

# United Lincolnshire Hospitals NHS Trust

## Quality Report

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May 2014 Focused inspection 2-4 February 2015  
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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

## Ratings

### Overall rating for this trust

Requires improvement



Are services at this trust safe?

Requires improvement



Are services at this trust effective?

Good



Are services at this trust caring?

Good



Are services at this trust responsive?

Requires improvement



Are services at this trust well-led?

Good



# Summary of findings

## Letter from the Chief Inspector of Hospitals

We carried a comprehensive inspection at United Lincolnshire Hospitals NHS Trust in April/May 2014 as it had been identified as potentially high risk on the Care Quality Commission's (CQC) Intelligent Monitoring system. The trust was one of 11 trusts placed into 'special measures' in July 2013 after Sir Bruce Keogh's review (Keogh Mortality Review) into hospitals with higher than average mortality rates. We rated the trust as requiring improvements in all domains apart from caring during this inspection. We undertook a follow-up focused inspection between 2 and 4 February 2015 to review improvements made by the trust in areas previously rated as requires improvement or inadequate. Whilst we had not planned to inspect the key question of effectiveness and caring at Pilgrim Hospital we saw some practices which have affected the ratings in these areas.

We inspected Lincoln County Hospital, Pilgrim Hospital, Grantham and District Hospital, and County Hospital, Louth. We did not inspect the other services provided at John Coupland Hospital, or Skegness and District Hospital, as these are operated as part of the acute sites.

Overall, this trust was found to have undertaken significant action to address most of the areas we highlighted in our 2014 report. Out of 79 previously rated requires improvement or inadequate to the key questions 64 have improved to good with one moving from inadequate to requires improvement. 15 ratings have remained the same and two further key questions have moved from good to requires improvement. Some improvements in outpatients at the Lincoln County Hospital were seen in respect of the safety of patients further action is required in terms of responsiveness and well led to ensure that this service meets the needs of patients attending the department. Overall this rating reflects substantial number of improvements across the trust.

Our key findings were as follows:

- There was significant improvement in clinical staff engagement, with senior clinicians sitting on the Clinical Executive Committee making decisions, and reporting directly to the trust board.
- There was clear evidence of plans to achieve sustainability of new processes.

- There were improvements in infection control processes and practices as a result of a renewed and energised infection control team.
- Paediatric services, particularly in the A&E departments, were greatly improved, with the recruitment of more paediatric nurses.
- Whilst recruitment of staff was still an issue, the changes in working practices meant that the numbers of nurses who were familiar with the wards were undertaking bank shifts.
- Records relating to risk assessment and care were still not always maintained to ensure that care was appropriate.
- Medicines management practices were improved, with lower numbers of prescribing errors.
- Risks in the environment that had been identified at Pilgrim and Lincoln County Hospitals, had substantial risk controls in place, with refurbishment plans for Grantham and District Hospital.
- Nursing staff were found to be caring and compassionate in all wards and departments.
- Local leadership was improved, with almost all areas rated as good.
- There was significant investment in equipment to ensure safety and effectiveness of services.
- The maxillofacial services were not cohesive and required improvement to ensure that patients received a similar service at all locations.
- The outpatients department at Lincoln County Hospital requires further improvements to be made to ensure that the partial booking system is responsive to the needs of patients through timely booking of appointments.

We saw several areas of outstanding practice including:

- People who had complained were invited to take part in recruitment and selection processes for posts in the Patient Advice and Liaison Service (PALS) team.

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

Importantly, the trust must:

- The trust must ensure that there sufficient qualified and experience staff to care to for the patients' needs.

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- The trust must ensure that there is a system in place to monitor and address patients in the partial booking system.
- Embed systematic governance procedures within the surgical services and outpatients department at County Louth Hospital.

**Professor Sir Mike Richards**

Chief Inspector of Hospitals

# Summary of findings

## Background to United Lincolnshire Hospitals NHS Trust

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

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

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

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

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

## Our inspection team

In April 2014, our inspection team was led by:

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

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

A team of 33 CQC and specialists inspectors inspected this trust.

In March 2015, the inspection team was led by:

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

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

The team of 33 included 11 CQC inspectors and two pharmacist inspectors, an oral and maxillofacial surgeon, a consultant in medicine, a cardiology consultant, a head of clinical services and quality, a senior theatre practitioner, a district nursing sister, a senior midwife and a senior paediatric nurse, and an 'expert by experience'. Experts by experience are people who use hospital services, or have relatives who have used hospital care, and have first-hand experience of using acute care services.

## How we carried out this inspection

To get to the heart of the patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?

- Is it responsive to people's needs?
- Is it well-led?

Before visiting, we reviewed a range of information and asked other organisations to share what they knew about the hospital. These included the clinical commissioning

# Summary of findings

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

In April 2014 we held three listening events in Lincoln, Boston and Grantham on 29 April and 30 April 2014, where people came to share their views and experiences of the trust. Some people who were unable to attend the listening events shared their experiences via email or telephone. At this inspection in February 2015 we did not hold a listening event, but spoke directly with patients and relatives at all hospitals.

We carried out an announced inspection visit from 2 February to 4 February 2015, with an unannounced inspection on 1 February 2015 at the Lincoln and Boston

sites. We were unable to travel to County Hospital, Louth during our inspection due to bad weather, but undertook an inspection at this site on 2 March 2015. We spoke with staff individually, as requested.

We talked with patients and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

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

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

## What people who use the trust's services say

The NHS Friends and Family Test was implemented to assess if patients and their friends and family would recommend the ward to their loved ones. The trust was performing worse than the England average, with patients scoring 64% in July 2014, as opposed to 73% for the England average. With regard to A&E, the trust was performing worse than the England average, with patients scoring 38% in July 2014, as opposed to 54% for the England average. In December 2014, individual hospitals scored between 88% and 96% for patients who recommend the hospital, and within the A&E departments between 79% and 82%.

The inpatient survey showed that the trust was performing in line with other trusts during 2013/14.

In the cancer patient survey, the trust performed worse in 14 out of the 69 questions asked of patients. These questions included areas covering being given conflicting information, discussions held in private, explanation of the operation, and knowing the name of the cancer nurse specialist.

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

## Facts and data about this trust

### Key facts and figures about the trust

Lincoln County Hospital = 601 beds

Grantham and District Hospital = 115 beds

The Pilgrim Hospital = 350 beds

Inpatient admissions = 152,760 2013/14

Outpatient attendances = 674,856 2013/14

A+E attendances = 144,239 2013/14

Births = 6,525

Deaths

Annual turnover

Surplus (deficit) = £26m deficit

# Summary of findings

## Intelligent Monitoring

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

## Individual Elevated Risks

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

## Individual Risks

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

## Indicators By Domain

### Safe:

- Never events in past year = 2
- Serious incidents (STELs) = 173 Serious Incidents occurred at the trust
- Proportion of patients risk assessed for Venous Thromboembolism (VTE) one risk

- National reporting and learning system (NRLS)
- Deaths = 20
- Serious = 128
- Moderate = 870
- Abuse = 42
- **Total = 1,060**

### Effective:

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

### Caring:

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

### Responsive:



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

### Well-led:

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

# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>In 2014 we found that improvements were required in a number of areas in order that services are safe for all patients. A lack of staff of all grades and specialities meant that patients could often be left waiting for care with particular concerns around paediatric nurses available in the A&amp;E department. This also impacted on the staffing in the paediatric wards, which we found to be working at higher than the recommended patient to nurse ratio. Infection control procedures in a number of areas also required improvements to ensure that patients were protected from the risk of infection. Medication errors on prescription charts were frequent but often not reported. The condition of medical records was poor and the availability of these, particularly in the outpatient department, required improvements in order that in future, clinicians have a holistic history of the patient. A number of areas within the hospital required refurbishment and maintenance to ensure the safety of patients.</p> <p>However, in February 2015 we found that whilst the numbers of paediatric nurses had improved, general nurse staffing recruitment was still an issue, with some wards not attaining the required number of nurses to meet best practice guidelines, due to vacancies. Infection control practices had improved, and a number of new initiatives were being put in place by a newly energised team of infection control nurses and staff. Medication errors were lower, with systems and processes in place to deal with these. The condition of medical records had been significantly improved, although documentation of patient risk assessments and care planning still required attention. Nursing staff reported that they had to document changes in a number of places, which was time consuming and led to errors in recording. We found that a number of areas had been refurbished and plans were in place to refurbish ward areas across the trust; although areas were found to be clean, the old buildings required significant repair to maintain cleanliness. We also noted a significant investment in equipment to promote safety of patients.</p>	<p><b>Requires improvement</b></p> 
<p><b>Are services at this trust effective?</b></p> <p>In 2014 we found that the services of the trust were not always effective. The trust had previously had a number of mortality outliers, and we found that mortality and morbidity meetings were now being held in most clinical departments. In 2014 the trust was an outlier in the 'infectious diseases' category; however, in 2015 the</p>	<p><b>Good</b></p> 

# Summary of findings

trust was no longer an outlier in any category. In most areas, we saw that the relevant national guidelines were being used to improve care and monitor outcomes. Staff were identifying patients who were deteriorating quickly and appropriate action was taken.

In 2014 staff appraisal rates, particularly those relating to the nursing staff, were low in some areas. This meant that staff did not have an opportunity to reflect on, and improve, practice. Appraisals also highlight specific training required to undertake the role or to further expand an individual's knowledge. In 2015 we found that the trust had improved in respect of staff receiving an appraisal, but that recent pressures on staffing meant that they would not achieve their anticipated target in this area. In 2014 we saw that the trust was working towards seven-day-working, and when we returned in 2015 we found that improvements had been made in this area through increased staffing. In 2014 we found some issues with the patients experience with pain relief, particularly on Stow Ward. In 2015 we saw that care staff were aware of the need to assess pain levels and responded appropriately.

## Are services at this trust caring?

In 2014 we found the trust had a number of actions to take to improve the services it provides, the staff across all grades and disciplines were seen to be caring, supportive and friendly towards patients. Patients reported to us the staff were excellent, efficient and went the extra mile. Occasionally, a patient complained that staff were brusque, but overwhelmingly we were told what a good job the care staff did. On most wards, the dignity and privacy of patients was respected. While the NHS Friends and Family Test results were below the England average, the Adult Inpatient Survey for 2013 showed that the trust was performing around the national average for all questions.

We found a similar picture in 2015, in that patients were complimentary about the care they received, and felt that nursing and medical staff were supportive, caring and informative. We did not speak with any patients who had complaints about the service they received whilst in hospital. Patients understood and were involved in their care, and were aware of the nurses caring for them.

Good



## Are services at this trust responsive?

In 2014 we found that people who used some services, such as outpatients at Lincoln County Hospital and the A&E department at Grantham and District Hospital, did not offer services that met people's needs. In outpatients, the new booking system had not been implemented well. This led to distrust from both staff and patients. The overbooking and overcrowding of clinics led to frequent patient appointment cancellations, yet patients were

Requires improvement



# Summary of findings

penalised for arriving 10 minutes late. Pilgrim Hospital at Boston was not responsive to the needs of the local Polish population, as information and signage was only available in English. However, the Critical Care Unit at Lincoln County was outstanding in its responsiveness to patients, offering, for example, single-sexed accommodation.

However, when we returned in February 2015 we found that A&E services across the trust had made significant improvements in their responsiveness to patients and their families. In outpatients at Lincoln County Hospital, we found that whilst some significant improvements had been made, the partial booking system was continuing to cause problems for patients requiring future bookings. We highlighted this to the trust, who immediately reviewed this system and put processes in place to address patients who were lost in this system. We also noted that targets, in respect of ensuring patients received a timely service, were not being maintained in surgery, and that in medicine, the service was not responsive to the needs of patients living with dementia. We saw that new signage had been developed with assistance from the local council, and that signs were now displaying a variety of languages and were clearer for people who did not have English as a first language.

## Are services at this trust well-led?

On both inspections we found that the senior leadership team worked well together and appeared to have one vision for the trust. This was shared through team briefings and meetings with the staff. The trust subscribed to the Listening into Action™ programme, which enabled some staff to improve their services and those of the trust. We found in 2014 that the chief executive and senior clinical team were well known to staff. In 2015 we found that the chief executive has maintained visibility through operational pressures. There was a visible commitment from the top to change the culture across the organisation. This was seen in 2014 in the leadership style of the chief nurse, being visible on the wards and undertaking care duties which resonated with the nursing staff. In 2015 the continued tri-site working of the leadership team meant that staff in each of the three large hospitals were well aware of the senior management team. This 'hands-on' style of working meant that they were more approachable.

In 2014, we heard from a number of doctors that they struggled to resolve issues, as access to the medical director was limited. However, in 2015 we found that the pace of change and communication with the medical staff had significantly increased. We saw that the medical staff were engaged in the Listening into Action™ programme, and took ownership of developments in their own area. Medical and nursing staff input into the clinical executive

Good



# Summary of findings

committee which empowers them to make decisions and directly influence the trust board. There is a commendable commitment for attending the quarterly clinical senates; although only one had been held to date, this was seen as a powerful vehicle for developing clinical leadership. This is supplemented by the structured development and leadership programmes developed locally, and being put in place for the medical staff.

In 2015 we found that the senior leadership team was cohesive and consistent in terms of improvements achieved, priorities going forward, and what will be required to sustain the improvement momentum established. The team demonstrated a strong operational grip and clear planning for the future services, taking the lead in designing future health services across Lincolnshire.

## **Vision and strategy for this service**

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

## **Governance, risk management and quality measurement**

- In 2014 we found that the new governance structure required embedding; however, in 2015 we found that this had developed further to review the risk management structures and the greater involvement and influence of clinical staff in strategy and decision-making.
- There was recognition by the senior team that they were on a journey towards ensuring that issues were dealt with rigorously in 2014. However, in 2015 the staff and senior team were still describing this journey despite being able to give examples of actions taken along the way. The outpatients service at Lincoln County Hospital and in particular the partial booking system required further improvements to be made in order that people's needs were met in a timely manner.
- In 2014 all senior management could identify the wards that caused them concern, and what action was being taken about these wards. In 2014 we found one such ward. We returned to this ward in 2015 and found that it had been moved to a different location and renamed. We found significant improvements and quality of care. New management had changed the culture and quality of care in this ward. However, staff were concerned that further management changes may impact upon the current culture.

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## Leadership of service

- In 2014 we found that the chief executive and the team had begun to work around the three large hospitals to increase their visibility. In 2015 we found a greater awareness of who the senior team were, and in their approachability by staff. The visibility and willingness of the senior team to get involved in the day-to-day management of ward and department areas was appreciated by staff.
- In 2014 the non-executive directors chaired the subteams of the governance processes and were committed to the hospital. In 2015 the introduction of the clinical executive committee and the quarterly clinical senates were beginning to improve the involvement and ownership of the organisation of the trust by the clinical staff. This renewed commitment impacted on leaders at all levels.

## Culture within the service

- In 2014 the outgoing chief nurse was visible to staff and acted as a positive role model amongst nursing teams. In 2015 we found that this had continued, with the appointment of an acting chief nurse, who was well known and respected amongst the nursing teams.
- The medical director had improved communications with the medical team. In 2015 we found that the engagement of clinicians at all levels was enhanced through the quarterly senate meetings, which encouraged clinicians to share good practice across the trust and to link with specialists across the trust.
- In 2014 we found that some consultant staff felt that they were unable to approach the medical director. However, when we returned in 2015, we found that consultants were now engaged in the Listening into Action™ programme, taking ownership of various projects. The governance structures had been changed to include the formation of the clinical executive committee, which encouraged clinicians to make decisions and directly influence the trust board. This encouraged a greater sense of ownership within the clinical staff.
- We found a disconnect between the trust senior leaders and the oromaxillofacial service. However, at the request of the trust, an independent review had been undertaken to highlight actions need to address the issues in this service
- In 2014 the chairman was working to improve external relationships with key stakeholders. When asked how

# Summary of findings

relationships had improved in 2015, the chairman was able to give a number of areas of joint working between the trust and the external stakeholders, including leading on the review of health services across Lincolnshire.

## Fit and Proper Persons

- The trust had a policy in place to assure themselves that they are working within the new 'fit and proper person' legislation.
- The trust undertook an annual declaration by executives to ensure that they complied with this duty. We reviewed three executive files, and found that systems and processes were in place to ensure that the executives met this standard. We noted that two of the three files contained this annual declaration.
- All files we reviewed contained appropriate documentation, so that the trust could ensure that they employed fit and proper persons. However, we noted that interview notes from interviews held were not always maintained.

## Public and staff engagement

- The trust had invested in the Listening into Action™ programme. In 2014, this had produced 421 quick wins, of which 18 were completed prior to our inspection. In 2015, the programme was continuing, and more clinical staff at a variety of levels, were engaged in leading teams to improve services.
- Staff awards had been introduced in January 2014. In 2015, these were continuing to recognise the efforts of staff.
- The Patient Advice and Liaison Service (PALS) had been reintroduced in November 2013. In 2014 we saw little impact from the work of the PALS team. However, in 2015 we saw that a strengthened and renewed complaints team were actively working to address complaints in a timely way. However, there remained a significant backlog and longstanding complaints, which the trust are actively seeking to address. The new system for identifying and responding to each individual comment by complainants was improving the effect of the first response to the complaint. Growing numbers of complaints were closed following this first response. The system recently introduced, of first contacting the complainant, was also improving the relationship with complainants and handling of complaints.

## Innovation, improvement and sustainability

- In 2014 we found a number of new initiatives to improve processes at the trust, including the improvements in meeting

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the 36 hour target for fractured neck of femur, the implementation of a quicker vacancy approval process to speed up recruitment times, and therapists being available within the A&E department every day.

- In 2015 we found that improvements in many areas had been sustained or improved. These included the increasing involvement of the clinicians in governance processes, the utilisation of funds for the improvement of infection control practices and their redesign using expert advice, and the redesign of complaint handling to drive acceptance of a response on the first time of writing.
- In 2015 we saw recognition that the trust still had some areas for improvement, but that there was a trust-wide desire to improve and continue to improve services for patients in Lincolnshire.
- In 2015 we found that the trust had started to address deficits in mental capacity training, and launched an initiative using a booklet called 'all about me'. However, we saw limited use of this booklet during our inspection.

# Overview of ratings

## Our ratings for Lincoln County Hospital

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

## Our ratings for Pilgrim Hospital Boston

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

# Overview of ratings

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

## Our ratings for Grantham and District Hospital

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

## Our ratings for County Hospital Louth

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

# Overview of ratings

## Our ratings for United Lincolnshire Hospitals NHS Trust

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

### Notes

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

# Outstanding practice and areas for improvement

## Outstanding practice

- People who had complained were invited to take part in recruitment and selection processes for posts in the Patient Advice and Liaison Service (PALS) team.

## Areas for improvement

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

- The trust must ensure that there sufficient qualified and experience staff to care to for the patients' needs.
- The trust must ensure that there is a system in place to monitor and address patients in the partial booking system.

- Embed systematic governance procedures within the surgical services and outpatients department at County Louth Hospital.

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

This section is primarily information for the provider

## Compliance actions

### Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records  People who use services and others were not protected against the risks associated with insufficient numbers of suitably qualified, skilled and experienced staff in a number of areas across the trust. Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers  People who use services and others were not protected against the risks associated with inappropriate or unsafe care by means of effective operating systems to ensure that the quality of the service is regularly monitored in that:  Governance systems at County Louth Hospital were not embedded into the trusts governance systems.

Regulated activity	Regulation
Diagnostic and screening procedures Surgical procedures Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers  The provider had failed at times to assess the needs of patients receiving outpatient care to ensure their welfare and safety needs were met in a timely manner in that:  Patients receiving outpatient care did not always have their appointments for assessment and treatment made in a timely manner.

This section is primarily information for the provider

## Compliance actions

Regulation 9(1)(b)(i) and (b) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.