

- Staff used equipment to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep children, young people and families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of children and young peoples' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- Equipment was maintained and staff managed clinical waste well.
- Staff recognised incidents and near misses and reported them appropriately. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, children, young people, their families and visitors.

Is the service effective?

Requires improvement   

Our rating of effective stayed the same. We rated it as requires improvement because:

- There was a risk the service did not provide care and treatment based on national guidance and best practice. Local guidance was sometimes past its review date and managers did not check to make sure staff followed national guidance.
- Staff did not always follow national guidelines to make sure patients fasting before surgery were not without food for long periods.
- Staff did not always monitor the effectiveness of care and treatment. They did not consistently use findings from monitoring to make improvements and achieve good outcomes for patients.
- Managers did not always appraise staff's work performance and hold supervision meetings with them to provide support and development.
- Key services were not always available seven days a week to support timely patient care. Access to key diagnostic tests were not always available on site.

However:

- Staff protected the rights of patients' subject to the Mental Health Act 1983.
- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate, using suitable assessment tools and gave additional pain relief to ease pain.
- The service had gained stage one accreditation in the UNICEF Baby Friendly accreditation scheme.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- The service made sure staff were competent for their roles.

Services for children and young people

- Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and families who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children, young people and their families to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

Is the service responsive?

Requires improvement  

Our rating of responsive improved. We rated it as requires improvement because:

- Although the service worked with others in the wider healthcare system it did not always plan and provide care in a way that met the needs of local people and the communities served.
- The service did not always take account of children, young people and their family's individual needs and preferences. Staff did not always make reasonable adjustments to help patients access services.
- Arrangements to transfer and discharge children and young people were not always in line with the operational policy of the unit. Information about waiting times from referral to treatment for planned surgery were not available.

However:

- Children and young people could access the service when they needed it urgently and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Is the service well-led?

Inadequate   

Our rating of well-led stayed the same. We rated it as inadequate because:

Services for children and young people

- Previous leaders had not always managed, or had lacked capacity or resources to manage, the priorities for improvement of the service.
- Leaders did not operate fully effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities but there was a wide variability in staff knowledge about clinical governance meetings and involvement in them.
- Leaders and teams did not always use systems to manage performance effectively. They did not always identify and escalate relevant risks and issues and identify actions to reduce their impact. Staff did not always contribute to decision-making to help avoid financial pressures compromising the quality of care.
- Staff did not always feel engaged in decision making about the service.
- All staff were committed to continually learning and improving services, although progress to improve services was slow. They did not always have a good understanding of quality improvement methods and the skills to use them. We found a lack of significant progress in addressing the issues identified in the last inspection.

However,

- The newly appointed leaders had the integrity, skills and abilities to run the service. They understood issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and was developing a strategy to turn it into action, with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders and staff actively and openly engaged with patients, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The service collected reliable data and analysed it. Staff could mostly find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were not fully integrated although were secure.

Areas for improvement

We found eight areas of improvement. See areas for improvement section above.

Lincoln County Hospital

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www.ulh.nhs.uk

Key facts and figures

This district general hospital serves the city of Lincoln and the North Lincolnshire area. It provides all major specialties and a 24-hour major accident and emergency service.

For the reporting period March 2018 – February 2019 there were 67,266 inpatient admissions and 487,839 outpatient attendances on this site.

We inspected Urgent and emergency services, Medical care (including older people's care), Critical care, Maternity and Services for children and young people.

Summary of services at Lincoln County Hospital

Requires improvement   

Our rating of services stayed the same. We rated it them as requires improvement because:

- Some services did not always have enough staff to care for patients and keep them safe. In two out of five services some staff had not had training in key skills. Staff did not always assess risks to patients, act on them and keep good care records.
- Managers monitored the effectiveness of the service and used the findings to make improvements but did not always achieve good outcomes for patients. In some services not all key services were available seven days a week.
- Services did not always plan care to meet the needs of local people or take account of patients' individual needs. People could not always access some services when they needed it and had to wait too long for treatment.
- Not all leaders ran services well using reliable information systems. Not all staff felt respected, supported and valued or were clear about their roles and accountabilities. and not all staff were committed to improving services continually.

However:

- Most staff understood how to protect patients from abuse. Services controlled infection risk well and most services managed medicines well. Services managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.

Summary of findings

- Staff mostly provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Services mostly made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff mostly treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Services made it easy for people to give feedback.
- Most services supported staff to develop their skills. Most staff understood the service's vision and values, and how to apply them in their work. Most staff were focused on the needs of patients receiving care. Services engaged well with patients and the community to plan and manage services.

Urgent and emergency services

Inadequate ● ↓

Key facts and figures

Urgent and emergency services are provided by the trust at three sites across Lincolnshire.

The emergency departments based at Lincoln County Hospital and Pilgrim Hospital provide consultant-led emergency care and treatment 24 hours a day, seven days a week to people across Lincoln and the North Lincolnshire area. Grantham and District Hospital closes overnight. From January 2018 to December 2018 there were 147,382 attendances at the trust's urgent and emergency care services.

This inspection concerns Lincoln County Hospital, the largest of the trust's emergency departments.

After our last inspection of the hospital published in July 2018 we asked the trust to make the following improvements at Lincoln County Hospital:

- The trust must ensure all patients who attend the emergency department are triaged within 15 minutes of their arrival.
- The trust must ensure all patients brought in by ambulance are handed over to the department within 30 minutes and patients should wait no more than 1 hour from time of arrival to time of treatment.
- The trust must ensure all patients who attend the department are admitted, transferred and discharged from the department within four hours.
- The trust must ensure all clinical and non-clinical staff receive the appropriate level of safeguarding children training: as directed in the Intercollegiate guidance: Safeguarding Children and Young People: Roles and Competencies for Health Care Staff (March 2014).
- The trust must ensure all staff in the emergency department attend mandatory training in key skills in line with trust policy, to meet the trusts own targets.
- The trust must ensure staff in the emergency department are applying the principles of antimicrobial stewardship.
- The trust should ensure the backlog of incidents are investigated and lessons learnt cascaded as a matter of urgency.
- The trust should ensure there is a positive incident reporting culture where staff get appropriate and timely feedback.
- The trust should ensure consultant presence in the emergency department meets the Royal College of Emergency Medicine (RCEM) recommendation of 16 hours per day.
- The trust should ensure all resuscitation equipment in the emergency department is safe and ready and ready for use in an emergency.
- The trust should ensure plans to refurbish the quiet room to meet the Psychiatric Liaison Accreditation Network (PLAN) standards
- The trust should ensure the emergency department participate in more clinical audit to be able to evidence care is being provided in line with national recommendations and best practice.

Urgent and emergency services

We inspected the service between the 11th and 13th June 2019. The inspection comprised an emergency care consultant, a nurse and a CQC inspector. During the inspection we visited key areas in the emergency department such as majors, minors, resuscitation, the rapid assessment and treatment area, and the waiting area.

We spoke with ten nurses and nine doctors of various grades, eight managers, and seven people from outside the organisation who worked with the service on a daily basis. We spoke with nine patients. We reviewed 25 records, checked eight pieces of equipment and attended a bed meeting.

Summary of this service

Our rating of this service went down. We rated it as inadequate because:

- Staff did not identify all patients at risk of deterioration in a timely way. Not all patients at risk had a sepsis screen completed within the hour, and some patients received antibiotics well in excess of an hour after the trigger point. The service did not always triage children within 15 minutes. Staffing levels depended on a disproportionate amount of bank, agency and locum nursing and medical staff. Vacancy rates, turnover and sickness were high.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Children did not always receive a clinical assessment within 15 minutes. They mixed with adult patients in the main waiting area and Rapid Access and Treatment corridor. The service did not meet Royal College of Paediatrics and Child Health (RCPCH) standards to keep children safe.
- The service did not have a comprehensive or systematic audit programme. Some evidence from serious incidents showed that staff were not always following good practice. Staff were not always able to ensure patients had enough to eat and drink, especially overnight. Checking pain and giving pain relief was also variable. Levels of medical and nursing staff competency were constrained by the high level of locum and agency staff
- Staff did not always inform patients about their care. We spoke to nine patients in the emergency department and waiting room. Three patients in the department told us they did not know what was happening, what the next stage was, or whether they were likely to stay in hospital overnight. Friends and Family test performance for urgent and emergency service in the trust overall was consistently worse than the England average from March 2018 to February 2019
- Patients could not access treatment in a timely way. Performance against national standards such as the four-hour target was poor. The week before we inspected the service 64% of patients were admitted, transferred or discharged within four hours at Lincoln County Hospital. Services were not systematically planned to meet local demand. The service had not reviewed or adapted its services to ensure that it met the needs of diverse patient groups such as patients with mental health difficulties, learning disabilities, autism or dementia.
- Leaders did not manage the priorities the service faced, for example, the management of patients at risk of deteriorating because of sepsis was weak. Systems and governance around performance management, including those for checking data quality although developing, had not led to sustainable solutions. Staff did not always feel respected, supported or valued. Strategic planning was not comprehensive or coordinated and lacked plans to meet the diverse range of patients and children.

Is the service safe?

Inadequate ● ↓

Urgent and emergency services

Our rating of safe went down. We rated it as inadequate because:

- Staff did not complete risk assessments for all patients swiftly. They did not always remove or minimise risks. Staff did not always identify or act upon patients at risk of deterioration. Not all patients at risk had a sepsis screen completed within the hour, and some patients received antibiotics well in excess of an hour after the trigger point. Not all ambulance handovers happened within 30 minutes. Risks to patients in the waiting area and who had left without being seen were not consistently managed.
- Staff did not always complete risk assessments for children swiftly. Children were not always clinically assessed within 15 minutes to determine priority category, supplemented by a pain score and a full record of vital signs.
- There was no audit trail which showed that consultants signed off patients at risk. Before discharging them from the service, consultants should see children under one, patients over 30 with chest pain, patients over 75 with abdominal pain and any patient who had returned after 72 hours to the department with the same condition.
- Staff did not always have an understanding of how to protect patients from abuse. Not all medical staff had training on how to recognise and report abuse.
- The service did not have enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. The service depended on locums.
- The service did not always have enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Vacancy rates, turnover and sickness were high for doctors and nurses.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe. Staff were not always trained in the safe use of equipment. The service did not always use systems and processes to safely prescribe or administer medicines. Staff did not always keep detailed records of patients' care and treatment.
- Nursing and medical staff knowledge of mental capacity issues was not up to date. The trust did not meet the trust target for Mental Capacity Act training completion.

However:

- The service had improved its management of patient safety incidents. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service provided mandatory training in many key skills and was improving the level of life support and paediatric skills for nurses. Leaders had acted to stabilise the level of nurse staffing.
- The service generally controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

Is the service effective?

Inadequate ● ↓

Our rating of effective went down. We rated it as inadequate because:

- The service did not always provide care and treatment based on national guidance and evidence-based practice. Monitoring of the effectiveness of care and treatment was not fully developed.

Urgent and emergency services

- The service did not have complete arrangements to monitor the effectiveness of care and treatment. A lack of up to date clinical audits limited opportunities for staff to make improvements and achieve better outcomes for patients. The service had no accreditations under relevant clinical accreditation schemes.
- The service had not performed well in national clinical outcome audits. Previous audits showed the service did not meet standards.
- Staff did not always give patients enough food and drink to meet their needs and improve their health. They did not always assess and monitor patients regularly to see if they were in pain or give pain relief in a timely way.
- Working between the emergency department staff and other hospital departments although improving, had not led to a sustainable positive impact on flow when we inspected
- Not all key services were available seven days a week to support timely patient care. Pharmacy was only open for a short time on Sundays
- The service aimed to make sure staff were competent for their roles, but not many nurses were trained on blood gases and there were operational barriers to improving medical skills. Not all medical staff had completed mandatory training on the Mental Capacity Act

However:

- Managers appraised staff's work performance and held supervision meetings with them to provide support and development. The level of staff paediatric competency was improving, and there was an associated competency framework to help sustain skills levels.
- Staff mostly supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide care. Ambulance staff reported that the service was becoming easier to work with.

Is the service caring?

Requires improvement ● ↓

Our rating of caring went down. We rated it as requires improvement because:

- Patients were not always treated with compassion and kindness, or had their privacy and dignity respected, or their individual needs taken into account. Patients were not always treated with kindness at reception. Friends and Family test results showed the department scored below the England average between March 2018 and February 2019 when patients were asked whether they would recommend to their Friends and Family.
- Patient dignity was not always fully respected despite staff efforts to maintain it. Privacy was not facilitated by the layout of the department
- Staff did not always provide emotional support to patients, families and carers to minimise their distress. They sometimes did not make sure patients and those close to them understood their care and treatment.
- The service did not have a consistent process for supporting patients who had been given bad news, if they attended without friends or relatives.

However:

Urgent and emergency services

- Nursing and medical staff were discreet and responsive when caring for patients. Staff followed the policy to keep patient care and treatment confidential. We observed children and seriously ill patients being treated in an understanding, kind and sensitive manner.
- Nursing and medical staff understood and respected the individual needs of each patient and showed understanding and a non-judgmental attitude when caring for or discussing patients with mental health needs.
- Staff supported patients to make decisions and had access to communication aids or to interpreting skills where necessary.

Is the service responsive?

Inadequate ● ↓

Our rating of responsive went down. We rated it as inadequate because:

- The service did not plan or provide care in a way that met the needs of local people and the communities served. Services were not systematically planned to meet local demand. Leaders recognised this and were planning a capacity and demand analysis. The facilities and premises were not appropriate for the services being delivered. Care of children was not kept separate; the resuscitation area did not have enough capacity and mental health facilities were not completely secure
- People could not always access the service when they needed it or receive the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not in line with national standards. Performance against national standards such as the four-hour target was well below average. The week before we inspected the service 64% of patients were admitted, transferred or discharged within four hours at Lincoln County Hospital, and during our inspection the daily figure varied between 37% and 68%. This was below the trust target of 70.1%. Median total time in A&E was also worse than the national average
- The service at Lincoln County Hospital received 40.8% of the trust's emergency department complaints but 7.5% of compliments. Clinical treatment, waiting times and values and behaviours were the main reasons for complaining.

However,

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- There were arrangements to help patients with communication difficulties such as pictorial guides and access to interpreters
- Within limitations, the service had improved facilities in since our last inspection. There was a small room used as a children's waiting room, a private room for patients who were distressed, and a room on the Rapid Assessment corridor which could be used for patients who were nearing end of life.

Is the service well-led?

Inadequate ● ↓

Our rating of well-led went down. We rated it as inadequate because:

- Leaders had not always managed the priorities and issues the service faced, for example the risk of deterioration for patients. There were also some gaps in clinical leadership capacity at hospital level.

Urgent and emergency services

- The Lincoln County Hospital service did not have a comprehensive strategy. There was an urgent care programme but there was no costed strategy at site level which combined quality and safety improvement, workforce planning and training, meeting the Royal College of Emergency Medicine and Royal College of Paediatrics and Child Health standards, and the range of patient's individual needs. Staff were not clear on what the strategy was, other than the need to recruit doctors and nurses.
- Staff did not always feel supported, respected or valued. The service had not performed well for a long time, so staff did not feel proud to work for the organisation, although some worked longer than their contracted hours to ensure patient care.
- Governance processes were in development. Leaders were starting to operate effective governance processes, throughout the service and with partner organisations. This was partially embedded and not all staff had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams had not managed performance effectively. Performance monitoring and management systems did not lead to problems being permanently solved. The service lacked processes to check and audit data quality, in particular to monitor whether triage was counted correctly.
- Engagement with staff and patients to inform improvement was limited. Staff were often too busy to survey patients for qualitative feedback, other than the Friends and Family test, and the service did not conduct staff surveys systematically.
- Staff and leaders did not have an in-depth understanding of quality improvement methods or the skills to use them. The service did not have a strong track record of innovation or participation in research.

However:

- New triumvirate leaders at senior level had the skills and knowledge necessary to improve the service. The trust operating model put more emphasis on standardised governance processes. Performance management and clinical governance were starting to strengthen. Leaders were working with external agencies to improve staffing and paediatric skills levels.
- Staff engagement meetings starting to take place to discuss major policy changes and to ensure that staff were aware of key issues such as the Full Capacity Protocol.
- The medicine division had a workforce plan which included the emergency service.

Areas for improvement

We found six areas for improvement. See areas for improvement section above.

Medical care (including older people's care)

Requires improvement   

Key facts and figures

The trust provides medical care (including older people's care) at three sites: Grantham and District Hospital; Lincoln County Hospital; and Pilgrim Hospital. Services at all sites sit within the division of medicine and are managed through the cardiovascular and specialty medicine clinical business units.

The trust has 546 inpatient medical beds across Lincoln County Hospital and Pilgrim Hospital, with 300 of these beds being located at Lincoln County Hospital.

The trust had 72,242 medical admissions from January to December 2018. Emergency admissions accounted for 33,181 (45.9%), 1,269 admissions (1.8%) were elective, and the remaining 37,792 (52.3%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 31,313 admissions
- Clinical haematology: 7,985 admissions
- Clinical oncology: 7,447 admissions

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

To come to our ratings, during our inspection we:

- Visited all inpatient medical wards, cardiac catheter lab, endoscopy suite and the discharge lounge.
- Spoke with 14 patients and relatives
- Spoke with 47 members of staff representing a broad cross section of clinical specialties and grades and nonclinical roles.
- Reviewed medical records of 24 patients.

Summary of this service

Our rating of this service stayed the same. We rated it as requires improvement because:

- The service did not always have enough staff to care for patients and keep them safe.
- Managers monitored the effectiveness of the service to make improvements but did not always achieve good outcomes for patients.
- Some key services were not available seven days a week.
- People could not always access the service when they needed it and had wait times above the national average for treatment.
- Leaders had the ability to run the service well, however whilst they understood and managed the priorities and issues the service faced these were not always managed effectively.
- Staff did not always feel respected, supported and valued.

However:

Medical care (including older people's care)

- Most staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well and kept good care records.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it.
- Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Staff understood the service's vision and values, and how to apply them in their work.
- Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services.

Is the service safe?

Requires improvement ● ➡ ➡

Our rating of safe stayed the same. We rated it as requires improvement because:

- The service did not have enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and abuse and to provide the right care and treatment.
- The service did not have enough medical staff with the right qualifications, skills, training and experience to keep patient's safe from avoidable harm and to provide the right care and treatment.
- The service did not always use systems and processes to safely prescribe, administer, record and store medicines.
- The service mostly made sure all staff completed mandatory training in key skills. However, the number of staff who completed it did not meet trust targets in all training modules.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe.
- Staff completed and updated risk assessments for each patient and acted to remove or minimise risks. However, staff did not always immediately identify and act upon patients at risk of deterioration.

However:

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had completed mandatory training on how to recognise and report abuse.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.

Medical care (including older people's care)

- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Requires improvement  

Our rating of effective went down. We rated it as requires improvement because:

- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and but did not always achieve good outcomes for patients.
- Not all key services were available seven days a week to support timely patient care.

However:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients' subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure most staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.

Medical care (including older people's care)

- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Requires improvement   

Our rating of responsive stayed the same. We rated it as requires improvement because:

- People could not always access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.

However:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

Is the service well-led?

Requires improvement  

Our rating of well-led went down. We rated it as requires improvement because:

- Leaders had the skills and abilities to run the service. However, whilst they understood and managed the priorities and issues the service faced these were not always managed effectively. They were not always visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The trust had effective systems for identifying risks, planning to eliminate or reduce them, however actions to reduce their impact were not always taken. They had some plans to cope with both the expected and unexpected.
- Staff didn't always feel respected, supported and valued. However, they were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The trust engaged well with patients, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively. However, some staff felt that there was a lack of engagement from leaders.

However;

- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.

Medical care (including older people's care)

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

Outstanding practice

We found two areas of outstanding practice. See outstanding practice section above.

Areas for improvement

We found nine areas for improvement. See areas for improvement section above.

Critical care

Good   

Key facts and figures

The trust had 25 critical care beds as reported to NHS England. There were two intensive care units to manage level 2 and level 3 patients at Lincoln County Hospital and Pilgrim Hospital.

The trust had a critical care outreach service which was provided 24 hours a day, seven days a week.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

We inspected Lincoln County Hospital which had a 16 bed adult intensive care unit to manage level two and level three patients.

During our inspection we:

- visited the adult intensive care unit (AICU).
- spoke with two relatives and four patients.
- spoke with members of staff including ward managers, nurses, domestic staff, health care support workers, a physiotherapist, consultants, registrars and junior doctors, a clinical nurse educator, an advanced critical care practitioner, and a Mid Trent critical care network lead.
- looked at five sets of medical and nursing records.
- observed a ward handover, a safety huddle and interactions between patients, relatives and staff.

Summary of this service

Our rating of this service stayed the same. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.

Critical care

- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Good   

Our rating of safe stayed the same. We rated it as good because:

- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and took action to remove or minimise risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- The service had enough allied health professionals with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However:

- There was not adequate pharmacist cover for the critical care unit at Lincoln Hospital.
- A pharmacist did not always attend the multidisciplinary ward handover meeting each morning.

Critical care

Is the service effective?

Good  → ←

Our rating of effective stayed the same. We rated it as good because:

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of patients subject to the Mental Health Act 1983.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Most key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patient's consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.

However:

- The service did not provide therapist cover including dietetics, physiotherapists or speech and language therapists seven days a week.
- The service did not provide pharmacy cover seven days a week.

Is the service caring?

Good  → ←

Our rating of caring stayed the same. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

Critical care

Is the service responsive?

Outstanding ☆ → ←

Our rating of responsive stayed the same. We rated it as outstanding because:

- The service planned and provided care in a way that went above and beyond to meet the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. At our last inspection in 2014, the service operated a single sex protocol for patients, comprising of two separate bays, one area for females and one area for males, with six side rooms. We saw this had been maintained, with minimal breaches for level 1 patients. The service clinical lead was the lead for the Mid Trent Critical Care Network. This ensured the service delivered best practice to meet the needs of the local people.
- The service was extremely inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers. At our last inspection in 2014, the service offered a follow up clinic, of one appointment. We saw this had been extended to meet the needs of more patients, and wider support was offered. The service had also developed enhanced care plans to support vulnerable patients or those with a mental health condition, or a learning disability.
- People could access the service when they needed it and received the right care promptly. The service admitted, treated and discharged patients in line with national standards. The service had not cancelled any operations since before April and cancelled minimal before April. The service recognised an improvement in the number of cancelled operations. At times of increased demand, the service had an additional four beds to support the influx of patients.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service had minimal complaints, with only one at the time of our inspection. The complaint was investigated appropriately, and the complainant was provided with a response in a timely manner. The response included an apology and findings from the investigation.

Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- Most leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Most were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff mostly felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Critical care

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- The service was committed to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation.

However:

- A number of staff commented on the number of times they were being moved to support wards in the hospital.

Outstanding practice

We found two areas of outstanding practice. See outstanding practice section above.

Areas for improvement

We found six areas for improvement. See areas for improvement section above.

Maternity

Good 

Key facts and figures

The maternity service at Lincoln County Hospital included an antenatal clinic, an antenatal assessment unit, and a maternity ward. The ward (Nettleham) was used for antenatal and postnatal inpatients and consisted of 31 beds and a further six beds for use by the antenatal assessment unit and or to relieve capacity on the ward. The service provided four beds used as a transitional care area on the ward. The labour ward had ten side rooms, one of which included a birthing pool and they had access to two theatres. The rooms on the labour ward were of varying sizes and two were in use as a midwifery led environment while they awaited renovations being completed to provide an alongside midwifery led unit. There was also a dedicated bereavement room located on Nettleham ward.

Trust wide community midwife teams covered Skegness, Spalding, Grantham, Sleaford, Lincoln, Gainsborough and Boston.

The Early Pregnancy Assessment Unit (EPAU) was located within the gynaecology unit. The EPAU provided early scans and consultations for women experiencing problems in pregnancy between six and 20 weeks gestation.

There were 2695 births at Lincoln County Hospital between July 2018 and May 2019.

We previously inspected maternity jointly with gynaecology therefore we cannot compare our new ratings directly with previous ratings.

During this inspection we:

- Spoke with 29 staff members; including service leads, matrons, midwives, non-registered and administrative staff.
- Spoke with ten women and their relatives using the service.
- Checked 18 pieces of equipment.
- Reviewed eight medical records including CTG tracings.
- Reviewed eight prescription charts.

Summary of this service

We previously inspected maternity jointly with gynaecology therefore we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The service had enough staff to care for patients and keep them safe. Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.

Maternity

- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

However,

- Although the service achieved good outcomes for most patients, some areas required improvement.
- The trust did not routinely audit waiting times to ensure they were in line with national standards.
- The service did not provide a designated midwifery led unit, however they had modified two rooms used as such while awaiting renovation and provision of an alongside midwifery led unit.
- Systems used for identifying risks and planning to eliminate or reduce them were not embedded. The risk register was in a board level format with an overarching title that was not appropriate for clinical risk.

Is the service safe?

Good 

We previously inspected maternity jointly with gynaecology therefore we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The service provided mandatory training in key skills to all staff.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- The service had enough midwifery and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave bank staff a full induction.
- The service mostly had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix and gave locum staff a full induction.

Maternity

- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

Is the service effective?

Good 

We previously inspected maternity jointly with gynaecology therefore we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The service provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for most patients.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care. Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

However,

- Although the service achieved good outcomes for most patients, some metrics required improvement.
- Medical staff did not meet the trust target for mental capacity training.

Is the service caring?

Good 

Maternity

We previously inspected maternity jointly with gynaecology therefore we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Is the service responsive?

Good 

We previously inspected maternity jointly with gynaecology therefore we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of most patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However,

- Although women told us they could access the service when they needed it, the trust did not routinely audit waiting times to ensure they were in line with national standards.
- The trust did not collect data relating to the percentage of women seen by a midwife within 30 minutes and if necessary by a consultant within 60 minutes during labour.

Is the service well-led?

Good 

We previously inspected maternity jointly with gynaecology therefore we cannot compare our new ratings directly with previous ratings. We rated it as good because:

- Managers had the right skills and abilities to run a service providing sustainable care.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.

Maternity

- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.

However,

- Systems used for identifying risks and planning to eliminate or reduce them were not embedded following the implementation of a new trust operating model.
- The trust was only able to offer scans on four weekly basis to women identified as high risk for 'small for gestational age' (SGA) or fetal growth restriction (FGR). The trust was unable to offer routine scanning to women with BMI of 35 – 39.99. This was not in line with national guidance, however an action plan was in place and a new sonography machine was awaiting installation.

Outstanding practice

We found three areas of outstanding practice. See outstanding practice section above.

Areas for improvement

We found five areas for improvement. See areas for improvement section above.

Services for children and young people

Requires improvement  

Key facts and figures

The trust provides care for children and young people at Lincoln County Hospital and Pilgrim Hospital. Both hospitals provide paediatric services for children from new-born to 16 years of age including day case and emergency services.

There are 24 paediatric inpatient beds on Rainforest Ward and currently 16 beds on Ward 4A. There is also an eight-bedded paediatric day case ward and one intensive care, two high dependency, 12 special care and four transitional care beds.

Lincoln County hospital and Pilgrim hospital were visited as part of the inspection process and each location has a separate evidence appendix and report. Children's and young people's services were run by one management team and are regarded by the trust as one service ('Two sites, one model'). For this reason, it is inevitable there is some duplication contained within the two evidence appendices.

This report relates to children's and young people's service provided at Lincoln County hospital

We inspected the service from 11 to 13 June 2019. As part of the inspection we visited Rainforest ward, Safari ward the neonatal unit, the children's outpatient department, the multi-faith chapel radiology, operating theatres and adult outpatient departments where children are regularly seen.

During the inspection, we spoke with 22 staff of various grades, including ward and theatre managers, nurses, consultants, middle grade doctors, healthcare assistants, nursery nurses and administrative staff. We attended two nursing handovers, two medical handovers and one safety huddle. We interviewed the children's safeguarding lead and the trusts transitional lead

We spoke with 13 children, young people and their family members, observed care and treatment and looked at 11 patient's medical records including some medicines charts. We received comments from people who contacted us to tell us about their experiences, and reviewed performance information about the hospital.

Following a comprehensive inspection in 2016, the trust was required to complete the following actions:

- Ensure nursing Ligature risk assessments had undertaken and ligature cutting equipment was available in all required areas.
- Ensure there were effective system in place to assess, monitor, and mitigate risks to deteriorating patients. Where patients had met the trust's criteria for sepsis screening, all patients must be screened or treated in accordance with national guidance.

Summary of this service

Our rating of this service went down. We rated it as requires improvement because:

- The children's safeguarding lead was not in receipt of regular safeguarding supervision
- Staff were not in receipt of regular group supervision as a member of the safeguarding team who undertook this left the trust in February and their post had only just been replaced at the time of our inspection
- The service did not have enough medical staff to keep children and young people safe, as the medical staff did not match the planned number on all shifts in each department.

Services for children and young people

- The design of the adult outpatient's department where children regularly attended environment did not always follow national guidance, for example, the outpatient's department clinic waiting area for an x-ray or CT scan had no facilities for children. Staff told us the children would wait with their parents and that sometimes they had to stand as there was not sufficient seating.
- Nursing staffing was on the risk register for Rainforest ward as a red risk and had been for five years. Royal College of Nursing (RCN), Paediatric Nurse Standards recommend a ratio of one nurse to four patients over the age of two during the day and at night and a ratio of one nurse to three patients under two years of age day and night. A ratio of one nurse to two patients is recommended for patients requiring high dependency care. The guidance also recommended at least one Band six nurse on every shift. This was achieved on Rainforest ward through the extensive use of bank and agency staff over a prolonged period of time.
- Managers did not ensure staff had access to up to date best practice guidance and carried out very few audits, to assess whether staff complied with national guidance.

However:

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. The service-controlled infection risk well. Staff assessed risks to patients, acted on them and kept good care records. They managed medicines well. The service managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve the service. There was a medical lead for safeguarding.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were available seven days a week.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback. People could access the service when they needed it and did not have to wait too long for treatment.
- Leaders ran services well using reliable information systems and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work. Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

Is the service safe?

Requires improvement   

Our rating of safe stayed the same. We rated it as requires improvement because:

- The children's safeguarding lead was not in receipt of regular safeguarding supervision.
- Staff were not in receipt of regular group supervision as a member of the safeguarding team who undertook this left the trust in February and their post had only just been replaced at the time of our inspection.

Services for children and young people

- The service did not have enough medical staff to keep children and young people safe, as the medical staff did not match the planned number on all shifts in each department.
- Nursing staffing was on the risk register for Rainforest ward as a red risk and had been for five years Rainforest ward reached staffed requirements through the extensive use of bank and agency staff over a prolonged period of time.

However:

- There was a medical lead for safeguarding.
- Staff understood the duty of candour. They were open and transparent, and gave children, young people and their families a full explanation if and when things went wrong.
- We saw ligature risk assessments on all the children's ward and the outpatient clinics we inspected. These were undertaken to identify and mitigate the ligature points where patients might try and hang themselves from. All the children's wards had ligature proof curtain tracks around the patient's bed, that would collapse if any weight was attached to them. Ligature cutters were kept in a compartment in all the resuscitation trolleys with a notice and a picture of them on the top of the trolley to both notify and remind staff where they were .
- The service assessed paediatric sepsis using the sepsis six, which is a set of interventions which can be delivered by any healthcare professional and must be implemented within the first hour. Sepsis is a life-threatening condition that arises when the body's response to infection injures its own tissues and organs.
- Rainforest and Safari wards undertook a daily sepsis six audit. At the time of our inspection, data showed that both wards were 100% compliant with the sepsis six audit. Staff were given a Recognition and Management of Sepsis in Children and Young People Workbook & Assessment for Children's Inpatient and Children's Assessment Areas.

Is the service effective?

Requires improvement ● ↓

Our rating of effective went down. We rated it as requires improvement because:

- Managers did not carry out a comprehensive audit programme and did not always implement the recommendations. For example, quality improvement project on the investigation and management of childhood epilepsy in 2018. One of the recommendations of this project was a need for an Implementation of a well-defined integrated care pathway. However, this pathway was not evident when we undertook our recent inspection.
- Managers did not always share and make sure staff understood information from the audits. There was no identified audit clinical lead for children's and young people's services. This meant that information from audits was not always shared widely with staff.
- Improvement was not always checked and monitored. Sepsis audits were monitored; however, we could not find evidence that there was consistent of monitoring, checking and implementation of action plans from national audits.
- Managers did not always support medical staff to develop through regular, constructive clinical supervision of their work. There was no medical lead for safeguarding. Medical staff told us they did not have regular safeguarding supervision.

However:

- All staff were supported to attend training covering areas such as safeguarding adults and children information governance, medicines management, infection and prevention control and record keeping.

Services for children and young people

- Managers supported staff to develop through yearly, constructive appraisals of their work. All staff we spoke with said they had regular appraisals, annual appraisals give an opportunity for staff and managers to meet, review performance and development opportunities which promotes competence, well-being and capability. All qualified nursing, medical and health care support workers we spoke with confirmed they had received a meaningful appraisal within the past year.
- The service was in the process of working towards accreditation by the UNICEF UK Baby Friendly Initiative.
- Managers did not always support medical staff to develop through regular, constructive clinical supervision of their work. Medical staff told us they did not have regular safeguarding supervision.

Is the service caring?

Good   

Our rating of caring stayed the same. We rated it as good because:

- We found that at all times staff acted in a compassionate and respectful way towards children, young people and their parents.
- We also observed that staff took time to interact with children, young people, those close to them and treat them with kindness and consideration.
- Staff were knowledgeable about the different personal, cultural, social and religious needs of children, young people and their families and how they may relate to care needs of them.
- Trust staff delivered good emotional support. The parents, we spoke with told us there was good communication and emotional support from staff and any concerns were addressed quickly and appropriately.

Is the service responsive?

Requires improvement  

Our rating of responsive went down. We rated it as requires improvement because:

- The environment in the adult outpatient departments where children were frequently seen for example for an x-ray was not suitable for the needs of children. There were no facilities for children. Staff told us the children would wait with their parents and that sometimes they had to stand as there was not sufficient seating.
- During this inspection, we did not see evidence of formal transition plans in place for children and young people
- There was no transition documentation to give parents, however each young person had a booklet named "All about me" which contained various sections concerning the young person, for example mobility, health needs and how I feel.
- Staff did not always make sure children and young people living with mental health problems, learning disabilities and long-term conditions received the necessary care to meet all their needs and there was no provision to flag patients with these needs.

However

Services for children and young people

- Staff knew about and understood the standards for mixed sex accommodation and knew when to report a potential breach. Staff were knowledgeable and had a good understanding of the necessities for single sex accommodation and were able to accommodate the mix of age ranges of children and young people attending the children's ward and the day case ward, to enable both privacy and dignity
- Staff could access emergency mental health support 24 hours a day 7 days a week for children and young people with mental health problems and learning disabilities. Staff could call for support from the children's and adolescent mental health team (CAMHS) and, 24 hours a day, seven days a week.
- Anaesthetic room was decorated with child friendly decoration such as cartoons and we observed that general anaesthetics carried out in a very friendly professional manner. We saw two children anaesthetised, on each occasion their mother was with child and was involved fully in what was happening.
- Managers ensured that children, young people and families who did not attend appointments were contacted. Staff said they did not have a mobile phone text reminder system, but that this was undertaken by the central booking system. Managers did not routinely contact families themselves to explore reasons for non-attendance.
- The child and adolescent mental health service (CAMHS) crisis response team were present in the emergency department and reviewed patients with a view to preventing admissions. If a child required admission, the CAMHS professionals would review the child on the ward with a view to transferring them to an appropriate environment if required.

Is the service well-led?

Requires improvement ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- Job plans for consultants had not been reviewed since 2017, although we were told a group job plan was being developed and individual job plans were to be reviewed. During this process, leads for clinical audit would be identified and attendance at 70% of clinical governance meetings would be mandatory.
- Clinical governance processes were not fully established and effective. The senior management team explained that the governance framework and meeting structure had been reviewed as part of the new 'two sites one model' approach and some parts were more established than others.
- Although there was an identified clinical audit lead for neonates, there was no clinical audit lead for paediatrics. The trust provided a copy of the planned audits for 2019 to 2020, but there were only six audits planned for children and young people's services across the trust. There were no arrangements in place for paediatric morbidity and mortality meetings.
- The trust had a nominated freedom to speak up guardian (FTSUG) who had been appointed by the senior management team without any staff consultation. Most staff told us they were not confident to speak to the FTSUG and none of the staff we spoke with knew the name of the FTSUG.
- Nurse staffing issues had been on the risk register for five years. However, actions were in place to mitigate risk.

However:

- The service encouraged staff who wanted to progress to apply for The Mary Seacole Local Programme which is a six-month leadership development programme, to develop knowledge and skills in leadership and management. We spoke with two nurses, who said they had been encouraged to apply for this by their ward manager.

Services for children and young people

- The trust had a “Wellbeing wallet” for staff. This has been created after the trusts first managing emotional wellbeing and mental health at work conference. The wellbeing wallet contained information and resources for staff on how to promote a positive emotional wellbeing environment within the trust and where to find more information on how to achieve this.
- Policies and procedures existed on the trust intranet which staff could access easily. For example, escalation policies were in place in the event of fire, water emergencies and computer failure. Staff we spoke with were not aware of these policies.
- Parents and family members were given feedback cards, so they could feedback on their experience whilst attending the hospital.

Areas for improvement

We found five areas for improvement. See areas for improvement section above.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

Please note: Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website www.cqc.org.uk)

This guidance (see goo.gl/Y1dLhz) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Regulation 14 HSCA (RA) Regulations 2014 Meeting nutritional and hydration needs

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

This section is primarily information for the provider

Requirement notices

Regulated activity

Diagnostic and screening procedures
Maternity and midwifery services
Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

This section is primarily information for the provider

Enforcement actions

We took enforcement action because the quality of healthcare required significant improvement.

Regulated activity

Diagnostic and screening procedures
Treatment of disease, disorder or injury

Regulation

Section 31 HSCA Urgent procedure for suspension, variation etc.

Regulated activity

Diagnostic and screening procedures
Surgical procedures
Treatment of disease, disorder or injury

Regulation

S29A Warning Notice: quality of healthcare

Our inspection team

Simon Brown and Michelle Dunna, Inspection Managers led this inspection. Carolyn Jenkinson, Head of Hospital Inspection, and one executive reviewer supported our inspection of well-led for the trust overall.

The combined team (core services and well-led) included two further inspection managers, 13 further inspectors, four of whom were mental health inspectors, one national professional advisor in urgent and emergency care, 21 specialist advisors, two inspection managers, two assistant inspectors and one inspection planner.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services