

# United Lincolnshire Hospitals NHS Trust

## Inspection report

Greetwell Road  
Lincoln  
Lincolnshire  
LN2 5QY  
Tel: 01522512512  
[www.ulh.nhs.uk](http://www.ulh.nhs.uk)

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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 

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.

# Summary of findings

## 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 7,724 staff and has an income of £437,324,000 for the current financial year 2017/18, with a projected deficit of £83-84 million. The trust was placed into financial special measures in September 2017 by NHS Improvement.

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.

CQC carried out an inspection of the trust in October 2016. We rated caring as good and safe, and well led as inadequate and effective and responsive as requires improvement. We rated the trust inadequate overall and issued requirement notices in regard to compliance with Regulation 5: fit and proper persons: directors, Regulation 12: safe care and treatment, Regulation 15: premises and equipment, Regulation 17: good governance and Regulation 18: staffing, Regulation 18 CQC (Registration) Notification of other incidents, Regulation 20: duty of candour. Following this inspection, the trust was placed into quality special measures by NHS Improvement and an improvement director was appointed to the trust. The trust put action plans in place, which have been implemented and monitored by CQC through a system improvement board. System improvement board is attended by key stakeholders monthly.

## Overall summary

**Our rating of this trust improved 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.

# Summary of findings

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.

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 15 February and 8 March 2018, we inspected a total of five core services provided by the trust across four locations. We inspected urgent and emergency care, medical care, surgery and outpatients at Lincoln County and Pilgrim Hospital. We also inspected children and young people's services at Pilgrim Hospital. Medical care and surgery were inspected at Grantham and District Hospital and surgery inspected at County Hospital, Louth. At our last inspection, urgent and emergency care, medicine and outpatients at Lincoln County Hospital were rated as requires improvement. At Pilgrim Hospital medicine and outpatients were rated as inadequate and urgent and emergency care rated as requires improvement at our last inspection. Surgery was rated as good at both Lincoln County and Pilgrim Hospital at our last inspection as was children and young people services; we inspected these services this time because some of our local intelligence indicated there may have a decline in these services. Medical and surgery services at Grantham and District Hospital and surgery at County Hospital Louth were rated as good in the 2015 inspection. We returned to these services as it had been some time since we had inspected them at those locations.

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, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed is this organisation well-led? We inspected the well-led key question between 10 and 12 April 2018.

## What we found

### Overall trust

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

- We rated two of the four locations as good overall, one as requires improvement and one as inadequate.
- We rated the overall trust key questions of safe, effective, responsive and well led as requires improvement and caring as good.
- In rating the trust, we took into account the ratings of core services not inspected this time.
- Our decisions on overall ratings take into account, for example the relative size of service and we use our professional judgement to reach a fair and balanced rating.
- We rated well-led of the trust overall as requires improvement.
- We saw many improvements across many core services since our last inspection.
- There was an improved patient safety culture within the trust.
- Morale across the trust was mixed however the morale had improved since our last inspection.
- We saw good MDT working across many core services.

# Summary of findings

## Are services safe?

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

- There were periods of understaffing or inappropriate skill mix, which was not always addressed quickly. There was a heavy reliance on agency, bank and locum staff.
- Risks to patients who use services were not always assessed, monitored and managed on a day-to-day basis.
- Medicines were not always managed consistently and safely. Medicines were not always stored correctly, and disposed of safely.
- When something went wrong, there was not always a timely or thorough review or investigation.
- Lessons learned were not always communicated widely to support improvement in other areas where relevant, as well as services that are directly affected.

## Are services effective?

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

- Care and treatment did not always reflect current evidence-based guidance, standards, best practice and technologies.
- Implementation of evidence-based guidance was variable.
- Some outcomes for patient who use services were below expectations compared with similar services. The outcomes of care and treatment were not always monitored regularly or robustly. Participation in external audits and benchmarking was limited in some core services.
- Staff were not always supported to deliver effective care and treatment through meaningful and timely supervision and appraisal. We saw appraisal levels in most core services were low.

## Are services caring?

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

- Feedback from patient who used the service and those who are close to them was mostly positive about the way staff treated them.
- Patients were mostly treated with dignity, respect and kindness during all interactions with staff and relationships with staff are positive.
- Patients mostly felt supported and say staff cared about them.

## Are services responsive?

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

- Services were not delivered in a way that focused on people's holistic needs. A reduction in children's beds had resulted in paediatric surgery being cancelled on the Pilgrim site. Children now had to travel to Lincoln Hospital for surgery and were likely to experience a delay in receiving treatment due to limited bed capacity at Lincoln Hospital.
- There had been no capacity and demand modelling undertaken to offer assurance to the board that eight beds on the children's ward at Pilgrim Hospital would be sufficient to meet the needs of the population.
- Patients could not always access care and treatment in a timely way. Waiting times in the emergency department and the national referral to treatment standards for surgery and outpatient services were worse than the England average and did not meet the national standard.

# Summary of findings

- We saw in a number of core services patients' individual needs had not always been considered. The trusts were not fully compliant with the accessible information standard. In the emergency department at Pilgrim Hospital individual needs of patients living with dementia and extra support or supervision for vulnerable or agitated patients was not always provided.
- Despite there being an improvement in complaint responses we saw in several core services where the trust was slow to resolve complaints in line with their own target.

## Are services well-led?

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

- Not all leaders had the capacity to lead effectively.
- The arrangements for governance and performance management were not fully clear and did not always operate effectively, however the trust had plans in place to address this.
- Risks, issues and poor performance were not always dealt with appropriately or quickly enough. The risk management approach was applied inconsistently.
- The information used in reporting, performance management and delivering quality care was not always accurate, valid, reliable, timely or relevant. Leaders and staff did not always receive information to enable them to challenge and improve performance. Information was used mainly for assurance and rarely for improvement.
- Leader did not have sufficient capacity to focus on continuous learning and improvement at all levels of the organisation.

## Lincoln County Hospital

Our rating of this hospital stayed the same. We took into account the current ratings of services not inspected at this time. We rated it as requires improvement because:

- Nurse staffing levels were not always sufficient to keep people protected from avoidable harm. The hospital relied heavily on agency staff.
- Mandatory training compliance varied across the core services. Most were not fully compliant with mandatory training targets.
- Patients could not always access care and treatment in a timely way. Waiting times in the emergency department and the national referral to treatment standards for surgery and outpatient services were worse than the England average and did not meet the national standard.
- Standards of medicines management were variable and pharmacy cover on wards was inconsistent as a result of staff shortages.

However;

- There had been improvements in the management of deteriorating patients, this included the detection and treatment of sepsis.
- Care and treatment was mostly planned and delivered in line with evidence based guidance, standards and best practice.
- Patients were treated with compassion, dignity and respect.
- There was an improving safety culture within the organisation

See sections on individual services at Lincoln County Hospital below for more information.

# Summary of findings

## **Pilgrim Hospital, Boston**

Our rating of this hospital stayed the same. We took into account the current ratings of services not inspected at this time. We rated it as inadequate because:

- Patients were not always protected from avoidable harm. There were significant handover delays in the emergency department, no clear streaming or triage processes and no effective systems in place to monitor the deteriorating patient in the emergency department.
- There had not been sufficient clinical risk assessment undertaken following changes to children's surgery. Some actions taken as a result of staff moves had increased the risk within children's services.
- Defined governance structures did not exist to assure the board of the quality and delivery of surgical care to children.
- Staffing levels and the retention and recruitment of skilled and qualified staff remained problematic at this hospital. We saw examples of how poor staffing levels were impacting on patient care in the emergency department.
- There were delays in investigating incidents in a number of core services. Where incidents had been investigated, learning had not always been implemented robustly or systematically.
- There was limited audit activity in some core services. Audit results were often not used to promote improved patient outcomes.
- Patients could not always access care and treatment in a timely way. Waiting times in the emergency department and the national referral to treatment standards for surgery and outpatient services were worse than the England average and did not meet the national standard.
- Mandatory training levels were low and did not achieve the trust target across most core services.
- Standards of medicines management were variable and pharmacy cover on wards was inconsistent as a result of staff shortages.

However;

- There had been significant improvements in a number of core services. Leaders in most core services were committed to improving services. There was some committed and strong ward leadership.
- There had most been an improved culture at this hospital site, with staff saying they felt valued. Staff were committed to delivering the best care they could. We found examples of how the safety culture had improved.
- Patients were mostly treated with kindness, dignity and respect.
- Most clinical areas were visibly clean and staff paid sufficient attention to infection prevention and control measures.
- We observed some good multi-disciplinary team working in a number of core services.

See sections on individual services at Pilgrim Hospital, Boston below for more information.

## **Grantham and District Hospital**

Our rating of this hospital stayed the same. We took into account the current ratings of services not inspected at this time. We rated it as good because:

- There was an improved culture of learning from incidents, including never events.
- Improvements had been made to ensure patients living with a learning disability or dementia were identified more easily

# Summary of findings

- Staff consistently treated patients and their relatives with kindness and respect. Patients and carers were involved in care decisions, gave positive feedback and felt supported by staff.
- There was safe provision of equipment, including equipment to be used in an emergency.
- There were effective processes in place to assess and escalate deteriorating patients.
- Improvements had been made to ensure patients living with a learning disability or dementia were identified more easily.
- Staff understood their roles and responsibilities under the Mental Health Act 1983, and the Mental Capacity Act 2005.
- Risks to people were assessed, managed, and monitored on a day-to-day basis.

However;

- The average referral to treatment (RTT) was worse than the England average. Although mitigating actions were in place.
- Compliance with mandatory training rates did not meet the trust targets in all areas.

See sections on individual services at Grantham and District Hospital below for more information.

## County Hospital, Louth

Our rating of this hospital stayed the same. We took into account the current ratings of services not inspected at this time. We rated it as good because:

- Surgical services provided care to patients in line with local and national guidance.
- Staff were aware of trust values which were displayed within departments and told us they felt valued in their work.
- The service had a positive incident reporting culture demonstrating, learning and sharing both locally and across the trust.
- There was a robust system for pre-operative assessment with clear admission criteria and comprehensive infection control and prevention and risk assessments for all patients.
- There was access to equipment, including emergency equipment with in-house medical physics support.
- Staff understood their roles and responsibilities under the Mental Health Act 1983, and the Mental Capacity Act 2005.
- Risks to people were assessed, managed, and monitored on a day-to-day basis.
- Staff were competent and appropriately trained to undertake the role for which they were employed, had equal opportunities for professional development and were up to date with annual appraisals.

However;

- Surgical services had identified a worse than England average referral to treatment time (RTT). However, managers were taking active steps to monitor and manage delays with an action plan in place.

See sections on individual services at County Hospital, Louth below for more information.

## 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.



# Summary of findings

## Outstanding practice

We found examples of outstanding practice in urgent and emergency care and medicine including older persons care and outpatients. See the outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including breaches of nine regulations that the trust must put right. We also found 82 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 the quality of services.

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.

We also issued nine 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 people's care and outpatients.

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

## What happens next

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 outstanding practice:

### Lincoln County Hospital

#### Urgent and Emergency Care

- The department had developed and implemented from a quality improvement project an acronym on a sticker known as 'Trueman Show'. It was a tool to support staff identifying and diagnosing aortic dissections. It had led to identifying further cases and ensuring patients received the appropriate care and treatment in a timely way.

#### Medical Care

- Staff on Burton ward had worked with the renal consultant to develop new training and a framework for fluid management that involved the whole team. This included new fluid ambassador roles for the housekeeping team that enabled them to provide fluids for patients in line with individual treatment plans.
- Staff on Burton and Lancaster wards had developed 'grab packs' to assist in providing care in specific circumstances. For example, if a patient experienced a fall, the falls grab pack contained pre-printed sets of documentation that staff



# Summary of findings

needed to complete including a copy of the care pathway. Similar packs were available for the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) and included application forms for urgent DoLS and an example of a correctly completed application form. A discharge grab pack included templates of the forms staff needed to complete as well as the checklist to ensure appropriate support and follow-up care had been arranged or explained.

- Housekeeping and domestic staff on Lancaster ward showed us how they tracked individual needs according to a red, amber, green risk system. This helped them to plan each meal service in line with individual levels of need. Each patient also had an individual menu card that identified specific dietary needs such as blended or soft diets. Patients who needed one-to-one support to eat were served their meal last, which meant food stayed hot whilst staff served other patients.
- Following feedback from patients, staff on Lancaster ward provided finger food for patients living with dementia. This meant they could snack at any time, including if they were walking around the ward, and reduced the risk of malnutrition because they could not eat a full meal at a specific time

## Outpatients

- The clinical lead for therapy service was leading a national 'Trailblazer' apprenticeship scheme, working with other local providers and local universities. (A 'Trailblazer' is a group of employers who work together to design new apprenticeship standards).
- The service employed an eye clinic liaison officer in line with the Royal National Institute of Blind people national recommendations.

## Pilgrim Hospital, Boston

### Medical Care

- On the stroke ward we saw staff had worked above and beyond their clinical duties to arrange for a long-term patient to carry out their wedding ceremony on the unit.
- A consultant and a frailty practitioner were leading a frailty pilot at the hospital and saw 176 patients between January 2018 and March 2018. This team had a significant impact on patient experience and represented an innovative, multidisciplinary and effective approach to providing care for patients with multiple and complex needs.

## Outpatients

- The clinical lead for therapy service was leading a national 'Trailblazer' apprenticeship scheme, working with other local providers and local universities. (A 'Trailblazer' is a group of employers who work together to design new apprenticeship standards).
- The Pilgrim Hospital laundry staff offered a free service to sew bras for cancer patients to meet patients' measurements if required

## 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 the quality of services.

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

We told the trust that it must take action to bring services into line with legal requirements.

# Summary of findings

## For the overall trust:

- The trust must ensure that the governance is fit for purpose. The structure must support effective and efficient performance management, responsibility, decision making, consistency and accountability.
- The trust must ensure the integrated performance report is fit for purpose. The data quality must be improved to provide assurance to the board. The trust must ensure that there is triangulation of data.
- The trust must ensure there is an effective governance processes around the procedures to ensure locum staff are suitable to work in the organisation.
- The trust must ensure there is a defined governance structure to assure the board of the quality and delivery of surgical care to children and this must be overseen by a multi-disciplinary children's surgery committee which reports to the board.
- The trust must ensure there is an effective system and process in place in relation to the governance of potential carers providing direct supervisory and/or clinical care within the acute hospital.
- The trust must ensure effective speciality and directorate governance meetings take place and that these are of good quality.
- The trust must ensure that there is a suitable link to the board for the chief pharmacist and medicines safety officer to escalate safety concerns appropriately.
- The trust must ensure there are fully effective arrangements for identifying, recording, and managing risks, issues, and taking mitigating action.
- The trust must ensure there are clear links between the board assurance framework and the corporate risk register.
- The trust must implement records management processes that ensure clinical records are stored securely with controlled access.
- The trust must take immediate action to address the significant levels of violence and abuse experienced by staff.
- The trust must ensure it is fully compliant with the duty of candour in relation to incidents.
- The trust must ensure appropriate checks on prospective and current staff are carried out to ensure they are suitably fit and proper to carry out their role.

## Lincoln County Hospital

### Urgent and Emergency Care

- 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.

# Summary of findings

- The trust must ensure staff in the emergency department are applying the principles of antimicrobial stewardship.

## Outpatients

- The trust must ensure patients have complete and recorded outcomes to ensure there are documented decisions and actions in relation to their treatment and care.
- The trust must ensure the percentage of staff completing mandatory training including safeguarding training is in line with trust targets.
- The trust must ensure there is ongoing and sufficient oversight of the risk register
- The trust must ensure data is used in a way that drives significant improvement of the services, including constitutional standards and waiting list.

## Pilgrim Hospital, Boston

### Urgent and Emergency Care

- The trust must ensure that there is an effective system in place to undertake an initial assessment of all patients who present to the emergency department.
- The trust must ensure that there is an effective system to undertaken triage of patients within 15 minutes of arrival. Triage must be undertaken by a registered healthcare professional that is experienced in emergency/urgent care and has received specific triage training.
- The trust must ensure ‘initial assessment’ and ‘triage’ is undertaken in such a manner as to have regard to the guidance issued by the Royal College of Emergency Medicine titled “Initial assessment of Emergency Department Patients” (February 2017).
- The trust must ensure that there is an effective escalation process in place for staff in the streaming area at the front door of the emergency department, and in the ambulance waiting areas of Pilgrim Hospital, to fast track patients who clinically present as unwell, are unstable, deteriorating or have a recognised early warning trigger scores through to the main department to receive clinical intervention within an appropriate timeframe.
- The trust must ensure an effective process is operating to ensure there is a senior doctor assessment, rapid assessment and treatment or early senior assessment process in place for patients brought in by ambulances, and those who are waiting in the corridors and in the ambulances
- The trust must ensure that there is an effective system in place to assess and monitor the ongoing care and treatment to patients whilst in the emergency department. This includes, but is not exclusive to, the monitoring of pain, administration of medicines, tissue viability assessments, nutrition and hydration and early warning scores with regular ongoing monitoring.
- The trust must ensure that there are sufficient numbers of suitably qualified staff competent to care for children on duty in the emergency department at all times. In accordance with the ‘Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings’ document titled, “Standards for Children and Young People in Emergency Care Settings” (2012).
- The trust must ensure that there are a sufficient number of suitably qualified, skilled and experienced nurses and Healthcare Assistants (HCAs) deployed throughout the emergency department to support the care and treatment of patients.
- The trust must ensure that there is an effective system in place for providing an induction to the department for locum, agency and bank staff, including nurses, allied health professionals and healthcare assistants.

# Summary of findings

- The trust must ensure all staff in the emergency department has attended mandatory training in key skills in line with the trust target.
- The trust must ensure medical staff, in the emergency department, has attended safeguarding training in line with the trust target.
- The trust must ensure the environment in the emergency department accommodates the needs of children, young people and accompanying families in line with the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings (2012).
- The trust must ensure resuscitation equipment in the emergency department is safe and ready for use in an emergency.
- The trust must ensure an appropriate early warning scoring system is used during the initial assessment process of children admitted to the emergency department.
- The trust must ensure consultant presence in the emergency department (ED) meets the Royal College of Emergency Medicine (RCEM) recommendation of 16 hours per day.
- The trust must ensure medical staff, looking after children in the emergency department, are appropriately trained in paediatric immediate life support (PILS) and advanced paediatric life support (APLS).
- The trust must ensure the learning from incidents is shared with all staff in the emergency department to make sure that action is taken to improve safety.
- The trust must ensure staff in the emergency department report all clinical and non-clinical incidents appropriately in line with trust policy.
- The trust must ensure pain assessments for children are carried out in the emergency department in line with the Royal College of Emergency Medicine guidelines.
- The trust must ensure patient audit outcomes are routinely shared with all staff in the emergency department and appropriate actions taken where results do not meet national standards.
- The trust must ensure an individual and/or team within the emergency department is responsible for antimicrobial stewardship and the said individual and/or team monitor data and provide feedback on prescribing practice at prescriber and/or team level.
- The trust must ensure all frontline clinical staff are trained in key skills such as, blood monitoring, fit testing of respiratory protective equipment face pieces, electronic blood tracking systems, basic life support and mentorship.
- The trust must ensure band seven sisters in the emergency department work in line with the trust's values and behaviours at all times.
- The trust must ensure the level of risk in the emergency department is identified, recorded and managed appropriately.
- The trust must ensure that patients receive person centred care and treatment at all times.
- The trust must ensure that patients are treated with dignity and respect at all times.

## Medical Care

- The trust must urgently address the ongoing failure of staff to always follow care pathways and national requirements, in relation to serious incidents.

## Children and young people

# Summary of findings

- The trust must ensure investigation of incidents happen in a timely manner.
- The trust must ensure there is a robust system for learning from incidents.
- The trust must ensure there is a robust audit plan which is carried out to ensure evidence-based care is applied.
- The trust must ensure care and treatment is delivered in line with evidence based practice.
- The trust must ensure evidence based care and treatment tools are consistently used.
- The trust must ensure there are defined governance structures in place to assure the board of the quality and delivery of surgical care to children.
- The trust must ensure there is multi-disciplinary children's surgery committee which report to the board.
- The trust must ensure there is a formalised mechanism for instigating paediatric morbidity and mortality reviews across children's services.
- The trust must ensure there is ongoing clinical risk assessment undertaken to ensure that children waiting surgery are clinically triaged and prioritised.
- The trust must ensure there is an effective process for clinically prioritising patients for admission.

## Outpatients

- The trust must ensure patients have complete and recorded outcomes to ensure there are documented decisions and actions in relation to their treatment and care.
- The trust must ensure the percentage of staff completing mandatory training is in line with trust targets.
- The trust must ensure there is ongoing and sufficient oversight of the risk register
- The trust must ensure data is used in a way that drives significant improvement of the services, including constitutional standards and waiting list.

## Action the trust SHOULD take to improve

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services

## Lincoln County Hospital

### Urgent and Emergency Care

- 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 continues.
- 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.

# Summary of findings

- The trust should ensure action is taken to fully embed the accessible information standards.
- The trust should ensure fluid balance charts are accurately completed to meet patients' daily fluid input and output can be monitored appropriately.
- The trust should ensure all staff are appropriately trained in aseptic non-touch technique (ANTT) and provide equipment to support correct practice.
- The trust should ensure measures are in place to meet the needs of patients with hearing difficulties.
- The trust should continue to identify ways in which the environment can be developed to meet the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings (2015).
- The trust should consider implementing a lead for mental health in the department.
- The trust should consider how they assure themselves that medicines stored at room temperature are stored appropriately.
- The trust should consider implementing a mechanism in patient records to prompt staff to record patient's mental health needs.
- The trust should consider maximising the use of the ambulatory care unit to enable better flow through the main emergency department.

## Medical Care

- The trust should ensure they implement clinical governance and quality and safety assurance services for the walk-in element of the chemotherapy service
- The trust should ensure patients do not miss out on meals as a result of attending scans or other diagnostic tests.
- The trust should ensure induction processes for nurses include meaningful, demonstrable competency checks and assurance that agency nurses have the willingness to deliver care.
- The trust should review the processes used to manage the risk register to ensure risks are addressed in a timely manner with continual progress.
- The trust should improve the use of ward social spaces for patients at risk of social isolation or boredom, such as day rooms.
- The trust should improve the completion rates of documentation in relation to fluid balance.
- The trust should improve documentation in relation to evidence of mental capacity assessments.
- The trust should consider an action plan to address the significant shortfall of capacity in the speech and language therapy service.

## Surgery

- The trust should ensure staff moving to different wards and areas have the required skills and competencies to ensure consistent patient safety.
- The trust should ensure there is an increase in the number of housekeeping staff in order to reduce the risk of post-operative infection.
- The trust should ensure adding screen lock software to the new IT clinical management system. To reduce the risk of unauthorised access to patient information.
- The trust should ensure complaints are managed in a timely manner against their own target.

# Summary of findings

## Outpatients

- The trust should ensure improvements made in waiting times are maintained and improved.
- The trust should ensure improvements in medical records are maintained and lead to improvements in the quality of records.
- The trust should ensure outpatient services are delivered in line with national targets.
- The trust should ensure senior managers are provided with sufficient administration support to allow them to adequately perform their duties.
- The trust should ensure the improvements made become 'business as usual' to enable managers to undertake a supervisory role.

## Pilgrim Hospital, Boston

### Urgent and Emergency Care

- The trust should ensure processes for the identification and management of children at risk of abuse are always followed.
- The trust should ensure appropriate actions are taken in the emergency department when departmental cleaning audit results are below the trust target.
- The trust should ensure plans to refurbish the relative's room in line with Psychiatric Liaison Accreditation Network (PLAN) standards (2017) continue.
- The trust should ensure the emergency department risk assessment tool is updated appropriately and in a timely manner.
- The trust should ensure all patients in the emergency department are appropriately screened for sepsis.
- The trust should ensure all patients admitted through the front door of the emergency department have a triage time documented within their medical notes.
- The trust should ensure fluid balance charts are accurately completed in order that patients' daily fluid input and output can be monitored appropriately.
- The trust must ensure specified procedures are always completed appropriately for patients' in the emergency department, who have a urinary catheter or peripheral cannula.
- The trust should ensure the emergency department participates in a wide range of clinical audits in order to be able to evidence that clinical practice is delivered in line with national recommendations and quality statements.
- The trust should ensure locum staff are able to attend 'junior' or 'middle grade' teaching sessions in order to maintain an awareness of clinical guidelines necessary to inform their practice.
- The trust should ensure patients and/or relatives are aware of the procedure to raise a concern or complaint.
- The trust should ensure action is taken in the emergency department to address the accessible information standard.
- The trust should ensure action is taken to address the culture and morale in the emergency department and ensure staff are involved, where practicable, in any changes relevant to their practice.
- The trust should ensure there are systems and processes in place in the emergency department to ensure consistency in working practices



# Summary of findings

- The trust should consider a process for displaying national early warning scores (NEWS) or paediatric early warning scores (PEWS) for those patients placed in the central area of the department.
- The trust should consider implementing a formal process for staff as a debrief / other support after involvement in aggressive or violent incidents.
- The trust should consider a mechanism in the patient records to prompt staff to record patient's mental health needs.
- The trust should consider referencing the psychological and emotional needs of patients, as well as their relatives / carers during team handover in the emergency department.
- The trust should consider assessing patients' nutrition and hydration needs (including those related to culture and religion) on admission to the emergency department.
- Where patients have acute pain in the emergency department the trust should consider the use of an individualised analgesic plan appropriate to their clinical condition.
- The trust should consider auditing the length of time patients in the emergency department waited to see medical teams from different specialties.
- The trust should consider the use of communication aids in the emergency department.
- The trust should consider putting processes in place in the emergency department to aid the delivery of care to patients in need of additional support.
- The trust should consider a process to ensure views and experiences are gathered from those patients with illnesses relating to their mental health or emotional wellbeing.

## Medical Care

- The trust should ensure induction processes for nurses include meaningful, demonstrable competency checks and assurance that agency nurses have the willingness to deliver care.
- The trust should review the processes used to manage the risk register to ensure risks are addressed in a timely manner with continual progress.
- The trust should improve complaint response and resolution times.
- The trust should continue to improve safety and care standards in relation to sepsis screening, non-invasive ventilation and nasogastric feeding.
- The trust should improve the use of ward social spaces for patients at risk of social isolation or boredom, such as day rooms.
- The trust should consider an action plan to address the significant shortfall of capacity in the speech and language therapy service.
- The trust should carry out a review of all fire safety instructions, posters and signage.
- The trust should implement a monitoring system to ensure fire doors are used correctly.
- The trust should review compliance with National Institute of Health and Care Excellence standards on assessment for venous thromboembolism.

## Surgery

- The trust should review staffing levels in order to reduce the number of staff moved during individual shifts
- The trust should continue to review its referral to treatment times in order to improve the patient waiting times.

# Summary of findings

- The trust should ensure staff are supported and informed about the direction and changes the service is currently experiencing.
- The trust should review the times consultants undertake ward rounds so there is a more effective and inclusive outcome.
- The trust should review its monitoring and performance processes to make them more streamlined and less repetitive.

## Outpatients

- The trust should ensure all staff are supported and are not subject to any behaviour falling outside the trust code of conduct.
- The trust should ensure improvements in medical records are maintained and lead to improvements in the quality of records.
- The trust should ensure outpatient services are delivered in line with national targets.
- The trust should ensure senior managers are provided with sufficient administration support to allow them to adequately perform their duties.

## Grantham and District Hospital

### Medical Care

- The trust should ensure they increase compliance with mandatory training to meet trust targets
- The trust should ensure they review and improve systems for identifying and managing expired medicines.

### Surgery

- The trust should ensure all equipment is serviced in a timely manner.
- The trust should ensure each page of a patient's medical records are signed and dated.
- The trust should ensure current infection control guidelines are accessible and up to date on the surgical ward.

## County Hospital Louth

### Surgery

- The trust should ensure all equipment is serviced in a timely manner.
- The trust should ensure medicine cupboards remain locked at all times.

## 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.

This was our first review of well-led at the trust under our next phase methodology. We rated well led as requires improvement because:

# Summary of findings

- There was a lack of capacity amongst the executive directors. Executive team members faced significant challenges because they were drawn into operational difficulties within the organisation. Leaders at different levels told us they were consumed by operational issues as opposed to being able to step back and work on the strategic issues in the organisation. This was hampering the ability to work at pace with regards to quality improvement. The pace of change since our last inspection had been slow. Significant work had been carried out to develop other leaders within divisions to given greater capacity to the executive team.
- The arrangements for governance were under review at the time of our inspection. A new governance structure had been through the trust board and was in the early stages of implementation at the time of our inspection. Quality of governance meetings did not always provide sufficient assurance to the board.
- There were some gaps bringing together all the different governance committees. We saw how quality reports went through various subcommittees of the board but there was not always a summary to the quality governance committee, however we saw how the new NED was proposing to improve this going forward.
- There was variability in term of the effectiveness of speciality and directorate governance meetings. We were not assured that senior divisional teams were always responsive to the risks identified by ward-based teams, however significant work had been undertaken to support the directorates with governance. The benefits of this were seen in some of the core services we inspected.
- The information used in reporting, performance management and delivering quality care was not always accurate, valid, reliable, timely or relevant. Leaders and staff did not always receive information to enable them to challenge and improve performance. The integrated performance report was being revamped at the time of our inspection.
- The board assurance framework had been reviewed and a new format created. At the time of our inspection we saw a draft BAF which showed clear improvements from the previous BAF. The new BAF was to have stronger links with the corporate risk register. There were improvements required to the rating of risk.
- Whilst the trust had systems in place to identify learning from incidents, complaints and safeguarding alerts to make improvements, these did not always function effectively. At times there was no triangulation of identified themes and an inconsistent process for following up on learning to ensure this had been embedded.
- The quality impact assessment (QIA) process was not always operated effectively. Some decisions were made without a formally documented QIA.
- We found a number of concerns during our core service inspections of the Emergency Department and Children's and Young People's Service at Pilgrim Hospital, where executive director oversight had been insufficient. Although the leaders were sighted on most of the areas of concern, the actions taken had not been sufficient to address the concern and the pace of change had been slow. We did however note that there had been improvements in the overall level of oversight of risk since our last inspection.
- The trust was not fully compliant with the duty of candour requirements. Compliance with duty of candour was 63% at the time of our inspection. There was a plan in place to achieve improved compliance of 90% by June 2018.

However:

- The executive directors had the skills, knowledge, experience and integrity to lead the trust with some changes to personnel and roles taking place since our last inspection (October 2016). The board were viewed as accessible, approachable and visible. Staff were particularly complimentary on the visibility of the director of nursing and the chief executive.
- There had been improvements in the way the trust responded to risks since our October 2016 inspection when we found a lack of urgency and ownership to address some key risks that we had raised.

# Summary of findings

- Most staff in the trust articulated and demonstrated the values of the organisation and reported feeling supported, respected and valued. The culture amongst staff at this inspection had generally improved since our last inspection, staff appeared more engaged.
- The trust had a clear vision and set of values with quality and sustainability as the top priority. The trust had aligned its strategy to local plans in the wider and health and social care economy.
- As part of the trust's vision and strategy and improvement programme a wide-ranging ward accreditation scheme had been implemented.
- A newly developed nursing assurance framework which was supplemented by a daily assurance ward visit "golden hour" and ward accreditation had been introduced since our last inspection.
- The trust was supporting 150 staff to complete Plan-Do-Study-Act (PDSA) training. The PDSA cycle is part of the Institute for Healthcare Improvement Model for Improvement and is a tool for accelerating quality improvement.
- The number of complaints had reduced since our last inspection and we saw a marked improvement in the quality of responses.

## 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 ↑ Jul 2018	Requires improvement →← Jul 2018	Good →← Jul 2018	Requires improvement →← Jul 2018	Requires improvement ↑ Jul 2018	Requires improvement ↑ Jul 2018

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 ↔ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↔ Jul 2018
Pilgrim Hospital	Requires improvement ↑ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Inadequate ↓ Jul 2018	Inadequate ↔ Jul 2018	Inadequate ↔ Jul 2018
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
<b>Overall trust</b>	Requires improvement ↑ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↔ Jul 2018	Requires improvement ↑ Jul 2018	Requires improvement ↑ Jul 2018

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	Requires improvement ↑ Jul 2018	Requires improvement →← Jul 2018	Good →← Jul 2018	Requires improvement →← Jul 2018	Requires improvement →← Jul 2018	Requires improvement →← Jul 2018
Medical care (including older people's care)	Requires improvement →← Jul 2018	Good →← Jul 2018	Good →← Jul 2018	Requires improvement →← Jul 2018	Good ↑ Jul 2018	Requires improvement →← 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	Outstanding Mar 2015	Good Mar 2015	Good Mar 2015
Services for children and young people	Requires improvement Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017
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
Maternity and Gynaecology	Requires improvement Apr 2017	Requires improvement Apr 2017	Good Apr 2017	Requires improvement Apr 2017	Good Apr 2017	Requires improvement Apr 2017
<b>Overall*</b>	Requires improvement →← Jul 2018	Requires improvement →← Jul 2018	Good →← Jul 2018	Requires improvement →← Jul 2018	Requires improvement →← Jul 2018	Requires improvement →← 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 Pilgrim Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Inadequate ↔ Jul 2018	Inadequate ↓ Jul 2018	Inadequate ↓↓ Jul 2018	Inadequate ↓ Jul 2018	Inadequate ↓ Jul 2018	Inadequate ↓ Jul 2018
Medical care (including older people's care)	Requires improvement ↑ Jul 2018	Good ↑ Jul 2018	Good ↑↑ Jul 2018	Good ↑ Jul 2018	Requires improvement ↑ Jul 2018	Requires improvement ↑ Jul 2018
Surgery	Good ↔ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018	Requires improvement ↓ Jul 2018	Good ↔ Jul 2018	Good ↔ Jul 2018
Critical care	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017
Services for children and young people	Requires improvement ↔ Jul 2018	Requires improvement ↓ Jul 2018	Good ↔ Jul 2018	Inadequate ↓↓ Jul 2018	Inadequate ↓↓ Jul 2018	Inadequate ↓↓ Jul 2018
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
Maternity and Gynaecology	Good Apr 2017	Requires improvement Apr 2017	Good Apr 2017	Requires improvement Apr 2017	Good Apr 2017	Requires improvement Apr 2017
<b>Overall*</b>	Requires improvement ↑ Jul 2018	Requires improvement ↔ Jul 2018	Good ↔ Jul 2018	Inadequate ↓ Jul 2018	Inadequate ↔ Jul 2018	Inadequate ↔ 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 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
End of life 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
<b>Overall*</b>	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
<b>Overall*</b>	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.

# Grantham and District Hospital

101 Manthorpe Road  
Grantham  
Lincolnshire  
NG31 8DG  
Tel: 01522573982  
[www.ulh.nhs.uk](http://www.ulh.nhs.uk)

## Key facts and figures

Grantham and District Hospital serves the communities of Grantham and the local area. It provides ambulatory paediatric and accident and emergency services as well as medicine, surgery and end of life care.

For the period October 2016 to September 2017 there were 13,628 inpatient admissions to this hospital and 130,786 outpatient attendances.

We inspected Medicine and Surgery at this inspection.

## Summary of services at Grantham and District Hospital

**Good** ● ➡ ➡

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

A summary of this hospital appears in the overall summary above.

# Medical care (including older people's care)

Good   

## Key facts and figures

United Lincolnshire Hospitals NHS trust (UHLT) serves a population of approximately 700,000 people, situated in the county of Lincolnshire, and provide a range of medical services at Grantham and District Hospital (GDH).

From October 2016 to September 2017 the trust had 70,960 medical admissions. Emergency admissions accounted for 31,481 (44%), 37,660 (53%) were day case, and the remaining 1,819 (3%) were elective.

Admissions for the top three medical specialties were:

- General medicine, 27,484
- Clinical oncology (previously radiotherapy), 8,005
- Gastroenterology, 7,941

*(Source: CQC Insight)*

There are 495 medical inpatient beds located across 24 wards at three locations in the trust: Lincoln County Hospital, Pilgrim Hospital Boston, and Grantham and District Hospital (GDH).

At GDH there are 44 inpatient beds located within three wards: The Acute Care Unit (ACU), Ward 1 which specialises in general medicine, cardiology and gastroenterology, and Ward 6 which specialises in stroke rehabilitation and respiratory medicine. In addition, medical services are provided in the emergency assessment unit (EAU) for the assessment and admission of acutely ill patients, the day care unit (DCU) including haematology and oncology, and an endoscopy unit.

The medical service at GDH was last inspected in 2015. At our last inspection we rated the medical service as good overall, with safe rated as requires improvement, effective good, caring good, responsive good, and well-led good.

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

Before the inspection visit we reviewed information that we held about the service and information requested from the trust.

During the inspection the inspection team:

- Visited Ward 1, Ward 6, ACU, DCU, EAU, and the discharge unit. We also visited Ward 2, a surgical ward, where medical patients were also placed, when there was a shortage of medical beds.
- Observed care and treatment of patients.
- Spoke with 25 patients and two of their relatives.
- Spoke with three managers who led the service. We also s
- Spoke with another 31 members of staff including matrons, doctors, nurses, health care assistants, therapists, pharmacists, housekeeping staff, administrative staff and a chaplain.
- Observed multi-disciplinary meetings, board rounds and ward rounds, and a trust wide bed meeting.
- Reviewed 62 patient records including 22 medicines administration records.

# Medical care (including older people's care)

At the time of our inspection the endoscopy unit was closed for refurbishment. The haematology and oncology unit was also temporarily closed due to staff shortages; therefore, we were unable to inspect these services.

## Summary of this service

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

- The service demonstrated an improved culture of learning from incidents, including never events.
- Staff consistently treated patients and their relatives with kindness and respect. Patients and carers were involved in care decisions, gave positive feedback and felt supported by staff.
- We saw effective multi-disciplinary working to support evidence based care.
- There was safe provision of equipment, including equipment to be used in an emergency.
- There were effective processes in place to assess and escalate deteriorating patients.
- Improvements had been made to ensure patients living with a learning disability or dementia were identified more easily.
- There had been improvements to governance arrangements, with a number of new initiatives introduced to monitor clinical practice and identify and assess risks to patients.
- There were effective systems for infection prevention and control (IPC), and the management of sepsis.
- Staff understood their roles and responsibilities under the Mental Health Act 1983, and the Mental Capacity Act 2005.
- Risks to people were assessed, managed, and monitored on a day to day basis.
- Staff understood their responsibilities and actions required in identifying patients at risk of deterioration, harm and abuse, and associated reporting.
- Staff were qualified and had the skills to carry out their roles effectively and in line with best practice. However, compliance with mandatory training rates did not meet the trust targets in all areas.
- Patients' care was planned and delivered in line with national evidence-based guidance and supported by local guidelines and standard operating procedures.

However, we also found:

- At times of pressure extra bed capacity on medical wards was provided without a corresponding escalation in staffing levels.
- Numbers of nursing and medical staff were below those required by the trust.
- Compliance with mandatory training rates did not meet the trust targets in all areas.
- There were limited systems for identifying and managing expired medicines. The policy for this was not explicit in determining responsibilities.
- The average referral to treatment (RTT) was worse than the England average. Although mitigating actions were in place.
- The average length of stay for non-elective patients in cardiology and geriatric medicine was higher than the England average.

# Medical care (including older people's care)

- Appraisals had not been completed for all staff.

## Is the service safe?

Good  

Our rating of safe improved. We rated it as good because:

- The service demonstrated an improved culture of learning across the trust from incidents including never events.
- There was safe provision of equipment, including equipment to be used in an emergency. Equipment was checked regularly and stored appropriately.
- There were effective processes in place to assess and escalate deteriorating patients.
- There were effective systems for infection prevention and control (IPC), and the management of sepsis which were regularly audited. The environment was visibly clean, tidy and well maintained.
- Risks to people were assessed, managed, and monitored on a day to day basis.
- Staff had a good understanding of safeguarding and understood their responsibilities and actions required in identifying patients at risk of deterioration, harm and abuse, and associated reporting. The service worked with other agencies to share relevant safeguarding information.

However, we also found:

- Numbers of nursing and medical staff were below those required by the trust.
- Compliance with mandatory training rates did not meet the trust targets in all areas.
- There were limited systems for identifying and managing expired medicines. The policy for this was not explicit in determining responsibilities.

## Is the service effective?

Good   

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

- Clinical guidelines and policies were developed and reviewed in line with the National Institute of Health and Care Excellence (NICE), the Royal Colleges and other relevant bodies. Policies and standard operating procedures were available and accessible on the trust's intranet.
- Patient outcomes were monitored. Where concerns about performance were highlighted managers took action to evaluate practice in order to identify opportunities for service improvement. Staff were aware of these.
- There was evidence of multidisciplinary working and referral to specialist services to support evidence based care.
- Patients received adequate pain relief in line with the Core Standards for Pain Management Services in the UK (2015).
- Patients were supported with eating and drinking. There was access to dietetic services as required.
- Care pathways were used effectively.

# Medical care (including older people's care)

- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. However, not all Deprivation of Liberty Safeguards were reviewed in a timely manner.

However, we also found:

- The proportion of patients with lung cancer seen by a Cancer Nurse Specialist was 1.0%, which does not meet the audit minimum standard of 90%.
- Appraisal levels did not always meet the trust target.

## Is the service caring?

**Good** ● ➡ ➡

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

- Patients and relatives, we spoke with gave consistently positive feedback about their experience, and felt supported by staff.
- There were good response rates to the friends and family test and patients consistently reported positive experiences.
- Staff communicated with patients and relatives in a way they could understand.
- Staff responded compassionately when patients needed help and supported them to meet their personal needs as and when required.
- Patients were enabled to manage their own health when they could and maintain independence.
- Patients' emotional and social needs were embedded in their care and treatment.

## Is the service responsive?

**Good** ● ➡ ➡

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

- Escalation beds and outlier beds were allocated to improve access and flow. These were managed appropriately.
- Staff spoke positively about the liaison services provided for people with mental health needs.
- Staff had a good understanding of managing and helping patients living with dementia and those with additional needs such as visual and hearing impairments, learning disabilities and people who required translation services.
- Reasonable adjustments were made to ensure people with a disability could access and use services on an equal basis to others and arrangements were in place to manage complex discharges.
- The service treated concerns and complaints seriously, and learned lessons from the results, which were shared with all staff.

However, we also found:

- Referral to treatment rates for geriatric medicine, neurology, rheumatology and thoracic medicine were below the England average although we saw appropriate plans in place to address this and some had already improved,



# Medical care (including older people's care)

- There were mixed rates of average length of stay with higher rates for non-elective patients in cardiology and geriatric medicine.

## Is the service well-led?

Good   

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

- There had been improvements to the local governance arrangements, with a number of initiatives introduced to monitor clinical practice and identify and assess risks to patients. These included the ward accreditation programme, the appointment of five quality matrons across the trust, ward rounds, board rounds, the golden hour, a clinical cabinet and safety quality matrixes.
- There were clear lines of local responsibility and accountability within the governance and meetings structure which monitored and reported performance and risk.
- There was a clear leadership staffing structure within the medical division to manage and oversee care.
- Staff felt supported and valued by their managers.
- There was a positive culture amongst staff and staff enjoyed their work.
- Divisional leads understood challenges to quality and sustainability in the delivery of safe and effective care. There were examples of effective changes when the quality of care and treatment provided was not meeting standards.

However, we also found:

- Staff shortages meant ward managers and senior doctors did not always have protected time to fulfil their leadership responsibilities. This had a negative impact on opportunities to work on improvements and innovation.

## Areas for improvement

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

# Surgery

Good   

## Key facts and figures

Grantham and District Hospital (GDH) is a small hospital with 115 beds. It forms part of the United Lincolnshire Hospitals NHS Trust (ULHT). The trust is one of the largest in the country serving a population of 700,000 people.

Grantham and District hospital provided, low risk, elective general surgery and elective orthopaedic knee and hip replacements. It also undertakes trauma surgery for fractured neck of femur.

The service has a 28-bedded ward and a day ward with mixed access for surgical and medical patients. The service admitted adults only for surgery.

For the period January 2017 to December 2017 GDH completed 4606 in-patient surgical procedures consisting of 2655 general surgery and 1951 orthopaedic.

The surgical services at Grantham and District hospital were last inspected in 2015. At our last inspection we rated the surgical services as good across all the domains of safe, effective, caring, responsive and well-led.

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

Before the inspection visit we reviewed information that we held about the service and information requested from the trust.

During the inspection the inspection team:

- Visited the pre-assessment unit, surgical ward, day ward and operating theatres. We
- Spoke with senior managers, nurses, doctors, pharmacist, patients and visitors.
- Reviewed five sets of patient notes and five prescription charts.

## Summary of this service

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

- The service had a positive incident reporting culture, demonstrating learning and sharing both locally and across the trust.
- There was a robust system within pre-operative assessment with a clear admission criterion, comprehensive infection control and prevention screening and risk assessments for all patients.
- There was access to equipment, including emergency equipment with in-house medical physics support.
- Staff understood their roles and responsibilities under the Mental Health Act 1983, and the Mental Capacity Act 2005.
- Risks to people were assessed, managed, and monitored on a day-to-day basis.
- Surgical services at Grantham and District hospital (GDH) provided care to patients in line with local and national guidance.
- Staff were competent and appropriately trained to undertake the role for which they were employed, had equal opportunities for professional development and were up to date with annual appraisals.

# Surgery

- The trust had a five-year strategy for all clinical services for 2014 to 2019 to support the delivery of good quality patient care. This underpinned the trusts values.
- Staff were aware of the trust values which were displayed within the departments and told us they enjoyed working at GDH and felt valued in their work.

However, we also found:

- Some items of equipment were out of date for servicing schedules. This was escalated at the time of identification and corrected prior to completion of the inspection.
- Some medicines were found to be out of date. This was escalated at the time of identification and corrected prior to completion of the inspection.

## Is the service safe?

**Good**   

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

- Staff were trained and understood their responsibilities with regard to safeguarding adults.
- Surgical areas inspected were visibly clean, tidy and free from clutter.
- There was a robust system of pre-operative assessment with a clear admission criterion, comprehensive infection prevention screening and risk assessments for all patients.
- There was access to equipment, including emergency equipment and in-house medical physics support for equipment testing and calibration.
- The service had an understanding of the application of duty of candour.
- There were effective processes in place to assess and escalate deteriorating patients.
- Medical records were in good condition with information filed in a logical order and legible.
- Staff had the skills and Knowledge to carry out their roles effectively and in line with best practice.
- Risks to people were assessed, managed, and monitored on a day-to-day basis.

However, we also found

- Medical and nursing staff did not meet all of the trust targets for mandatory training requirement
- Some items of equipment were out of date for servicing schedules. This was escalated at the time of identification and corrected prior to completion of the inspection.
- Some medicines were found to be out of date. This was escalated at the time of identification and corrected prior to completion of the inspection.
- Staffing and recruitment was an identified risk.
- Medical records were not consistently signed and dated on each page.

# Surgery

## Is the service effective?

Good  → ←

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

- Surgical services at Grantham and District hospital (GDH) provided care to patients in line with local and national guidance.
- Staff had ready access to policies, protocols and procedures through the hospital intranet.
- Patients were assessed for their nutritional status and had access to dietetic information.
- Pain management advice was provided pre-operatively and pain was assessed and managed appropriately.
- Outcome measures submitted by GDH indicated positive results when compared to the England average. For example, length of stay, readmission and patient satisfaction.
- Staff were competent and appropriately trained to undertake the role for which they were employed, had equal opportunities for professional development and were up to date with annual appraisals.
- Staff understood their roles and responsibilities under the Mental Health Act 1983, and the Mental Capacity Act 2005.

## Is the service caring?

Good  → ←

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

- We observed positive interactions between staff, patients and carers which was compassionate and caring.
- Staff were supportive of patients living with dementia and their family or carers.
- Patient feedback was consistently positive in relation to standards of care provided to them.
- Visitors told us they were kept informed regarding loved ones care and treatment.

## Is the service responsive?

Good  → ←

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

- Grantham and District Hospital (GDH) were able to meet the local demand for surgery, with many patients opting for surgery at this site, in preference to travelling to other sites across the trust.
- Surgical services had identified a worse than England average referral to treatment time (RTT). However, we saw where managers were taking active steps to monitor and manage delays with action plans in place.
- Weekly review of RTT was included in consultant job plans.
- Patients who had operations cancelled in the two months prior to our inspection had been given a revised date within 28 days.

# Surgery

## Is the service well-led?

Good  → ←

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

- The range of experience within the senior team enabled effective leadership of the surgical service at Grantham and District hospital.
- Staff told us they felt local managers were visible, approachable, supportive and they received appropriate support to allow them to complete their jobs effectively.
- Managers were positive about the impact of quarterly multi professional senior leadership forums introduced in 2017.
- The trust had a five-year strategy for all clinical services for 2014 to 2019 to support the delivery of good quality patient care. This underpinned the trust five key values.
- There was executive oversight of safeguarding for the trust.
- Staff were aware of the trust values and they were displayed within the departments.
- Staff told us they enjoyed working at GDH and felt valued in their work.
- There appeared to be an open relationship with staff saying they were able to discuss concerns or make suggestions to their line or department manager.

## Areas for improvement

We found three areas for improvement in this service. See the areas for improvement section above.

# Lincoln County Hospital

Greetwell Road  
Lincoln  
Lincolnshire  
LN2 5QY  
Tel: 01522573982  
[www.ulh.nhs.uk](http://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 October 2016 – September 2017 there were 68,137 inpatient admissions and 463,455 outpatient attendances on this site.

We inspected urgent and emergency care, medicine, surgery and outpatients at this inspection.

## Summary of services at Lincoln County Hospital

**Requires improvement**   

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

A summary of this hospital appears in the overall summary above.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

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. The trust serves a population of approximately 700,000 people, situated in the county of Lincolnshire.

Urgent and emergency services are provided by United Lincolnshire Hospitals NHS Trust at three sites:

- Lincoln County Hospital
- Pilgrim Hospital
- Grantham and District Hospital (not being inspected in this current inspection)

Lincoln County Hospital provides consultant led emergency care and treatment 24 hours a day, seven days a week to people across Lincoln and North Lincolnshire area. The department has 15 major cubicles and three minor cubicles, a four-bedded resuscitation room, an eye treatment room, one triage room, a plaster room and designated waiting rooms for adults and paediatric patients. There was also a quiet room for relatives to utilise whilst waiting for news and a room which was for patients with mental health conditions. A three bedded Rapid Assessment and Treatment (RAT) area was available within the main department between 10 am and 10pm.

There was an ambulatory care unit which had six trolleys, one side room and a separate waiting area which had been moved away from the main accident and emergency department. This was open from 8 am until 10 pm.

From April 2017 to February 2018 there were 66,586 emergency attendances at Lincoln County Hospital. Of these attendances, 11,360 (17.1%) were paediatric patients

This inspection followed our unannounced methodology (staff were unaware we were visiting the department) to enable us to observe routine activity. Before our inspection, we reviewed information we held about this service as well information routinely requested.

During our inspection we:

- Spoke with 38 staff members; including service leads, band seven sisters, doctors, nurses, non-registered staff, agency nursing staff, porters, housekeeping staff and ambulance staff.
- Spoke with 18 patients who were using the service (14 adult patients and four paediatric patients) and eight relatives.
- Reviewed 24 patient records (14 adults and 10 children) admitted through the front door of the department.
- Reviewed 15 sets of patient observations.
- Reviewed two medicine administration records.

## Summary of this service

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



# Urgent and emergency services

- Patients could not always access the service when they needed to. Information provided by the trust showed from November 2016 to February 2018, patients were not triaged within the recommended time of 15 minutes and patients arriving by ambulance were waiting between zero and 133 minutes to be handed over to the department staff.
- The department performed worse than the national average from November 2016 to October 2017 for their time of arrival to treatment and four-hour target for patients being admitted, transferred and discharged. Since June 2017, the department had performed worse than the national average for patients waiting between four and 12 hours to be admitted, following decision to admit. Information for this standard also showed a continuous steep incline for the number of patients waiting for admission. The department also consistently scored higher than national average for the mean time patients spent with the department.
- The service did not participate in many national audits to benchmark patient outcomes and those they did participate in demonstrated poor performance against specific Royal College of Emergency Medicine (RCEM) standards.
- Nurse and medical staffing levels were low. The nurse rota we reviewed demonstrated only four days out of 28 days where planned staffing met actual staffing. Medical staffing consisted of four substantive consultant positions and as a result did not meet the 16 hours of consultant presence as recommended by RCEM. Both nursing and medical staff relied on agency and locum usage to ensure staffing levels remained safe.
- The department did not have a sound incident reporting, investigating and learning culture embedded. There was a historical backlog of incidents from 2014 which had yet to be investigated and any learning identified and cascaded from these. Staff told us they did not always receive feedback from incidents they had raised and subsequently did not always report all incidents. Time constraints and the pressures of the department also impacted on staffs ability to report all incidents. However, staff did tell us they would raise all incidents they considered as serious and demonstrated learning from trust wide serious incidents.
- The department continued to perform below the trust target for completing appraisals. Information received from April 2017 to October 2017 identified only 74.5% of staff had received an appraisal. The worst staff group recorded was the medical staff who reported only 33.3% of this staff group had received an appraisal.

However:

- Since our previous inspection there had been an improvement in the management of deteriorating patients. There was effective use of early warning scores and timely escalation. The introduction of an electronic observation system had further improved this.
- Sepsis identification, treatment and management had improved since the previous inspection and we observed good use of sepsis screening and completion of the sepsis bundle in line with trust policy.
- Staffing was planned to ensure the skill mix was appropriate to meet the needs of patients. There was a minimum of either one paediatric trained or an adult nurse with paediatric competencies on each shift.
- The department was working towards providing a suitable environment for all patients to be cared in (for example paediatric and mental health patients); however, at the time of our inspection, this was still a work in progress.
- There was evidence of learning from serious incidents in the department. A quality improvement project implemented in the department following a serious incident had provided positive results which meant positive results for patients.

# Urgent and emergency services

## Is the service safe?

**Requires improvement** ● ↑

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

- Patients were not always assessed or treated in a timely manner. We found delays in both time taken to triage patients as well as patients waiting to be handed over by the local NHS ambulance trusts. Nine out of 19 patient waited longer than the recommended 15 minutes to be triaged. Patients arriving by ambulance also experienced delay to having their care handed over to hospital staff, during our inspection there were a total of 377 ambulance handovers of these 137 (36.3%) were delayed between 30 to 59 minutes, 64 (17%) were delayed between 60 to 120 minutes and 25 (6.6%) were delayed between 120 to 240 minutes. The recommended standard is within 15 minutes of arrival. We saw effective systems in place to monitor patients for deterioration whilst awaiting triage or handover.
- Staff reported they did not always receive feedback on incidents they reported. As a result of this and time pressures, staff told us they did not always report all incidents.
- The department had significant staff challenges for both nursing and medical staff. The department was reliant on locum and agency staff to fulfil shortages.
- Consultant presence in the emergency department was less than the Royal College of Emergency Medicine (RCEM) recommendation of 16 hours per day. The department was actively recruiting to vacancies and were using locum staff to support the service. Consultants often covered the 16 hour period, however this was not formally agreed and further consultants were required to fully implement this.
- The department had attempted to take steps to meet Intercollegiate Committee Standards for Children and Young People in Emergency Care Settings (2012) however children still had to enter the department through the same entrance as adults and cross the adult waiting area to get to the designated children's waiting area. There was a majors cubicle and designated resuscitation bay with minimal decoration for paediatric patients, however when paediatric patients were in the department, these designated cubicles/bays were not always used by them.
- There were low levels of medical staff in date with safeguarding vulnerable adults training.
- The trust provided mandatory training for all staff, however information provided showed they were not meeting the trust targets for all mandatory training modules.

However:

- There was at least one member of staff who was a registered children's nurse or an adult trained nurse with additional competencies for caring for a paediatric patient on each shift. The competencies held by the adult trained staff were above and beyond paediatric life support and provided them with the skills and knowledge to identify a deteriorating paediatric patient.
- There had been improvement in the management of a deteriorating patient. Staff used the national early warning score (NEWS) and paediatric early warning score (PEWS) system well and escalated concerns where appropriate.
- Despite there being delays for ambulance handovers in the department, there was a process in place for monitoring patients and the coordinator of the department had oversight of these patients.
- There had been improvements in the recognition, assessment and treatment of sepsis. We saw evidence of staff appropriately screening patients and acting in a timely manner on the findings of the sepsis screen.

# Urgent and emergency services

- Staff in the department mainly displayed good infection prevention and control practices, including good hand hygiene which followed the World Health Organisations (WHO) five moments for hand hygiene and appropriately wearing personal protective equipment when providing clinical care. However, staff demonstrated a poor understanding of the aseptic non-touch technique (ANTT) and did not always have the right equipment to deliver good ANTT practices.
- Despite two main staff groups not meeting the trust target for safeguarding training for children and vulnerable adults, we found staff had a good knowledge and awareness of abuse and knew the reporting procedure if they had concerns.
- Work had begun to ensure there was an identified place of safety for mental health patients to receive assessment in a suitable environment.

## Is the service effective?

**Requires improvement**   

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

- Royal College of Emergency Medicine (RCEM) standards were not met in any of the audits of moderate and severe asthma 2016/17, consultant sign off 2016/17 and severe sepsis and septic shock 2016/17. The department did not participate in other audits including vital signs in children, procedural sedation and venous thromboembolism (VTE) risk in lower limb immobilisation in plaster cast.
- There was little involvement in national and local audits. We were therefore not assured the department was collecting information on patient outcomes and using this information to improve patient care and treatment.
- For the reporting period of November 2016 to October 2017 the trusts unplanned re-attendance rate within seven days was generally worse than the 5% national standard.
- Information received from the trust showed from April 2017 to October 2017, 74.5% of all staff in the department had an appraisal completed. This did not meet the trust target of 85%. However, of the staff who had received an appraisal, all told us they were beneficial and meaningful.
- Mental Capacity Act (2005) level two training for all staff in the department was below the trusts own target of 90%. All staff groups individually failed to meet this target with the medical staff recording the lowest compliance rate of 41.7% and nursing staff with the highest compliance rate of 80.5%.

However:

- Policies, procedures and clinical guidelines were based on evidence-based best practice, including National Institute for Health and Care Excellence (NICE) and Royal College of Emergency Medicine (RCEM).
- Staff demonstrated a sound knowledge of consent and we observed positive examples of staff gaining consent from patients before performing medical interventions.
- Evidence of effective MDT working despite acknowledging difficulties with some specialities.

## Is the service caring?

**Good**   

# Urgent and emergency services

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

- Patients were cared for by compassionate and dedicated staff despite acknowledged pressures by patients. We observed staff treating patients in a kind, respectful and dignified manner.
- Patient and relative feedback about the care they received and the staff providing the care was largely positive.
- Staff provided emotional support to patients and their relatives where this was required. There was also access to additional services to provide more specialist emotional support if patients required this.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients felt comfortable asking staff questions if not fully understood the first time.
- The departments own quality dashboard monitoring consistently recorded 100% compliance with all aspects of the patient dignity indicators (curtains closed, call bell in reach, modesty being maintained, good communication with staff and staff introducing themselves).

However:

- The departments friends and family test (FFT) results remained between 73.3% and 81% for those who would recommend the service which although was a small improvement from our previous inspection, this remained lower than the England average.

## Is the service responsive?

**Requires improvement** ● ➡ ➡

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

- The department did not always meet the individual needs of patients. We identified that there was no hearing loop on our previous inspection, and this was still not in place on this inspection. The accessible information standards were still not completely in place and staff were unsure if they had access to British Sign Language (BSL) interpretation.
- The trust failed to meet the national standards for time of arrival to treatment within one hour, admitted, transferred and discharged within four hours and percentage of patients waiting between four and 12 hours from decision to admit until admitted between November 2016 and October 2017. Additional information shared with us by the trust showed they continued to not meet the national standards until February 2018.
- The department consistently scored higher than the national average for the mean time patients spent within the department between November 2016 and October 2017.
- There was an ambulatory care unit in place to provide short term care and treatment to adult patients, however at the time of our inspection this was not being used effectively to enable flow through the department.
- The rapid assessment and treatment (RAT) area had been in place since our previous inspection and had varying levels of effectiveness in reducing the ambulance handover times. During our inspection, the RAT system was used effectively, however staff told us waits in the RAT area could still take up to four hours.
- The department were not meeting internal the trusts internal target to respond to complaints and concerns within 35 days. Only 10.5% of complaints and concerns were addressed within the 35-day target, with the average time response rate of 69 working days to investigate, respond and close complaints. Not all staff were aware of current complaints about the department and were not able to provide examples of complaints which had brought about changes in the department.

# Urgent and emergency services

However:

- Arrangements were in place for patients who required interpretation and translation services, other than patient requiring BSL interpretation. This was accessible to staff 24 hours a day, seven days a week.
- Staff could access additional support from nurse specialists for patients with learning difficulties, mental health needs, autism and patients living with dementia.
- The mean number of patients leaving the department before being seen was about the same as the national average between November 2016 and October 2017.

## Is the service well-led?

**Requires improvement**   

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

- There was a backlog of 110 incidents dated back to 2014 which had yet to be reviewed. Staff reported they did not always receive feedback on incidents they reported. A fairly robust recovery plan for the backlog of historical incidents had been devised, however we had concerns on the timeliness of this plan due to the low numbers of clinicians who were able to investigate them and the further delay on identifying potential learning which would need to be shared with staff.
- The department did not always collect, analyse, manage and use information well to support their activities. Their participation in audits was low and staff were not always able to identify where appropriate actions had been taken in response to audits. When audits had been completed, action plans were not always produced to support improvements.
- Governance meetings were only attended by the more senior members of the department, with essential information only being cascaded to all other staff members through the use of a communication book or verbally at handover. There were plans for other staff members to be involved in governance meetings however no details around timeliness of implementation was available at the time of the inspection.
- The department did not have a complete overview of the risks that affected the service and did not always record them on the risk register. Although the senior staff's concerns mirrored what was on the risk register, they were unaware of the barriers to incident reporting and the historical backlog of incidents was also not on the departmental risk register.
- There was no one staff member who was identified as the lead for mental health in the department.
- Despite trust wide engagement to increase the awareness of the vision and strategy, staff from the department were unaware of these processes. They were, however aware of the values and were able to demonstrate them in their work.
- There was limited evidence of the department engaging with patients and the public to plan, manage and improve the service provided at the department.
- Not all leaders had the capacity to be able to lead effectively as they were caught up in operational issues.

However:

# Urgent and emergency services

- There were significant improvements on the major incident capability since our last inspection, in particular the CBRN (chemical, biological, nuclear and radiological) element. There were clear governance processes in place to ensure all items remained within date and was stored in a tidy manner and any appropriate policies and procedures were maintained. There had been recent exercises run which were multidisciplinary (Exercise Glitter) which was meaningful and well received by all staff members.
- There were leaders in the department who had the experience, knowledge and skills to lead a department to provide high quality care. Leaders understood the challenges they faced and endeavoured to improve the quality of the service provided.
- There was a positive culture amongst all the staff in the department despite the pressures faced from a high level of activity. Senior staff (local leaders) were proud of the staff who worked in the department for the positive attitude they all came to work with, and there was a respectful relationship between all staff.
- Staff continuously strived to improve the service provided by the department and there were examples of where improvements had been made and evidence of these improvements have demonstrated through the use of clinical audit (an example being the 'Trueman Show' tool for identifying aortic dissections).

## Outstanding practice

We found one example of outstanding practice. See the outstanding practice section above.

## Areas for improvement

We found 21 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 medical care service at the trust provides care and treatment for rehabilitation complex needs medicine (Elderly), cardiology, respiratory medicine, gastroenterology, general medicine and stroke medicine, clinical haematology, geriatric medicine as well as clinical oncology (previously radiotherapy).

There are 495 medical inpatient beds located across 24 wards. Lincoln County Hospital has 260 medical inpatient beds located within 12 wards

*(Source: Routine Provider Information Request - Acute-Sites)*

From October 2016 to September 2017 the trust had 70,960 medical admissions. Emergency admissions accounted for 31,481 (44%), 37,660 (53%) were day case, and the remaining 1,819 (3%) were elective.

Admissions for the top three medical specialties were:

- General medicine, 27,484
- Clinical oncology (previously radiotherapy), 8,005
- Gastroenterology, 7,941

*(Source: CQC Insight)*

Between October 2016 to September 2017 medical specialties at this site treated 44,035 patients, which represented 54% of all medical patients treated in the trust.

We last inspected medical care services in October 2016 and gave an overall rating of requires improvement. This reflected requires improvement in safe, responsive and well led and good in effective and caring. We told the trust they must take action to ensure staff were competent in the use of the Sepsis 6 bundle. We told the trust they should take action to ensure mandatory training met the organisation's standards, use hourly rounding and fluid balance charts and ensure consistent management of venous thromboembolism.

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

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During this inspection we:

- Visited each medical inpatient ward as well as the endoscopy unit and chemotherapy day service.
- Spoke with 37 members of staff representing a broad cross section of clinical specialties and grades and non-clinical roles. We also
- Spoke with 42 patients and 19 relatives or carers.
- Reviewed a sample of 35 patient records and took into account over 70 additional items of evidence including meeting minutes policies and performance records.



# Medical care (including older people's care)

## Summary of this service

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

- Nurse staffing levels were not always sufficient to keep people safe at all times. The hospital relied heavily on agency nurses who were not always willing or able to carry out clinical tasks required in their assigned area. Between December 2016 and November 2017 18% of nurse shifts were uncovered.
- Compliance with mandatory training was variable although nursing teams had made significant efforts to improve completion rates.
- There had been instances of significant violence towards staff from patients and this was entered into a divisional risk register. It was not evident that the security team responded consistently to such instances and staff lacked training to handle escalating aggressive behaviour.
- The trust participated in multiple national audits to benchmark care, including for lung cancer and ischaemic heart diseases. Results across all audits demonstrated wide variance in performance, including some performance significantly below national standards in the lung cancer audit.
- Referral to treatment times in four specialties were worse than the national average, including significant differences of up to 29%.
- The trust was slow to investigate and close complaints, with an average time of 75 days between October 2016 and September 2017. In addition, a significant proportion of complaints were reopened and medical care attracted the most formal complaints out of all hospital services.

However;

- Although our rating remains the same we acknowledge the substantive and well-coordinated work hospital teams have completed in improving safety and quality standards, particularly in relation to sepsis, dementia care and ward quality assurance.
- Infection prevention and control practices were consistently good in most areas and we observed staff adhere to appropriate standards. Monthly audits indicated a need for this to be further embedded.
- A sepsis practitioner had significantly improved training and resources for staff in the screening and management of sepsis and between October 2016 and January 2018 96% of patients started antibiotics within 60 minutes.
- The incident-reporting procedure was clearly embedded and all staff were confident in its use. In addition, there was evidence of learning and improvements as a result of never events and serious incidents and staff could demonstrate how these applied to their area of work.
- Overall performance in the Sentinel Stroke National Audit Programme rated the hospital as better than the national average, with a level B in the latest results. This indicated good performance in most measures with the exception of therapy, in which there was a need for increased occupational therapy in particular.
- There was a demonstrable drive to improve staff clinical competencies through the provision of more opportunities for learning and development. A dedicated clinical education team delivered one-to-one opportunistic training to staff on each ward in addition to a planned programme of teaching. Additional opportunities had been made available for assistant practitioners and healthcare assistants.
- Staff delivered care that was kind and compassionate and helped patients to maintain privacy and dignity. Patients generally felt involved in their care and understood their treatment plan although this was not always the case with discharge information.



# 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:

- Between November 2016 and October 2017 staff in inpatient medical wards complied with trust standards of clinical observations in line with early warning scores systems in 77% of cases. This was significantly below the trust standard of 90% although the stroke unit and Ashby ward demonstrated sustained performance above this standard for eight consecutive months.
- Nurse staffing remained variable with an 18% vacancy rate and 3,028 shifts uncovered between December 2016 and November 2017. Staff were highly critical of the trust's 'cohort' recruitment process and some wards had not been assigned any new staff for over six months.
- Medical cover overnight was insufficient to meet patient needs and thirteen clinical staff told us obtaining a doctor review overnight was problematic and resulted in delays to care.
- Results of an audit of patient records in 2017 were highly variable and none of the inpatient wards met the trust standard for completing basic patient identifier information on every page. In eight measures standards of completion deteriorated between the two audit cycles.
- There were variable standards of medicines documentation in Lancaster ward and we were not assured staff had the capacity to act on recommendations made by the ward pharmacist.
- Incident reports indicated frequent instances of violence against staff and a divisional risk register indicated the senior team were aware of this on a long-term basis. We were not assured from the outcomes of incidents that the security team had the resources or training to improve safety.

However:

- The trust had implemented an action and improvement plan for the screening and treatment of sepsis, in line with national standards that screening and antibiotics should begin within 60 minutes. Between June 2017 and January 2018 overall compliance with these measures was 61%; which was significantly below the trust standard of 90%. However, we saw improvements in training and practice and were confident future audits would reflect this.
- Teams with extended skills led medical care out of hours and meant patients who deteriorated overnight were reviewed by staff with high levels of interventional training and competency.
- A sepsis nurse practitioner had delivered a substantial training and learning programme to all clinical teams to improve the screening and treatment of sepsis. This had resulted in 100% of staff undertaking an e-learning programme and each ward being equipped with a sepsis box.
- We observed excellent standards of nurse handovers, including in risk assessment and adherence to care pathways.
- Significant progress had been made in improving pressure area care and some wards reported over one year without a hospital-acquired pressure ulcer.

## Is the service effective?

**Good**   

# Medical care (including older people's care)

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

- The 2017 national patient-led assessment of the care environment (PLACE) score results indicated a high score of 91% for food and hydration on inpatient medical wards and represented an improvement of standards since 2016.
- The team on Burton ward had established a new fluid balance framework and training for staff that aimed to improve the outcomes for renal patients. This involved all members of the care team and provided training for housekeepers as fluid ambassadors.
- A rolling programme of audits ensured care was benchmarked against national standards and staff used results to improve services. Therapies teams led a range of audits designed to explore and improve patient outcomes.
- The endoscopy unit was accredited by the Joint Advisory Group (JAG) for GI Endoscopy.
- The dietetics team provided a range of specialist support and guidance including for patients in neuro-rehabilitation, those with complex diabetic needs and those with mental health needs.
- A dedicated pain team was available and all 42 of the patients we spoke with said their pain had been managed well.
- Care and monitoring of patients living with diabetes was consistently good and demonstrated a significant improvement from our last inspection. This included an improvement in the skill mix and competencies of the team on Navenby ward and frequent coordinated care with diabetic nurse specialists.
- There was a demonstrable focus on staff competencies to improve learning and professional development. A clinical education team led this through planned and opportunistic teaching on each ward.
- Multidisciplinary input into care and treatment was evident in all records we reviewed as well as during ward rounds and handovers.
- The safeguarding team had delivered Mental Capacity Act (2005) and Deprivation of Liberty Safeguarding training to ward-based teams following feedback staff found the processes confusing.

However:

- Compliance with National Institute for Health and Care Excellence standards in the management of venous thromboembolism was highly variable with ward results ranging from 3.3% to 100%.
- Sedation practices in the cardiac catheter lab did not adhere to Royal College of Anaesthetist guidance.
- Completion of fluid balance charts was sporadic and inconsistent in some areas although staff demonstrated good understanding of individual needs.
- From April 2017 to October 2017 64% of staff had an up to date appraisal. Staff noted changes in ward leadership in some areas and persistent staffing pressures as barriers to completing appraisals. Appraisals were supplemented by direct observation of procedural skills assessments although our review of 25 records indicated variable benefit.
- We found variable standards of documentation relating to MCA processes in patient records including missing documentation.
- The speech and language therapy team had significant challenges in meeting the timely review needs of patients due to short-staffing.

## Is the service caring?

Good   

# Medical care (including older people's care)

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

- Inpatient wards scored 82% in the 2017 patient-led assessment of the care environment (PLACE) results for privacy, dignity and wellbeing. This reflected a slight improvement from in the same measures from 2016.
- Performance results from the NHS Friends and Family Test from December 2016 to November 2017 was variable between wards, with a 93% recommendation rate overall.
- The trust operated a carer's scheme that enabled carers to access more affordable parking, open visiting hours and subsidised hospital food.
- Some wards displayed dignity in care pledges in public areas to establish the standards of dignified care patients and visitors could expect.
- During all of our observations staff delivered care and treatment to patients in a way that ensured their privacy and dignity. They treated people with respect, kindness and compassion.
- Macmillan nurses provided patients in the chemotherapy and oncology services with emotional support during their treatment.

However:

- Long-term sickness had reduced the scope of the psychology support service available to patients.
- Although staff demonstrated a consistently caring attitude, resources were limited to help them deliver dignified care. This included a lack of night clothes for patients.

## Is the service responsive?

**Requires improvement**   

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

- Four specialties performed worse than the national average for referral to treatment within 18 weeks between November 2016 and September 2017. Neurology had a significantly worse performance, at 63% compared with the national average of 92%.
- Of all hospital services, medical care attracted 54% of complaints and the most common theme was communication. The trust was slow to resolve complaints with an average time of 75 days from receipt to closure.
- Arrangements were not in place for patients to have access to cooked meals outside of rigid mealtimes. This meant patients who were attending scans during food service missed out on that meal.
- Persistent low levels of staffing and demands on the service in Lancaster ward and Scampton ward meant day rooms were rarely used for activities or socialising.
- There was limited evidence staff had the time or resources to adapt communication to people who found it difficult to speak.
- There had been a significant improvement in waiting times for cardiology patients between June 2017 and March 2018.

However;

# Medical care (including older people's care)

- The trust had significantly improved resources for care of the elderly services since our last inspection. This included the recruitment of clinical nurse specialists in frailty, increased consultant cover, a new frailty pathway and refurbished wards to make them more accessible for patients living with dementia.
- The chemotherapy services team operated a mobile unit to enable patients in rural areas of the county to access treatment without the need to travel long distances.
- Each ward had staff trained in specialist link, champion or ambassador roles. We saw several examples of excellent work from these individuals, which helped to facilitate improved standards of care and staff knowledge.
- Staff on Burton and Lancaster wards had created 'grab packs' to assist the team in following specific care pathways and policies, for example when reporting a fall.
- An enhanced care package had been introduced for patients with complex needs. This supported staff in assessing patients for delirium.

## Is the service well-led?

**Good**  

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

- Staff in each clinical area spoke positively of local leadership and support from matrons and senior nurses. Ward teams described an improvement in communication from leadership teams and said they felt more respected by senior staff.
- The trust had introduced a 'golden hour' for matrons to ensure they had protected time for critical duties within their specialty areas.
- Each ward team had developed a philosophy of care based on how their values and ethos of care fit within the trust's improvement plan. A staff engagement exercise had contributed to how the trust developed the vision and strategy and helped to gauge how staff felt about it.
- The medical triumvirate leadership team had carried out four engagement exercises with ward staff as a strategy to improve visibility and communication.
- Clinical governance processes meant clinicians and the leadership team reviewed incidents, complaints and morbidity and mortality data on a monthly basis. We saw the process included a range of multidisciplinary staff and learning and outcomes were widely shared to improve practice and patient outcomes.
- A safety and quality dashboard formed the key monitoring element of the clinical governance and quality assurance process. This monitored a range of key safety performance data and senior ward and divisional staff used the results to identify where improvements needed to be made.
- Quality matrons led a new programme of ward accreditation that aimed to improve care standards, patient outcomes and staff development. This was a new programme and early results from a second assessment cycle indicated improved practice.
- Reception staff, administration teams and ward clerks delivered a high standard of non-clinical support in all areas we inspected.

However:

# Medical care (including older people's care)

- The chemotherapy day unit operated a daily walk-in service without appropriate governance. This included the absence of a risk assessment or a standard operating procedure.
- There was variable standards of progress in the risks identified on the risk register, including one risk relating to 2015 without a substantive resolution. We were not assured that senior divisional teams were always responsive to the risks identified by ward-based teams.
- Patient information was not always protected from unauthorised access. This was because patient records were stored in open, unsecured areas of wards without constant supervision. Personal information was also displayed on digital screens in public ward areas.
- Staff in several areas told us they felt the service was unsustainable and they could not provide a good standard of care with ongoing pressures and persistent short staffing.

## Outstanding practice

We found four examples of outstanding practice. See the outstanding practice section above.

## Areas for improvement

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

# Surgery

Good   

## Key facts and figures

United Lincolnshire NHS trust provides a range of surgery and associated services at the Lincoln County Hospital (LCH) as part of Lincoln surgical business unit (SBU). Within the SBU, there are four clinical directorates. These are surgery and urology, orthopaedics, theatres and critical care and head and neck services.

At this hospital, there are 179 inpatient beds across six surgical ward areas (Clayton, Greetwell, Hatton, Neustadt-Welton, Shuttleworth, Surgical Emergency Assessment Unit) and 14-day care beds on the Surgical Assessment Lounge. Inpatient services include general surgical specialties, including upper gastrointestinal, colorectal, urology, breast and trauma and orthopaedics. Services for surgical patients are provided through outpatients, the pre-operative assessment unit, and day surgery and inpatient wards. The surgical division has 11 theatres, two of which are laminar flow (this is a type of air conditioning that reduces air borne infections) including theatres for day case surgery. One theatre is available for emergency surgery 24 hours a day seven days a week.

From August 2016 to July 2017 the trust had 46,974 surgical admissions. Emergency admissions accounted for 13,731 (29.2%), 26,231 (55.8%) were day case and the remaining 7,021 (14.9%) were elective.

We last inspected surgery in October 2016. We rated the service as Good.

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

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust including staffing, training and monitoring of performance.

During our inspection the inspection team:

- Visited the pre-operative assessment clinic, day surgery unit, operating theatres, recovery and all six surgical wards.
- Spoke with 26 patients and three visiting relatives.
- Spoke with 52 members of staff, including doctors, nurses, physiotherapists, occupational therapists, health care assistants, trainee doctors and senior managers.
- Reviewed treatment and care records for 20 patients
- Observed staff interactions with patients during the course of their activities.
- Reviewed the arrangements in place to support the delivery of elective and emergency surgery, including the environment and provision of resources.

## Summary of this service

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

- Staff understood their responsibilities to raise concerns and report incidents and near misses.
- Lessons were learned and communicated widely to support improvement. For example, changing equipment /products to ensure patient safety.

# Surgery

- Risks to patients were assessed, monitored and managed on a day-to-day basis. These included signs of deteriorating health and medical emergencies.
- Monitoring and audit of safety systems was robust. There was an effective audit for the World Health Organisation (WHO) five steps to safer surgery checklists.
- There were systems, processes and standard operating procedures in infection prevention control, records, and maintenance of equipment, which were mostly reliable and appropriate to keep patients safe.
- Patients were protected from abuse; staff had an understanding of how to protect patients from abuse.
- Care and treatment was planned and delivered in line with current evidence based guidance, standards, best practice and legislation and patients received effective care and treatment.
- We saw where patients symptoms of pain were mostly managed in both ward and department areas with good comfort outcomes. We observed staff positively interacting with patient and patients were treated with kindness, dignity, respect and compassion while they received care and treatment. Feedback from patients was positive about the care and treatment they had received.
- Surgical care services were responsive to patient's needs; patients could access services in a way and at a time that suited them and there was a proactive approach to understanding and meeting the needs of individual patients and their families.
- The leadership, governance and culture in surgical care services supported the delivery of high quality person-centred care; governance and risk management arrangements were effective and as such able to protect patients from avoidable harm.

However:

- During the last inspection in October 2016 staffing levels across the service were challenging. This was still evident at this inspection. Leading to regular staff moves to unfamiliar areas.
- Housekeeper staffing numbers were reduced throughout surgical areas. This was highlighted on risk registers as an increased risk of patient harm due to post-operative infection.

## Is the service safe?

**Good** ● ➡ ➡

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

- Staff recognised incidents and knew how to report them. Managers investigated incidents quickly, and shared lessons learned and changes in practice with staff.
- Staff kept patients safe from harm and abuse. They understood and followed procedures to protect vulnerable adults or children.
- All areas visited were visibly clean and there was a proactive approach to infection prevention and control, including management of sepsis.
- There was a robust system within pre-operative assessment providing clear exclusion criteria, comprehensive infection control and prevention screening and risk assessments for all patients.
- The trust had introduced an electronic clinical management tool to record and monitor vital signs and this was regarded by staff as an excellent communication tool.

# Surgery

- Records showed that staff recorded patient care consistently and completed risk assessments.
- Medicines were stored securely and controlled drugs managed effectively.
- Safety huddles were carried out daily on the wards and safety performance monitored to assess the impact.
- There was adequate access to equipment, including emergency equipment and in-house medical physics support for equipment testing and calibration.

However:

- During the last inspection in October 2016 staffing levels across the service were challenging. This was still evident at this inspection. Leading to regular staff moves to different ward areas, this process was managed safely. Overall staffing levels had improved in since the last inspection and managers used the national safer staffing tool to assess staffing levels.
- The new IT clinical management system was not screen locked by each staff member. This meant that unauthorised people could potentially access the information within them. However, staff told us that this had not happened and that anyone accessing the boards would be challenged for identification if they were not known to them.
- Medical notes were stored in unlocked trolleys on ward areas.

## Is the service effective?

**Good**   

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

- Staff provided care and treatment based on national guidance and trust policies reflected this.
- There was evidence of multi-disciplinary working and a number of nurse specialists to support high quality evidence based care.
- Managers monitored the effectiveness of care and treatment. The service participated in national and local audits, reviewed outcomes and sought improvement by comparing local results with those of other trusts to learn from them.
- The service monitored compliance with National Institute for Health and Care Excellence standards and guidance for surgical services.
- Patients received adequate pain relief in line with the Core Standards for Pain Management Services in the UK (2015).and were cared for by specialist trained nurses.
- Staff made sure that patients had enough to eat and drink when they needed it. They were seen to support vulnerable patients who had additional needs or could not eat or drink themselves. Dieticians and a specialist nutrition team visited wards to review patient nutrition.
- The surgical business unit were participating in the Get It Right First Time quality improvement initiative and were successfully implementing changes within orthopaedics.
- There was a focus on filling skill gaps by developing existing staff to undertake extended roles in theatres.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to access support for patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.



# Surgery

## Is the service caring?

Good  → ←

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

- Between December 2016 to November 2017, the Family and Friends Test response rate for surgery at Lincoln County hospital was 29% which was the same as the England average. An average of 96% of patients recommended the surgical services to family and friends.
- Staff cared for patients with compassion, treating them with dignity and respect. We observed numerous examples of staff supporting patients with a caring and positive approach.
- Patients, families and carers gave positive feedback about their care.
- Staff involved patients and those close to them in decisions about their care and treatment. They made sure patients had information about their treatment, surgery and aftercare.
- The service provided emotional support to patients, information about support groups, and supported spiritual needs through a multi-faith chaplaincy.

## Is the service responsive?

Good  → ←

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

- Surgical services had identified a worse than England average referral to treatment time (RTT). However, managers were taking active steps to monitor and manage delays with an action plan in place.
- Patients who had operations cancelled in the two months prior to our inspection had been given a revised date within 28 days.
- People's individual needs and preferences were central to the planning and delivery of services. Since the last inspection, managers had made changes to the configuration of services to improve patient flow and reduce length of stay. Actions included providing a level one facility reducing the need in some cases for an adult critical care bed, developing a business case for an advanced practitioner lead ambulatory service on the surgical emergency assessment unit and developing a nutritional support unit on Greetwell ward.
- A new IT clinical management system was in place. This contributed to improved and accessible information to manage clinical care and was embedded in practice.
- Mixed gender breaches are defined by CQC as a breach of same gender accommodation. Between 1 April 2017 and February 2018, there were no mixed sex breaches on any of the surgical wards.
- Improvements had been made to systems to ensure patients living with a learning disability or dementia were identified more easily. We saw evidence of staff working together to identify these patients at pre assessment and prior to surgery.
- Discharge planning continued to be commenced at the pre- assessment stage and we saw regular visits from the re-enablement team were used to enhance patient's discharges.
- Staff told us access to the mental health team had improved since our last inspection.

# Surgery

However:

- The surgical division was unable to meet the trusts complaint management target. With an average of 77 working days to investigate and close complaints against a target of 35 days.

## Is the service well-led?

Good   

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

- Since the last inspection, the leadership team for the surgical business unit had strengthened with all four clinical leads in place and improved continuity with a new and enthusiastic general manager.
- The service had a clear vision and strategy that staff understood and put into practice. The leadership team was proactive in seeking improvement to the quality and sustainability of the service.
- We saw there was good communication between all levels of management and staff felt comfortable raising concerns and being open and honest.
- Staff talked about the strength of teamwork, their willingness to help each other and their pride in being nominated and winning trust-wide achievement awards.
- Staff told us they felt local managers were visible, approachable, supportive and they received appropriate support to allow them to complete their jobs effectively.
- There was an effective governance structure in place supported by detailed performance reporting and risk management. Managers monitored performance and used the results to help improve care.
- Managers were positive about the impact of quarterly multi professional senior leadership forums introduced in 2017.
- Managers supported their staff and encouraged training. The trust was upskilling healthcare assistants to take on more clinical work under the supervision of qualified nurses on wards and in theatres. We saw staff were enthusiastic and positive about these opportunities.

## Areas for improvement

We found four areas for improvement in this service. See the area for improvement section above

# Outpatients

Requires improvement



## Key facts and figures

The United Lincolnshire Hospitals NHS Trust provides outpatient services at Lincoln County Hospital, a large district general hospital located in Lincoln. The trust provided outpatient services at other locations in the county, including Boston Pilgrim Hospital, Grantham Hospital and Louth Hospital.

Outpatient clinics for the following specialties included: cardiology, maxillofacial, haematology, orthopaedics including a fracture clinic, nephrology, urology, pain management, general medicine, general surgery, dermatology, respiratory, ophthalmology, physiotherapy and occupational therapy.

There were 462,768 outpatient appointments at Lincoln County Hospital from October 2016 to September 2017.

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

- Ensure the environment within clinic 6 is reviewed and actions taken to prevent or control the potential risk to patients from infections. The trust must comply with the Health and Social Care Act 2008, Code of Practice On the prevention and control of infections and related guidance.
- Ensure that the drinking water dispensers are cleaned and maintained in accordance the manufacturer's instructions including completion of scheduled electrical safety testing, a water hygiene maintenance programme and cleaning schedule.
- Ensure that equipment is appropriately maintained. Ensure any checks carried out by staff are recorded and done with sufficient frequency and with sufficient knowledge to minimise the risk of potential harm to patients.
- Ensure that patients who are referred to the trust have their referrals reviewed in a timely manner to assess the degree of urgency of the referral.
- Ensure that the patients who require follow up appointments are placed on the waiting list.

The trust was also asked to:

- Ensure outpatient and diagnostic services are delivered in line with national targets.
- Ensure that incidents are correctly graded and there are effective systems in place to ensure learning from incidents takes place.
- Ensure that there are sufficient documented procedures and records in place to provide assurance that ultrasound probes are decontaminated after use in line with the manufacturer's recommendations and in compliance with the Health and Social Care Act 2008, Code of Practice On the prevention and control of infections and related guidance.
- Ensure that there is sufficient signage throughout the outpatient department to direct patients/visitors to the hand hygiene facilities that are provided to minimise the risk of spreading infection.
- Ensure that the condition of health records enables the safe care and treatment of patients, compliance with information governance requirements and ensures patient confidentiality is maintained.
- Ensure all staff working in the outpatient and diagnostic departments attend the trusts mandatory training programme as required by their role and professional responsibilities.

# Outpatients

- Consider reviewing the method by which MRI reports are transferred onto the Radiology Information System to ensure the risk of error during the transfer of data is minimised or removed.
- Ensure that there are sufficient systems in place and utilised to minimise the risk of potential harm to patients. Sufficient time must be available to ensure comprehensive patient

identity and procedure checks are completed prior to all diagnostic procedures being commenced.

- Ensure that staff working in the radiology department have sufficient knowledge of the national diagnostic reference levels to be able to apply them appropriately when required.
- Take action to ensure all staff working in the outpatient and diagnostic services receive an annual appraisal to ensure they are able to fulfil the requirements of their role.
- Consider whether the action taken to reduce the back log of clinic letters waiting to be sent to GPs and patients following their appointment was effectively resolving the backlog of letters.

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

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During our inspection the inspection team:

- Visited the main outpatient departments, booking office for appointments and health records.
- Visited the therapies department including physiotherapy and occupational therapy. Some of the specialities also provided children's outpatient services, including the fracture clinic and ophthalmology.
- Spoke with 31 staff members; including service leads and management team, nurses, doctors, therapists, non-registered and administrative staff and volunteers.
- Spoke with 11 patients and relatives who were using the service.
- Reviewed the medical notes for four patients.

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- Mandatory training figures for five out of 11 eligible training modules was not met by nursing staff, including basic life support and basic infection prevention and control.
- Safeguarding level three training targets were not met by eligible medical staff.
- There was a system in place to record patient outcomes after each clinic appointment. Managers audited patient outcome results to identify whether some patients did or did not have recorded outcomes. However, we saw there were significant numbers of patients without recorded outcomes, the oldest missing outcome was from March 2017.
- Whilst we found some improvement in the availability and storage of medical records, most staff, particularly within health records and medical secretaries, did not feel the quality of records had improved. Staff told us a large quantity of records were very large or badly filed.

# Outpatients

- The trust had instigated a harm review process to assess the harm that may have been caused to some patients as a result of longer waiting times. However, this was a retrospective process and might not prevent harm whilst patients were currently waiting for appointments. The trust did, however, attempt to mitigate this risk by writing to patients who were waiting over certain timeframes.
- Some services were delivered in older buildings which meant parts of the environment presented challenges for staff in delivering services. Some of the waiting areas were small and became overcrowded at times of peak activity.
- From November 2016 to September 2017 the trust's referral to treatment time (RTT) for non-admitted pathways was worse than the England overall performance.
- The trust was performing worse than the 93% operational standard for people being seen within two weeks of an urgent GP referral. The trust performed significantly worse than the national average for the percentage of people seen by a specialist within two weeks of an urgent GP referral (all cancers). The trust consistently failed to meet the operational standard set at 85% for the percentage of people waiting less than 62 days from urgent referral to first definitive treatment. The trust is performing below the 85% operational standard for patients receiving their first treatment within 62 days of an urgent GP referral.
- People could not always access the service when they needed it. Data from the trust as of 3rd April 2018, there were 2276 patients on the open referrals waiting list over 12 weeks awaiting their first appointment. This was a slight improvement from our previous inspection. Thirteen patients had been waiting on the incomplete pathway for over 52 weeks.
- The rapid deterioration of the waiting times in February 2018, highlighted that changes although reactive were not embedded and demonstrating a prolonged improvement.
- The general manager did not have sufficient capacity or administrative support to manage the trust wide workload for outpatient services.
- We saw improvements in the governance arrangements although there was a degree of inconsistency in the ratings within the risk register.

However:

- Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children. Qualified nursing staff had received appropriate levels of safeguarding training and could tell us about examples where they had identified and raised concerns.
- There was a system in place to review the harm that may have been caused to patients on the long waiting lists. Patients waiting over 12 weeks and over 24 weeks were sent letters to apologise for the delay.
- We saw nursing and non-nursing staffing levels were appropriate. There were no national guidelines for the staffing of outpatient clinics but senior nurses were undertaking a staffing review to ensure safe and appropriate staffing levels.
- There were reliable systems in place to prevent and protect people from a healthcare-associated infection. We saw staff adhere to policies in relation to hand hygiene and infection control.
- A daily huddle, or 'time to talk' had improved staff awareness of current issues on a day by day basis.
- We saw good examples of multi-disciplinary working and involvement of other agencies and support services.
- Staff had the appropriate skills and experience for their roles. Clinical nurse specialists had undertaken additional training and competencies. All staff we spoke with confirmed they had received an appraisal, although the department had not achieved the trust target for appraisals.
- Staff spoke with patients with respect whilst seeking consent, taking observations and delivering care.

# Outpatients

- Most patients we spoke with were complimentary about the service and described staff as ‘brilliant’ ‘helpful’ and ‘approachable’.
- Patients felt fully informed around the appointment that day, but some patients told us there was a lack of future planning and were not always aware of what to expect.
- The trust planned and provided services in a way that met the needs of local people.
- The ‘did not attend’ (DNA) rate for outpatient services in Lincoln was better than the England average. Staff had procedures in the event of patients not turning up for appointments. Services had started to use a text reminder service to help improve performance. The trust was performing similarly to the 96% operational standard for patients waiting less than 31 days before receiving their first treatment following a diagnosis (decision to treat).
- Staff said and we saw managers shared learning from complaints and concerns through briefings and team meetings. Senior staff were able to give examples of learning from complaints. The trust sought out patient feedback and used it to make improvements to the patient experience.

## Is the service safe?

### Requires improvement



We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings

We rated it as requires improvement because:

- Mandatory training figures for five out of 11 eligible training modules was not met by nursing staff, including basic life support and basic infection prevention and control.
- Safeguarding level three training targets were not met by eligible medical staff.
- There was a system in place to record patient outcomes after each clinic appointment. Managers audited patient outcome results to identify whether some patients did or did not have recorded outcomes. However, we saw there were significant numbers of patients without recorded outcomes, the oldest missing outcome was from March 2017.
- Whilst we found some improvement in the availability and storage of medical records, most staff, particularly within health records and medical secretaries, did not feel the quality of records had improved. Staff told us a large quantity of records were very large or badly filed.
- The trust had instigated a harm review process to assess the harm that may have been caused to some patients as a result of longer waiting times. However, this was a retrospective process and might not prevent harm whilst patients were currently waiting for appointments. The trust did, however, attempt to mitigate this risk by writing to patients who were waiting over certain timeframes.
- Some services were delivered in older buildings which meant parts of the environment presented challenges for staff in delivering services. Some of the waiting areas were small and became overcrowded at times of peak activity.

However,

- A daily huddle or ‘time to talk’ had improved staff awareness of current issues on a day by day basis.
- We saw nursing and non-nursing staffing levels were appropriate. There were no national guidelines for the staffing of outpatient clinics but senior nurses were undertaking a staffing review to ensure safe and appropriate staffing levels.

# Outpatients

- Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children. Qualified nursing staff had received appropriate levels of safeguarding training and could tell us about examples where they had identified and raised concerns.
- Staff demonstrated good practice with regards to hand hygiene and infection control. We saw hand gel available in clinical areas and the majority of clinic areas and equipment were visibly clean. Staff cleaned equipment in between patients.
- Staff had a good understanding of their responsibilities to report incidents and we saw learning from incidents was shared as part of the daily team meetings.
- There was a system in place to review the harm that may have been caused to patients on the long waiting lists. Patients waiting over 12 weeks and over 24 weeks were sent letters to apologise for the delay.

## Is the service effective?

We currently do not rate effective in outpatients. However, we found:

- Outpatient services based local medical policies on national best practice. Clinical specialities worked in accordance with National Institute for Health and Care Excellence (NICE) guidance and standards. The service employed an eye clinic liaison officer in line with the Royal National Institute of Blind people national recommendations.
- We saw good examples of multi-disciplinary team working and involvement of other agencies and support services.
- Staff assessed patient nutrition and hydration requirements.
- Staff had the appropriate skills and experience for their roles. Clinical nurse specialists had undertaken additional training and competencies. All staff we spoke with confirmed they had received an appraisal, although the department had not achieved the trust target for appraisals.
- Staff understood their roles and responsibilities regarding consent and decision making including the Mental Capacity Act 2005 (MCA). Staff received e-learning training on consent and the MCA. We observed staff obtaining consent before providing treatment and care.

## Is the service caring?

**Good** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings

We rated it as good because:

- Staff spoke with patients with respect whilst seeking consent, taking observations and delivering care.
- Most patients we spoke with were complimentary about the service and described staff as 'brilliant' 'helpful' and 'approachable'.
- Patients felt fully informed around the appointment that day, but some patients told us there was a lack of future planning and were not always aware of what to expect.



# Outpatients

- Staff provided emotional support to patients. Staff understood the impact of care and treatment on the patient and discussed the impact with patients. Staff had procedures in the event of a patient receiving bad news and used private rooms to give patients time and support in comfortable surroundings.
- Patients told us staff communicated in a way that they understood their care, treatment and condition, and any care given. We heard of examples where patients moved their appointments to a different location without trouble.

## Is the service responsive?

### Requires improvement



We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings

We rated it as requires improvement because:

- From November 2016 to September 2017 the trust's referral to treatment time (RTT) for non-admitted pathways was worse than the England overall performance.
- The trust was performing worse than the 93% operational standard for people being seen within two weeks of an urgent GP referral. The trust performed significantly worse than the national average for the percentage of people seen by a specialist within two weeks of an urgent GP referral (all cancers). The trust consistently failed to meet the operational standard set at 85% for the percentage of people waiting less than 62 days from urgent referral to first definitive treatment. The trust is performing below the 85% operational standard for patients receiving their first treatment within 62 days of an urgent GP referral.
- People could not always access the service when they needed it. Data from the trust as of 3rd April 2018, there were 2276 patients on the open referrals waiting list over 12 weeks awaiting their first appointment. This was a slight improvement from our previous inspection. Thirteen patients had been waiting on the incomplete pathway for over 52 weeks.
- The rapid deterioration of the waiting times in February 2018, highlighted that changes although reactive were not embedded and demonstrating a prolonged improvement.
- A large number of patients remained on the partial booking waiting list despite significant work by the trust.

However,

- The trust planned and provided services in a way that met the needs of local people. We saw improvements were being made to the waiting areas. Certain specialities were operating 'one stop shops' for some patients for example dermatology, vascular and respiratory.
- The 'did not attend' (DNA) rate for outpatient services was better than the England average. Staff had procedures in the event of patients not turning up for appointments. Services had started to use a text reminder service to help improve performance.
- Clinicians performed a harm review process on these cases, with one case of moderate and one of low harm.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with staff. Staff we spoke with were aware of the complaints process and procedures.



# Outpatients

## Is the service well-led?

### Requires improvement



We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings

We rated it as requires improvement because:

- The general manager did not have sufficient capacity or administrative support to manage the trust wide workload of outpatient services. During the inspection we saw senior managers still actively involved in implementation of improvements and unable to perform a greater oversight role.
- We noted improvements had been made to the culture within the outpatients nursing team. However, the majority of staff were unaware of the existence of the Freedom to Speak up Guardian or their role.
- The service could not be fully assured that the improvements made were sustainable. Continued oversight was required to ensure the changes became 'business as usual'.
- A comprehensive recovery plan was in place to manage RTT performance however, slippage had occurred, and there were risks that revised trajectories would not be met.
- Whilst we saw improvement in the governance arrangements and oversight of performance, we were not assured the improved access to data was driving significant improvement of the services, including meeting constitutional standards and waiting lists targets. There was there was poor oversight of the risk register.
- Managers within the service were aware of the impact of not only winter pressures, but also the summer and university academic year impact on the service. However, we did not see any changes in readiness for these times.
- Of the staff who responded to the staff survey, 45% would recommend ULHT as a place to work, worse than the England average of 60%.

However:

- The trust wide business was fully embedded and staff appreciated the joint approach
- The trust had introduced a daily assurance process which ensured the department was safe, caring and well-led.
- The trust sought out patient feedback and used it to make improvements to the patient experience.
- The trust developed new vision and values which were included as part of an extended communications campaign of the trust's new 2021 strategy roadmap.
- The outpatient improvement programme focused on continuous learning, improvement and innovation.

## Outstanding practice

We found two examples of outstanding practice. See the outstanding practice section above.

## Areas for improvement

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

# Pilgrim Hospital

Sibsey Road  
Boston  
Lincolnshire  
PE21 9QS  
Tel: 01522573982  
[www.ulh.nhs.uk](http://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 October 2016 to September 2017 there were 45,572 inpatient admissions and 306,548 outpatient attendances.

We inspected urgent and emergency care, medicine, surgery, children and young people services and outpatients at this inspection.

## Summary of services at Pilgrim Hospital

**Inadequate** ● → ←

Our rating of services stayed the same. We rated it them as inadequate.

A summary of this hospital appears in the overall summary above.

# Urgent and emergency services

Inadequate  

## Key facts and figures

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. The trust serves a population of approximately 700,000 people, situated in the county of Lincolnshire.

Urgent and emergency services are provided by United Lincolnshire Hospitals NHS Trust at three sites:

- Lincoln County Hospital
- Pilgrim Hospital
- Grantham and District Hospital (not being inspected in this current inspection)

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 one triage room, 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 relatives room (which was also used as a mental health assessment room).

AEC is open Monday to Friday, 8:30am to 10:30pm and has six beds and two seated areas. At the time of our inspection AEC was being used as an escalation area due to high capacity within the trust, we did not therefore, inspect this area.

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.

From 01 April 2017 to 28 February 2018, 54,311 patients attended the Emergency Department at Pilgrim hospital; of these 8,481 (16%) were 16 years or younger.

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

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During this inspection we:

- Spoke with 46 staff members; including service leads, band seven sisters, doctors, nurses, non-registered staff, agency nursing staff, porters, housekeeping staff and ambulance staff.
- Spoke with 15 patients who were using the service and six relatives.
- Reviewed 17 sets of paediatric patient records.
- Reviewed the patient records for 20 patients (18 adults and two children) admitted through the front door of the department.
- Reviewed 70 sets of adult patient observations.
- Reviewed the patient records for 24 patients, specifically looking at nursing care interventions.

# Urgent and emergency services

- Reviewed nine medicine administration records.

## Summary of this service

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

- Patients were not always protected from avoidable harm. There were significant handover delays for patients arriving by ambulance, no clear streaming and/or triage process in place for patients arriving at the front door of the department and no effective system(s) in place to assess and monitor the ongoing care and treatment to patients, including monitoring patients for signs of clinical deterioration.
- Staffing levels and skill mix were not sufficient to meet the needs of patients as a result; patients did not have their care and treatment carried out in a timely manner. There was not a minimum of one children's nurse present on each shift nor was there consultant presence in the department for 16 hours per day, both were not meeting national guidance.
- The emergency department did not manage patient safety incidents well. Whilst staff recognised incidents they did not always report them appropriately and lessons learned were not always shared with the whole team and the wider service.
- The layout of the emergency department was not suitable for the number, or age, of admissions the service received. There was significant overcrowding and, at times, patients were being cared for on trolleys in the central area of the department as there were no free cubicles to use.
- Patients care, treatment and support did not always achieve good outcomes, promote a good quality of life and was not always based on the best available evidence. Audit participation was low and results were not used to improve poor patient outcomes. Sufficient priority was not given to patients' nutrition and hydration or pain needs.
- Staff did not always work together as a team to deliver effective care and treatment. There was not always consistency in working practices, practices would change on a daily basis depending on who was leading the team that day and medical staff faced challenges when referring patients to individual specialties, with patients often waiting a significant length of time to be seen.
- Patients were not always involved and treated with compassion, kindness, dignity and respect. Staff shortages within the department negatively impacted on the care patients were receiving and limited the time staff had to spend with patients. We observed patients upset and agitated, patients who had not been offered food and/or drink for a significant amount of time and patient's whose privacy and dignity needs had not been met appropriately.
- Patients could not access care and treatment in a timely way. Waiting times for treatment and arrangements to admit, treat and discharge patients were worse than the England average and national standard.
- There was not the leadership capacity and capability to deliver high-quality, sustainable care. Leadership within the department was not effective, there did not appear to be one individual taking overall responsibility for the day to day running of the department. Front line staff did not feel supported, respected or valued by their immediate line manager(s). Staff were not engaged and morale in the department was low; frustrations around leadership, low staffing, capacity and flow and the environment had led to a culture of acceptance with staff lacking the drive to challenge systems and processes within the department.

# Urgent and emergency services

- Leaders were not committed to improving services. Whilst some improvements had been made since our last inspection we were not assured sufficient improvements had been made in order to protect patients from avoidable harm. The pace of change within the department had been slow and ineffective systems and processes, lack of adequate resources and poor leadership had been allowed to continue.

However:

- Feedback from patients, we spoke with, confirmed that staff treated them well and with kindness. Patients told us they had been given enough information about their condition and/or treatment in a way that they could understand.

## Is the service safe?

**Inadequate** ● → ←

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

- Staff did not identify and respond appropriately to changing risks to patients. There were significant handover delays for patients arriving by ambulance, the time to initial assessment varied between 20 and 153 minutes. Whilst waiting to be handed over to staff there was no oversight by department staff of the patients presenting condition and/or any deterioration.
- The emergency department did not have a clear streaming and/or triage process in place for patients arriving at the front door of the department. Patients were not seen in order of priority and the system did not allow early recognition of those patients who needed to be treated immediately in the majors or resus areas of the department. The Royal College of Emergency Medicine (RCEM) 'Initial assessment of emergency department patients' suggests a detailed triage assessment should be made within 15 minutes of the patient's arrival. During our inspection time from arrival to triage varied between 0 and 190 minutes
- A paediatric early warning scoring system (PEWS) was not routinely used as part of the streaming process for children. Records for 18 children showed a PEWS had not been completed at the initial assessment in 10 records.
- There was not an effective system in place to assess and monitor the ongoing care and treatment to patients whilst in the emergency department. Patients were not always placed on beds or pressure relieving mattresses in a timely manner, despite their clinical assessments indicating they were at risk of tissue damage. Care rounding did not take place consistently; we found a number of patients who had not been offered food and drink for significant amounts of time.
- The emergency department did not have enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and abuse and to provide the right care and treatment. There was not a minimum of one children's nurse present on each shift in line with the Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings. Registered nurses (adult) had not received additional competencies above and beyond paediatric resuscitation training, to provide them with the skills required to recognise a child whose condition may be deteriorating.
- The nurse staffing levels and skill mix were not sufficient to meet the needs of patients. There was no allocated "corridor nurse" and we noted that one nurse was caring for up to 21 patients at any one time. Nurses were escorting patients to wards and CT scan which left the remaining patients without a nurse for long periods of time. During our inspection we found patients who had not had their care and treatment carried out in a timely manner.
- Arrangements for using agency staff did not keep patients safe from avoidable harm. The trust induction process was not always carried out.

# Urgent and emergency services

- Consultant presence in the emergency department was less than the Royal College of Emergency Medicine (RCEM) recommendation of 16 hours per day.
- Patients did not always get their medicines in a timely manner and when they needed them. One patient with a diagnosed acute kidney injury (AKI) waited over six hours for intravenous fluids to be administered and a further patient was overdue time critical medicines by four hours.
- The trust provided mandatory training in key skills to all staff but did not ensure everyone had completed it. Qualified nursing and health visiting staff met the trust target in only one out of the 11 mandatory training modules and the trust target was not met for any of the safeguarding training modules for which medical staff were eligible.
- Processes for the identification and management of children at risk of abuse were not always followed. The SAFER tool, used to provide a consistent approach to identifying and managing children at risk of abuse, had not been completed in 10 out of 17 records.
- The emergency department did not manage patient safety incidents well. Whilst staff recognised incidents they did not always report them appropriately and lessons learned were not always shared with the whole team and the wider service.
- The emergency department did not always control infection risk well. For the reporting period February 2017 to January 2018 the emergency department performed worse than the trust target in their local cleaning audits. The trust target had only been met in one out of the 12 months and specified procedures were not always completed appropriately, for patients' who had a urinary catheter or peripheral cannula.
- The layout of the emergency department was not suitable for the number, or age, of admissions the service received. During our inspection we saw there was significant overcrowding and, at times, patients were being cared for on trolleys in the central area as there were no free cubicles to use. The Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings (2012) were not met; there was no audio and visual separation of the children's waiting area from the adult section and no dedicated clinical cubicle or trolley space.
- Resuscitation equipment was not always safe and ready for use in an emergency. Gaps in records suggested paediatric resuscitation equipment had not been checked in line with trust policy.

However:

- Nursing staff completed and escalated a national early warning score (NEWS) appropriately, patients were mostly always screened for sepsis and treatment was delivered to patients with presumed sepsis within the recommended sepsis pathway times.
- Hand hygiene audits were undertaken to measure compliance with the World Health Organisation's (WHO) '5 Moments for Hand Hygiene'. For the reporting period April 2017 to February 2018 the emergency department scored an average 98% compliance in their hand hygiene audits.
- There were plans in place to create a dedicated room for conducting assessments of adults and children with mental health conditions.
- Patient equipment was appropriately maintained.

## Is the service effective?

**Inadequate** ● ↓

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

# Urgent and emergency services

- The emergency department did not always provide care and treatment based on national guidance. Royal College of Emergency Medicine (RCEM) standard(s) were not met in the 2016/17 audits for Moderate and Acute Severe Asthma, Consultant sign-off and Severe sepsis and septic shock. The department had not participated in a number of Royal College of Emergency Medicine (RCEM) audits including for example; 'Vital signs in children' and 'Procedural sedation in adults'; nor did we see evidence of any prescribing audits.
- For the reporting period November 2016 to August 2017, the trust's unplanned re-attendance rate within seven days was generally worse than the national standard of 5%.
- Staff did not use audit information collected and/or results to improve patient outcomes. Some senior staff within the department demonstrated little or no knowledge of RCEM audits and were unable to tell us where improvements had been made.
- Staff did not give patients enough food and drink to meet their needs and improve their health. During our inspection we found a number of patients who had not been offered food and drink for significant amounts of time, fluid input and output was not always monitored appropriately and patient's nutrition and hydration needs (including those related to culture and religion) were not routinely assessed.
- Patients did not always have their pain assessed and managed in line with the Core Standards for Pain Management Services in the UK (2015). Where patients had acute pain, we did not see an individualised analgesic plan appropriate to their clinical condition. In 13 out of 24 patient records we did not see evidence of where a pain assessment had been carried out in line with trust policy.
- Trust data for the reporting period February 2017 to January 2018 showed an average score of 57% for 'patient pain score completed' and an average score of 79% for 'Patient offered/administered analgesia within 15 minutes'.
- Royal College of Emergency Medicine (RCEM) guidance 'Management of Pain in Children' was not followed; 17 out of 18 children had not had a pain score documented.
- Staff did not always work together as a team to benefit patients. There was not always consistency in working practices, practices would change on a daily basis depending on who was leading the team that day. Medical staff faced challenges when referring patients to individual specialties, with patients often waiting a significant length of time to be seen.
- Staff were not always competent for their roles. A training deficit had been identified for clinical staff leading to patient safety issues regarding blood monitoring, fit testing of respiratory protective equipment face pieces, electronic blood tracking systems, basic life support and mentorship. Whilst an action plan was in place to ensure all frontline clinical staff were trained in these key skills, we were not told when training would be completed.

However:

- Care pathways were available for staff to use. During our inspection we saw good examples where the fractured neck of femur and sepsis pathways had been used appropriately.
- During our inspection we observed good nursing interventions and staff demonstrated to us they had the skills, knowledge and experience to identify and manage issues arising from patients' living with for example, mental health conditions, a learning disability, autism and dementia.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.



# Urgent and emergency services

## Is the service caring?

**Inadequate**   

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

- The department's A&E Friends and Family Test performance (% recommended) was worse than the England average from November 2016 to October 2017. The percentage of patients who recommended the emergency department was between 75.8% and 83.5%. Results had not changed since our last inspection in October 2016 and the recommended rate had deteriorated over the time period.
- There were not enough nursing staff in the department to ensure patient needs were met appropriately and in a timely way. Staff shortages within the department negatively impacted on the care patients were receiving. We observed patients upset and agitated, patients who had not been offered food and/or drink for a significant amount of time and patients not always receiving their care and treatment in a timely manner.
- Leadership in the department did not always ensure patients were treated with kindness, dignity, respect and compassion, at times of high stress it was clear to see how the behaviour of leaders in the department changed, which had a negative impact on the way patients were treated.
- Patients' privacy and dignity needs were not always respected. We saw a number of patients being treated in the middle area of the department or on corridors; these patients did not have access to a patient call bell and as such, would not have been able to easily call a nurse for assistance.
- We observed and were told of a number of examples where patient's privacy and dignity needs had not been met appropriately. One patient, who had not had a drink for several hours, told us they had refused a drink because they did not want to have to climb off a trolley in the central area of the department to go to the toilet. We observed another patient refuse their medicines because the medicines would increase their need to go to the toilet. Staff told us they were too busy to provide the compassionate care they wanted to. We were told by upset staff, how a patient had opened their bowels in a vomit bowl because staff had been too busy to take them to the toilet.
- Emotional support was not always provided to patients to minimise their distress. We did not observe staff giving patients and/or their relatives support to cope emotionally with their care, treatment or condition. We observed the time staff spent with patients was limited because they were so busy and staffing numbers were insufficient to meet the demands of the service.
- One resus bay had been identified for the care of a child or young person. However, we did not see where the décor around this bed space differed from that of an adult resus bay. There were no murals, mobiles, posters or colourful decoration to help allay anxiety and make clinical assessment and treatments much easier for all concerned.
- The results of the CQC Emergency Department Survey 2016 showed the trust scored "worse than" other trusts for one question which was "If you had any anxieties or fears about your condition or treatment, did a doctor or nurse discuss them with you?"
- Staff did not always involve patients in decisions about their care and treatment. We observed a number of patients with communication needs and did not see where staff used communication aids to help with communication.

However:

- Feedback from some patients, we spoke with, confirmed that staff treated them well and with kindness. Patients told us they had been given enough information about their condition and/or treatment in a way that they could understand.



# Urgent and emergency services

## Is the service responsive?

**Inadequate**  

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

- Services were not planned and provided in a way that met the needs of local people. There were significant handover delays for patients arriving by ambulance, no oversight by department staff of the patients presenting condition and any deterioration, significant overcrowding in the emergency department with patients frequently remaining in the department for over 12 hours, nurse staffing levels and skill mix were not sufficient to meet the needs of patients and there was not a clear streaming and/or triage process in place for patients arriving at the front door of the department.
- People could not access the service when they needed it. Waiting times for treatment and arrangements to admit, treat and discharge patients were worse than the England average and national standard. For the reporting period April 2017 to February 2018 the average percentage of patients admitted, transferred or discharged within four hours from the emergency department was 70%.
- The service did not prioritise care and treatment for patients with the most urgent needs. There was not a clear streaming and/or triage process in place for patients arriving at the front door of the department. The rapid assessment and treatment process was ineffective at reducing ambulance handover times. Patients were waiting up to two hours before being clinically assessed by the team.
- The layout of the emergency department was not suitable for the number, or age, of admissions the service received. During our inspection we saw there was significant overcrowding and, at times, patients were being cared for on trolleys in the central area as there were no free cubicles to use. The Intercollegiate Committee for Standards for Children and Young People in Emergency Care Settings (2012) were not met; there was no audio and visual separation of the children's waiting area from the adult section and no dedicated clinical cubicle or trolley space.
- The service did not always consider patients' individual needs; the department had not taken action to address the accessible information standard, did not take account of individual needs of patients living with dementia and extra support or supervision for vulnerable or agitated patients was not always provided.
- Concerns and complaints were not treated seriously; only 3.7% of complaints had been managed in line with the trust's internal target of 35 days. Of the 76 complaints raised for this department, the trust took an average of 80 working days to investigate and close complaints. Lessons learned from complaints were not routinely shared with all staff.
- There was increased potential for patient care and safety to be compromised; operational pressures in the department were consistently high. The emergency department risk tool, designed to give a 'live' picture across the trust on where pressure was building, was not always updated appropriately.
- An ambulatory emergency care unit (AEC) was in place to provide a short period of observation, investigation or treatment to adults. However, at the time of our inspection the AEC was being used as an escalation area due to high capacity within the trust.

However:

- Arrangements were in place for patients who needed interpreting services. Staff had access to an external interpreting service, 24 hours a day, seven days a week.

# Urgent and emergency services

- A telephone referral system was in place for staff to access one of two learning disability specialist nurses employed by a neighboring mental health trust.

## Is the service well-led?

**Inadequate** ● ↓

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

- There were not effective systems in place for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. The management of risks, issues and performance in the emergency department was not robust. Concerns identified by the inspection team such as, handover delays, overcrowding and poor staffing were not managed appropriately leading to poor patient experience and the risk of avoidable harm to patients.
- There were not managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. Leadership within the department was not effective, there did not appear to be one individual taking overall responsibility for the day to day running of the department and clinical practices appeared to vary depending on whom was in charge on a given day. Not all senior leaders had an awareness of national guidance relevant to emergency care.
- There was not a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Morale in the department was low; frustrations around leadership, low staffing, capacity and flow and the environment had led to a culture of acceptance with staff lacking the drive to challenge systems and processes within the department. Front line staff did not feel supported, respected or valued by their immediate line manager(s). Staff did not feel engaged, able to raise concerns or, able to suggest new ways of working. Staff were not aware of the role of the 'freedom to speak up guardian'.
- Staff did not always have sufficient access to information. There were not robust procedures in place for feeding back learning from incidents, results of audit or results of the safety and quality dashboard. Policies and procedures were available on the trust's intranet and in the department however, not all staff were aware of these.
- There was not a systematic approach in place to continually improve the quality of services in the department. There were not effective structures, processes and systems of accountability in place to support the delivery of the trust's strategy and good quality, sustainable services. Processes that had been developed and implemented within the department were in their infancy and currently ineffective in meeting the needs of local people. We were not assured therefore; patients were sufficiently protected from avoidable harm.
- There were not effective governance procedures in place for managing and monitoring a service level agreement with a local NHS ambulance trust. Nursing staff and ambulance crew staff were unclear of the process to follow when managing those patients who arrived by ambulance.
- There were not appropriate joint governance arrangements in place to consider the operational effectiveness of the streaming process. Patients were not seen in order of priority and the system did not allow early recognition of those patients who needed to be treated immediately in the majors or resus areas of the department.
- The trust did not collect, analyse, manage and use information well to support all its activities. Senior leads did not have a holistic understanding of performance or quality. Whilst some audits were in place, audit participation was low and staff were not able to demonstrate where appropriate actions had been taken as a result of audit results. In addition, where audit results required an action plan these were not always submitted.
- The trust did not demonstrate commitment to improving services by learning from when things went well and when they went wrong, promoting training, research and innovation. Whilst some improvements had been made since our

# Urgent and emergency services

last inspection we were not assured sufficient improvements had been made in order to protect patients from avoidable harm. The pace of change within the department appeared slow and whilst staff were clearly committed to providing a good safe service this was hindered by ineffective systems and processes, lack of adequate resources and poor leadership.

However:

- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community. The trust vision and strategy was inclusive of mental health and we saw where developments within the department around mental health were supportive of the vision and strategy.
- Mechanisms were in place for providing all staff at every level with the development they needed, including appraisals and career development conversations. We saw where recent developments included some band five nursing staff progressing to band six leadership roles and trainee nursing associate staff were working in the department.
- There were arrangements in place to respond to emergencies and major incidents. Major incident and business continuity plans were in place detailing actions to be taken in the event of a utilities failure or major incident. During our inspection, a group of staff were undertaking a major incident exercise.
- The emergency department was working collaboratively with external partners to build a shared understanding of challenges within the system. This included; NHS Improvement (NHSI), commissioners, local NHS acute and community trusts and the local NHS ambulance trust.

## Areas for improvement

We found 50 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 medical care service at the trust provides care and treatment for rehabilitation complex needs medicine (Elderly), cardiology, respiratory medicine, gastroenterology, general medicine and stroke medicine, clinical haematology, geriatric medicine as well as clinical oncology (previously radiotherapy).

There are 495 medical inpatient beds located across 24 wards. Pilgrim Hospital in Boston has 191 medical inpatient beds located within eight wards.

From October 2016 to September 2017 the trust had 70,960 medical admissions. Emergency admissions accounted for 31,481 (44%), 37,660 (53%) were day case, and the remaining 1,819 (3%) were elective.

Admissions for the top three medical specialties were:

- General medicine, 27,484
- Clinical oncology (previously radiotherapy), 8,005
- Gastroenterology, 7,941

*(Source: CQC Insight)*

Between October 2016 to September 2017 medical specialties at this site treated 29,393 patients, which represented 36% of all medical patients treated in the trust.

We last inspected medical care services in October 2016 and gave an overall rating of inadequate. These reflected inadequate ratings in safe, caring and well led and requires improvement ratings in effective and responsive. We told the trust they must take action in a number of areas to ensure patient safety and the improvement of care. This included in the use of the Sepsis 6 bundle and escalation pathways for deteriorating patients as well as in the provision of competent staffing. We also told the trust they should take action in a number of areas, including to ensure the safe storage of patient records and to implement appropriate systems to provide care to patients living with dementia or learning difficulties.

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

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During this inspection the inspection team:

- Visited all of the medical inpatient wards and the endoscopy unit.
- Spoke with 33 members of staff representing a broad cross section of clinical specialties and grades and non-clinical roles.
- Spoke with 27 patients and 11 relatives or carers.
- Reviewed a sample of 28 patient records and took into account over 55 additional items of evidence including meeting minutes policies and performance records.

# Medical care (including older people's care)

## Summary of this service

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

- Staff vacancies remained persistently high and this had a demonstrable effect on the ability of each ward or clinical team to provide consistent, safe care.
- Audits to benchmark the standards of patient records against national standards demonstrated highly variable practice, which was also reflected in the investigations of serious incidents.
- Standards of medicine management were variable and pharmacy cover on wards was inconsistent due to short staffing. We found concerns with the use of temperature monitoring policies, the storage of Controlled Drugs and the documentation of medicine administration.
- The outcomes of incident investigations found a need for a significant, sustained improvement in how staff accessed, interpreted and applied trust policies.
- The trust had implemented a CQUIN action plan to improve sepsis screening and treatment following our findings at our last inspection. However there was limited evidence of sustained, embedded improvement.
- Standards of documentation relating to nutrition and hydration were variable and did not always reduce risks to patients. However, the dietetics team represented a range of specialties and experience and had adapted care to meet individual needs.
- We found evidence of appropriate use of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) in all clinical areas, including through liaison with independent advocates. However, there was a need to improve documentary evidence of this.
- Between November 2016 and September 2017 the trust achieved an average of 75% in the national target for referral to treatment time of 18 weeks, against a national target of 90%.
- Medical care services received the highest number of formal complaints out of all hospital services and the trust was generally slow to resolve these, at an average of 75 days.
- Although the directorate used a risk register to track risks and track resolutions, these were sometimes slow to progress and risks sometimes remained in place for several years without demonstrable progress.
- Results from the NHS Friends and Family Test indicated variable results in the hospital's recommendation rates, with an overall average of 89%. Although some wards demonstrated a recommendation rate of 100% in up to eight months, other wards had low ratings. This included a recommendation rate of 50% in one ward in one month and a ward with an overall average of 77%.
- Some senior staff described the service as unsustainable and ongoing, significant challenges with recruitment contributed to this.

However:

- Medical inpatient wards demonstrated improved scores in five out of six measures of the patient-led assessment of the care environment (PLACE) in 2017 based on 2016 scores.
- A matron-led ward accreditation programme had contributed significantly to improving staff quality and safety performance. This comprehensive approach enabled staff to engage with all aspects of care, treatment and governance and initial results from the second cycle of assessments indicated evidence of rapid improvement.

# Medical care (including older people's care)

- The directorate senior team and each clinical team acted on the outcomes of investigations from incidents and never events and we found a safety culture in which practice was actively improved as a result.
- Staff had a clear focus on reducing preventable falls and hospital-acquired pressure ulcers. The acute medical unit team had acted on poor results from a catheter care audit and had implemented a new safety structure to address this.
- A clinical education team was active in all clinical areas and had demonstrably contributed to improved clinical competency, including in the care of patients living with dementia and diabetic ketoacidosis.
- We observed consistently kind and compassionate care from staff and embedded practice of including patients and their relatives or carer in treatment plans and decision-making.
- A team of volunteers worked in the hospital to provide social stimulation to patients and to relieve relatives and carers.
- The hospital demonstrated the ability to adapt to the needs of the local population.
- The directorate teams and quality matrons had introduced improved governance and quality processes, including through the use of a ward accreditation scheme and new clinical governance strategy.

## Is the service safe?

**Requires improvement**  

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

- The trust had implemented an action and improvement plan for the screening and treatment of sepsis, in line with national standards that screening and antibiotics should begin within 60 minutes. Between June 2017 and January 2018 overall compliance with these measures was 62%; which was significantly below the trust standard of 90%. However, we observed good standards of practice during our observations.
- Between November 2016 and October 2017 staff in inpatient medical wards complied with trust standards of clinical observations in line with early warning scores systems in 70% of cases. This was significantly below the trust standard of 90% although the stroke unit demonstrated sustained performance above this standard for five consecutive months. However, we observed good standards of practice during our inspection.
- Investigations of serious incidents indicated a thorough root cause analysis and investigation process. However this did not always result in embedded improvements to practices and care.
- Medical staff met the trust's mandatory training compliance rate for one out of 13 modules with completion rates ranging from 59% for major incident awareness to 94% for equality, diversity and human rights. Nursing staff met the compliance rate for two out of 11 modules.
- Medical staff did not meet the trust's 90% standard for completion of safeguarding training in any of the four mandatory levels.
- There were variable standards of adherence to good standards of infection control during our inspection. Where monthly infection control audits identified areas for improvement, there was not always evidence staff had addressed them.
- Checks on emergency equipment had not always resulted in improved standards.

# Medical care (including older people's care)

- Not all ward environments were well-maintained or effectively monitored for fire risks. For example we found some instances of fire doors that were propped open, combustible material stored in areas without a fire detection system and an area where soiled laundry was stored adjacent to medical consumables.
- Between December 2016 and November 2017 2,926 nurse shifts went uncovered. Medical care services were operating with a vacancy rate of 25% and on some shifts the nurse to patient ratio was 1:14. The medical team was short of 43 doctors and the turnover rate was 15% above the trust's maximum target.
- Although we found care records and risk assessments to be consistently good, the investigations of serious incidents and 2017 audits found high degrees of variance in standards. The audits did not result in improved standards, with compliance in the stroke unit decreasing by 32% between two waves.
- There were gaps in pharmacy cover on some wards due to short staffing and as a result we found standards of documentation for Controlled Drugs and temperature monitoring to be below optimal standard. In addition we found 17 examples of medicine administration without appropriate signatures or codes against them in 18 records.

However:

- In the 2017 national patient-led assessment of the care environment (PLACE), inpatient medical wards demonstrated an improvement in the environment measure compared with 2016.
- There was an effective programme of decontamination and auditing in the endoscopy unit, with healthcare assistants involved in auditing and improving standards.
- The ward sister on the acute medical unit (AMU) had significantly improved sepsis screening rates through a new sepsis strategy that aligned with the trust's overall drive for improvement. This resulted in a 52% improvement in screening rates between August 2017 and February 2018.
- Between November 2016 and October 2017 medical care services improved average compliance with trust standards in the use of the national early warning scores (NEWS) tool from 55% to 84%. The acute cardiac unit improved significantly from 42% to 91%.
- Despite persistent short-staffing, care was consultant-led and patients benefited from well-coordinated, multidisciplinary ward rounds.
- There was evidence the directorate leadership team had acted on the results of investigations into never events and serious incidents. In all wards staff demonstrated a clear understanding of learning outcomes and could demonstrate how this had impacted their practice.
- Ward teams demonstrably worked towards reducing falls and hospital-acquired pressure ulcers and this information was tracked through the safety and quality dashboard monitoring tool.

## Is the service effective?

**Good**  

Our rating of effective improved. We rated it as good because:

- In the quarterly Sentinel Stroke National Audit programme the hospital achieved an overall maximum grade A between April 2017 and July 2017. This reflected grades A and B in nine out of 10 key outcome indicators and a grade C for speech and language therapy. This reflected a significant improvement in this category from the minimum grade E in the previous reporting quarter.



# Medical care (including older people's care)

- The hospital had increased its capacity and ability to provide specialist care for patients who received non-invasive ventilation (NIV), including in staff competencies.
- The endoscopy unit was accredited by the Joint Advisory Group (JAG) for GI Endoscopy. This meant care, treatment and procedures were had been assessed to be delivered in line with international best practice standards and were regularly assessed and audited.
- All clinical areas were active in an audit programme to benchmark care against national standards and drive improvements in patient outcomes. Each audit resulted in an action plan for further improvement and staff planned audits to be carried out over at least two cycles in most cases.
- In the 2017 national patient-led assessment of the care environment (PLACE), inpatient medical wards scored 93% for food and hydration, which was a significant improvement from the 75% score achieved in the 2016 PLACE results.
- The dietetics team provided a highly specialised, wide-ranging service that included continuity of care when patients were discharged to the community.
- Staff used established tools to assess each patient's pain.
- From September 2016 to August 2017, patients had a lower than expected risk of readmission for elective and non-elective admissions compared with the national average.
- Practice educators led a training and competency programme for ward staff to improve understanding and knowledge of dementia. As of February 2018, 80% of ward-based staff had completed this.
- There was evidence of consistent, embedded multidisciplinary working in all clinical specialties.
- Consultant-led services were available in most specialties seven days a week.
- There was evidence of a move towards improved health promotion information in each ward and information available was appropriate to each specialty.
- Staff carried out mental capacity assessments and best interest assessments appropriately, including with independent advocates when needed. However there was a need to improve the documentation of assessments.

However:

- A benchmarking audit to establish the standard of assessment and prescribing for venous thromboembolism found wide variances in performance. Although the overall average was 68%, scores for some areas were as low as 20%.
- The root cause analyses of serious incident investigations indicated a need for significantly improved staff adherence to trust policies and national care standards.
- There were wide variances in the standard of documentation relating to fluid balance and nutritional management.
- The trust met one of the national aspirational standards of the National Audit of Inpatient Falls in 2017 and performed significantly worse in three measures.
- From April 2017 to October 2017, 71% of staff within medicine had received an appraisal compared to a trust target of 85%.
- There was limited provision out of hours for patients experiencing a psychiatric crisis or with needs relating to alcohol or drug use.



# Medical care (including older people's care)

## Is the service caring?

Good   

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

- During all of our observations staff demonstrated a kind and caring approach to delivering care and treatment. This included showing patience, empathy and compassion, particularly when patients were anxious or frustrated.
- The trust operated a carer's scheme that enabled carers to access more affordable parking, open visiting hours and subsidised hospital food. We saw staff actively promoted this and provided emotional support and compassionate assistance.
- Wards displayed dignity in care pledges in public areas to establish the standards of dignified care patients and visitors could expect. All of the staff we spoke with demonstrated a good understanding of the pledge in their ward or clinical area.
- On the stroke ward we saw staff had worked above and beyond their clinical duties to arrange for a long-term patient to carry out their wedding ceremony on the unit.
- The majority of patients told us they felt treated with respect by staff and we saw consistently high standards of dignified care. This included during all of our observations of care from the multidisciplinary team as well as during ward rounds, handovers and board rounds.
- Staff in the endoscopy unit had implemented a policy to ensure no patients would receive clinical information or news of a difficult prognosis whilst under the effects of sedation.

However:

- Inpatient wards scored 81% in the 2017 PLACE results for privacy. This reflected a slight deterioration compared with the same measure in 2016.
- Performance results from the NHS Friends and Family Test from December 2016 to November 2017 was variable between wards, with an 89% recommendation rate overall. During this period the cardiac care unit, the stroke unit and wards 6a and 6b achieved a 100% recommendation rate in five months. Ward 6a achieved this in eight of the 11 months in which it submitted data. Ward 7b achieved the lowest individual monthly result, at 50% for November 2017.
- There were variances in how patients felt staff communicated with them about their care. A small number of patients in two areas said they felt they had not been kept informed because staff were so busy.

## Is the service responsive?

Good  

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

- Medical inpatient wards demonstrated improved scores in the 2017 PLACE assessment for measures relating to dementia-friendly care and adaptations for patients living with a disability.
- Between October 2016 and September 2017 the average length of stay for elective and non-elective patients was lower than the national average.

# Medical care (including older people's care)

- Staff took on link roles that enabled them to access training and professional development in specialist areas and lead related to training for their colleagues.
- A team of volunteers worked in the hospital to reduce the risks of social isolation and encourage recovery through participation in activities.
- There had been a significant improvement in the provision of care and resources for patients living with dementia. This included through enhanced care pathways, social diaries, reminiscence tools and improvements in the environment.
- A consultant and a frailty practitioner were leading a frailty pilot at the hospital. Between January 2018 and March 2018 they reviewed 176 patients and had a demonstrable impact on avoiding unnecessary admissions.
- Directorate teams had worked to identify the needs of the local population and this was reflected in the provision of services.

However:

- Four specialties performed worse than the national average for referral to treatment within 18 weeks between November 2016 and September 2017. Neurology had a significantly worse performance, at 63% compared with the national average of 92%.
- Of all hospital services, medical care attracted 54% of complaints and the most common theme was communication. The trust was slow to resolve complaints with an average time of 75 days from receipt to closure. However, strategies implemented by the ward sister on the acute medical unit had resulted in an average of 10 fewer complaints per month from December 2017 to February 2018.

## Is the service well-led?

**Requires improvement**  

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

- The investigations of serious incidents found poor adherence to the duty of candour (DoC). Twenty-five serious incident investigations found staff had not adhered to any of the eight principles and trust requirements relating to the DoC in seven incidents and had only partially done so in 13 incidents. Staff we spoke with demonstrated an understanding of the DoC and we were not able to establish why it was not consistently enacted.
- Some wards demonstrated high levels of turnover of senior staff and most senior ward staff told us the demands on the service meant they did not get protected time for non-clinical duties.
- Patients and relatives raised concerns about how busy staff appeared in some areas and said this stopped them from asking for assistance in some cases.
- There was not an effective, safety-focused relationship between the emergency department (ED) and the acute medical unit. Where staff had submitted incident reports relating to poor care in the ED, these had not been acted on.
- Investigations into serious incidents demonstrated an ongoing theme of variable staff competency oversight and monitoring, including where staff had repeatedly failed to follow care pathways and guidance.
- There were variable standards of progress in the risks identified on the risk register, including one risk relating to 2010 without a substantive resolution. We were not assured that senior divisional teams were always responsive to the risks identified by ward-based teams.

# Medical care (including older people's care)

- Senior staff did not believe the operating model or staffing pressures of the hospital were sustainable and that recruitment was increasingly challenging.

However:

- There was evidence of improved clinical governance processes at directorate level and improved leadership structure on some wards. The revised structures meant consultants had more time with patients and also resulted in improved dissemination of incident and learning outcomes.
- Clinical governance processes meant clinicians and the leadership team reviewed incidents, complaints and morbidity and mortality data on a monthly basis. We saw the process included a range of multidisciplinary staff and learning and outcomes were widely shared to improve practice and patient outcomes.
- Quality matrons led a new programme of ward accreditation that aimed to improve care standards, patient outcomes and staff development. This was a new programme and early results from a second assessment cycle indicated improved practice.
- A safety and quality dashboard formed the key monitoring element of the clinical governance and quality assurance process. This monitored a range of key safety performance data and senior ward and divisional staff used the results to identify where improvements needed to be made.
- Reception staff, administration teams and ward clerks delivered a high standard of non-clinical support in all areas we inspected.
- Each ward team had developed a vision and philosophy of care.

## Outstanding practice

We found three areas of outstanding practice in this service. See outstanding practice section above.

## Areas for improvement

We found 10 areas of improvement in this service. See areas for improvement section above.

# Surgery

Good   

## Key facts and figures

United Lincolnshire Hospitals NHS trust serves a population of approximately 700,000 people, situated in the county of Lincolnshire and provides a range of surgery and associated services at Pilgrim hospital.

At Pilgrim Hospital Boston there are 126 surgical inpatient beds across five wards and 18 day case beds. There are 11 theatres carrying out elective and emergency general surgery, vascular surgery, urology, ears, nose and throat, breast surgery and orthopaedic surgery.

There is a surgical business unit which is sub divided into five directorates and includes surgery, orthopaedics, head and neck, theatres, anaesthetics, critical and pain and the Bostonian ward (a private and NHS ward). Four of the directorates were led by a clinical director, general manager, head of nursing and matron. The Bostonian ward was led by a general manager.

We last inspected surgery in October 2016. We rated the service as Good.

Our inspection was unannounced (staff did not know we were coming).

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

As part of the inspection the inspection team:

- Spoke with 24 patients
- Spoke with 54 members of staff including, nurses, doctors, consultants, managers and support staff.
- Reviewed care and treatment in progress
- Reviewed 23 patient care records and medication prescription records

## Summary of this service

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

- Patients were protected from avoidable harm and there was a culture of learning from incidents. Staff recognised incidents and reported them appropriately. Lessons learned were shared with the surgical teams.
- Staff in the operating theatres and day case Unit followed the World Health Organisation (WHO) surgical safety checklist and five steps to safer surgery, and monitored this to make sure this was completed accurately.
- Records were appropriately assessed and their safety monitored and maintained.
- There were robust processes to assess and escalate deteriorating patients.
- Infection prevention and control policies and protocols were in place and regularly audited and surgical site infections were being monitored.
- Staff had a good understanding of safeguarding and was aware of their responsibilities in relation to safeguarding adults. The service worked with other agencies to share relevant safeguarding information.
- The environment was visibly clean, tidy and well maintained.

# Surgery

- Staff had the skills, knowledge and experience to deliver effective care and treatment to patients.
- Staff used external evidenced based standards and information to monitor and benchmark their practice. Patients care and treatment mostly achieved good outcomes and was based on the best available evidence.
- The service monitored the effectiveness of care and treatment through continuous local and national audits and presented their data at national and international conferences.
- The service regularly took part in national and international research programmes which supported the development of innovative and new ways of working and improving standards of care for patients.
- Patients were at the centre of the service and the quality care was a priority for staff. Patients were involved in their care and treated with compassion, kindness, dignity and respect. Most patients that we spoke with during this inspection were very complimentary about the level of care they had received.

However:

- At the last inspection in April 2017 staffing levels across the service were challenging. This was still the case at this inspection.
- There were daily bed meetings which looked at demand, capacity and staffing issues to ensure there was sufficient resources to support elective surgery. But staff were constantly moved to other wards in order to sustain safe practice which had a negative impact on staff morale.
- Patients could not always access care and treatment in a timely way. Waiting times for referral to treatment were worse than the England average and national standard.
- Front line staff told us they felt supported by their immediate line manager(s). Morale in operating theatres and some wards was low due the continual moving of staff from their normal working environment.
- Leaders were committed to improving services. Whilst some improvements had been made since our last inspection there was evidence of repetitiveness and over monitoring of similar governance processes which staff felt was over burdensome.

## Is the service safe?

Good   

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

- The service could demonstrate a culture of learning from incidents with a number of examples of changes being made following an incident. These incidents of learning were shared throughout the hospital.
- We saw records to confirm risks to people who used services were appropriately assessed and their safety monitored and maintained.
- Infection prevention and control policies and protocols were in place and regularly audited. A sepsis tool was also incorporated within the national early warning score (NEWS) chart to help staff identify and escalate a patient when sepsis triggers were detected.
- Staff had a good understanding of safeguarding and was aware of their responsibilities in relation to safeguarding adults The service worked with other agencies to share relevant safeguarding information.
- The environment was visibly clean, tidy and well maintained. Equipment was checked regularly and medicines were stored appropriately

# Surgery

- There were effective processes in place to assess and escalate deteriorating patients.
- Staff data was collected using the 'Safer Nursing Care Tool' and the National Institute for Health Care Excellence (NICE) guidance to support nurse to patient ratios.

However

- At the last inspection in April 2017 staffing levels across the service were challenging. This was still the case at this inspection.
- There was no rolling programme for the replacement of equipment in the operating theatres apart from anaesthetic machines.

## Is the service effective?

Good   

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

- Clinical guidelines and policies were developed and reviewed in line with the National Institute for Health and Care Excellence (NICE), the Royal Colleges and other relevant bodies. Policies and protocols were available on the hospital's intranet.
- There was evidence of multi-disciplinary working and a number of nurse specialists to support high quality evidence based care.
- The surgical teams took part in national research and as such shared their data to improve patient outcomes.
- Patients received adequate pain relief in line with the Core Standards for Pain Management Services in the UK (2015).and were cared for by specialist trained nurses.
- Patients received enough food and drink to meet their needs and improve their health. We saw patients supported with eating and drinking. Dietitians visited the wards daily to review patient's diets.
- Care pathways and enhanced recovery programmes were available for staff to use. During our inspection we saw good examples where the fractured neck of femur pathway had been used appropriately.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. We saw patients experiencing mental ill health problems being cared for by professional and knowledgeable staff.

## Is the service caring?

Good   

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

- The percentage of patients who recommended the surgical directorate was between 80% and 100%. Results had improved since our last inspection in April 2017.
- Most patients that we spoke with during this inspection were very complimentary about the level of care they had received.
- We saw patients were treated with dignity and respect. Patient privacy was upheld.

# Surgery

- Patients told us they understood their care and were kept fully informed.

## Is the service responsive?

**Requires improvement**  

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

- The services referral to treatment time (RTT) was worse than 2016 figure of 67.9%. The RTT overall rate was now 59% in January 2018. There was a deteriorating picture in the RTT.
- General surgery, trauma and orthopaedics, colo-rectal surgery and vascular surgery were all below the 90% national target. Breast surgery was the only speciality to be better than the 90% RTT which was 97%.
- Operating theatres continued to have low utilisation rates which were 65% and resulted in over 200 sessions being lost in a three month period.
- Medical outliers continued to be admitted to surgical wards and elective orthopaedic surgical patients were looked after on the Bostonian ward which reduced the number of operations the service could perform.
- At the last inspection medical patients were being held in the recovery bays within the theatres due to the lack of specialty beds. This was still the case at this inspection. There was a formal procedure in place to ensure patients were safe.

However

- Cancelled operations on the day or day before surgery had improved with 62 patients being cancelled. This was an improvement from 120 patients being cancelled in a similar period in 2017.
- Patients scheduled for surgery had all been through pre-assessment and assessed by the anaesthetists to be fit for surgery. This also took into account staffing levels for the trauma and orthopaedic lists and the national confidential enquiry into patient outcome and death.
- Mixed sex breaches are defined by CQC as a breach of same sex accommodation. Between 1 April 2017 and March 2018, there were no mixed sex breaches on any of the surgical wards.
- Improvements had been made to systems to ensure patients living with a learning disability or dementia were identified more easily. We saw evidence of staff working together to identify these patients at pre assessment and prior to surgery.
- Discharge planning continued to be commenced at the pre assessment stage and we saw regular visits from the re-enablement team were used to enhance patient's discharges.
- Staff told us access to the mental health team was much easier and the team would respond quicker.

## Is the service well-led?

**Good**   

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

There was an overall clinical direction for the service with some structures still in the process of change.

# Surgery

Staff we spoke with, minutes of meetings, monitoring data and audit of the services practices demonstrated good governance processes for the service and they were being reviewed to further enhance the processes. There appeared to be some replication for measuring safety and quality. For example safety quality dashboards, ward health checks, golden hour and board rounds. However these arrangements were effective and improving the quality of care.

Risks had been identified and were reviewed monthly with evidence of actions taken and risks reduced.

There was a culture where staff escalated concerns, reported incidents and sought support from peers and seniors.

There was a robust clinical audit and research programme which supported evidence based care.

There were a number of integrated care pathways that supported the trusts enhanced recovery programmes.

However:

Staff shortages resulting in staff constantly being moved to other wards continued to be a problem.

There was very little engagement with staff and the public in developing the services.

## Areas for improvement

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



# Services for children and young people

Inadequate ● ↓↓

## Key facts and figures

United Lincolnshire Hospitals NHS Trust provides care for children and young people at Lincoln County Hospital and Pilgrim Hospital Boston. Lincoln County Hospital and Pilgrim provide paediatric services for children from 0 to 16 years of age including day case and emergency services.

The trust had 31 paediatric beds located within two wards at Pilgrim Hospital.

At the time of the inspection, a decision had been made to reduce the overall number of paediatric inpatient beds on ward four at Pilgrim Hospital to eight. Shortly prior to the inspection, there had already been a reduction of beds from 19 to 12 due to concerns regarding staffing levels on the children's ward.

There were eight special care baby cots and four transitional care cots at the time of the inspection.

The trust had 6,228 spells from October 2016 to September 2017.

Emergency spells accounted for 97% (6030 spells), 2% (121 spells) were day case spells, and the remaining 1% (77 spells) were elective.

**Percentage of spells in children's services by type of appointment and site, from October 2016 to September 2017, United Lincolnshire Hospitals NHS Trust.**

**Total number of children's spells by Site, United Lincolnshire Hospitals NHS Trust.**

Site name	Total spells
Lincoln County Hospital	3,594
Pilgrim Hospital	2,627
This trust	6,228
England Total	1,102,315

We last inspected children and young people's services in October 2016 and gave an overall rating of good. This reflected requires improvement in safe and good in effective, caring, responsive and well led. We told the trust they should take action to devise an abduction policy, ensure staff follow best practice guidance in relation to documentation and ensure staff receive formal clinical supervision.

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

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During this inspection we:

- Visited the children's ward, theatres, outpatient department, emergency department and the neonatal unit.
- Spoke with 23 members of staff representing a broad cross section of clinical specialties and grades and non-clinical roles.
- Spoke with two children and five parents.

# Services for children and young people

- Reviewed a sample five patient records and took into account over 28 additional items of evidence including meeting minutes policies and performance records.

## Summary of this service

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

- We were not assured that a sufficiently robust clinical risk assessment had been undertaken to ensure that children waiting surgery have been clinically triaged and prioritised. We were not assured that there was sufficient mitigation in place to meet the needs of those children requiring elective surgical procedures.
- There had been significant delays in the investigation of serious incidents that had happened in previous years and we found examples of how learning from serious incidents had not always been implemented robustly or systematically.
- Defined governance structures did not exist to assure the board of the quality and delivery of surgical care to children. There was no multi-disciplinary children's surgery committee which reported to the board.
- Concerns over staffing levels and the retention and recruitment of skilled and qualified staff had existed for some two years prior to the inspection. The trust had held a number of internal risk summits to consider the impact and implications however there had been little in the way of effective management of the situation
- There was no formalised mechanism for instigating paediatric morbidity and mortality reviews across children's services. This was despite there being recognition of the importance of mortality reviews within a serious incident investigation report from relating to an incident in 2014.
- There existed a feeling of low morale within the nursing workforce, in part compounded by a sense of lack of future direction of paediatric in-patient services at Pilgrim Hospital. Whilst senior leaders reported actions such as "Sending virtual hugs" to staff through emails and letters explaining that roles would be secured in the long term, this had had little impact on front-line staff.
- Staff reported they had not been fully engaged with the discussions regarding the future of children's services at Pilgrim Hospital.
- There was limited capacity amongst the medical workforce to conduct audit activity to demonstrate staff were consistently applying evidence-based care.
- Care and treatment was not always delivered in line with evidence based practice. A number of care bundles had not been updated to reflect changes to guidance. Examples included the management of the febrile child.

However:

- All areas of the clinical setting were visibly clean. Staff demonstrated good adherence to hand hygiene practices, including washing their hands and using antibacterial hand gel at appropriate intervals. We also saw appropriate use of personal protective equipment (PPE) such as disposable gloves and aprons, which were readily available in the clinical areas.
- We observed some good examples of where various health professionals worked together to ensure appropriate delivery of care for children and young people.
- Patient outcomes were mostly in line with the England averages.
- Parents we spoke with were complimentary about the care and treatment their child had received.

# Services for children and young people

- We observed staff from different clinical settings, including radiology, speaking to children, using age appropriate language. Staff adapted their body language, for example, bending down to make eye contact with the child; this demonstrated an understanding of the needs of the child and is consistent with best practice.
- Nursing staff were observed supporting parents and children by providing information and advice which was both age appropriate and in a language which was easy to understand and not complicated with medical terminology. Staff took the time to speak with families to explain procedures before they commenced.

## Is the service safe?

**Requires improvement**   

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

- There had been a reduction of inpatient beds which required the trust to cancel all elective paediatric surgery at Pilgrim Hospital. We were not assured that a sufficiently robust clinical risk assessment had been undertaken to ensure that children waiting surgery had been clinically triaged and prioritised. We were not assured that there was sufficient mitigation in place to meet the needs of those children requiring elective surgical procedures. We raised our concerns with the trust at the time of the inspection, who took actions to ensure that each patient had been clinical triaged.
- There had been significant delays in the investigation of serious incidents that had happened in previous years and we found examples of how learning from serious incidents had not always been implemented robustly or systematically.
- There was no formalised mechanism for instigating paediatric morbidity and mortality reviews across children's services. This was despite there being recognition of the importance of mortality reviews within a serious incident investigation report from relating to an incident in 2014.
- Analysis of the nursing establishment by the nursing management team revealed that when taking in to consideration long term absence such as sick leave, parental leave or supernumerary status, the real time vacancy rate was 49%. The prediction was that by end March 2018, 15.1wte nurses would be in post. This was part, mitigated by the reliance on one agency nurse who had been block booked to cover the equivalent of 1.46wte staff until the end of April 2018. The management team acknowledged this was not a long-term solution.
- The service fell short of meeting the trusts mandatory training targets.

However;

- All areas of the clinical setting were visibly clean. Staff demonstrated good adherence to hand hygiene practices, including washing their hands and using antibacterial hand gel at appropriate intervals. We also saw appropriate use of personal protective equipment (PPE) such as disposable gloves and aprons, which were readily available in the clinical areas.
- Staff were utilising the sepsis-six screening tool as well as applying the management protocols in cases where children had been identified as being at risk of developing sepsis.
- Staff utilised a range of risk assessments to support the delivery of care to children and young people. Staff were able to describe the various risk assessments used including paediatric early warning scores and escalation protocols for the deteriorating child; skin integrity assessments, nutritional assessments and management of vulnerable children

# Services for children and young people

## Is the service effective?

**Requires improvement**  

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

- There was limited capacity amongst the medical workforce to conduct audit activity to demonstrate staff were consistently applying evidence-based care.
- Care and treatment was not always delivered in line with evidence based practice. A number of care bundles had not been updated to reflect changes to guidance. Examples included the management of the febrile child.
- The service had tools in place to demonstrate compliance with evidence based care and treatment; these were not always consistently used, as in the case of visual infusion phlebitis and peripheral venous cannula management.

However;

- We observed some good examples of where various health professionals worked together to ensure appropriate delivery of care for children and young people.
- Patient outcomes were mostly in line with the England averages.
- Ward based staff were able to describe the processes they would work through to seek consent from children and young people. Staff were conversant with national practices relating to consent including the concept of Gillick competence.

## Is the service caring?

**Good**   

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

- Parents we spoke with were complimentary about the care and treatment their child had received.
- We observed staff from different clinical settings, including radiology, speaking to children, using age appropriate language. Staff adapted their body language, for example, bending down to make eye contact with the child; this demonstrated an understanding of the needs of the child and is consistent with best practice.
- Children and parent's privacy and dignity were maintained at all times and we saw staff close curtains and side rooms doors to do so.
- Nursing staff were observed supporting parents and children by providing information and advice which was both age appropriate and in a language which was easy to understand and not complicated with medical terminology. Staff took the time to speak with families to explain procedures before they commenced.

## Is the service responsive?

**Inadequate**   

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

# Services for children and young people

- Services were not delivered in a way that focuses on people's holistic needs. A reduction in children's beds had resulted in paediatric surgery being cancelled on this site. Children now had to travel to Lincoln Hospital for surgery and were likely to experience a delay in receiving treatment due to limited bed capacity at Lincoln Hospital.
- There had been no capacity and demand modelling undertaken to offer assurance to the board that eight beds would be sufficient to meet the needs of the population. Furthermore, medical staff reported the challenges of having to either transfer patients or clinically prioritise patients for admission, thus increasing the need for patients to return as "ward attenders" as a means of trying to manage risk.
- Staff raised concerns with us that children requiring admission were having to wait longer in the emergency department due to the limited number of beds; data provided by the trust confirmed median waiting times were increasing.
- The trust was working to increase the provision of transitional care clinics for adolescents however this remained a work in progress at the time of the inspection

However;

- There had been a level of needed investment in facilities for parents; new fold-away beds had been purchased
- Within the outpatients and radiology departments, there was dedicated provision for children and young people. Both areas were equipped with age appropriate toys.

## Is the service well-led?

**Inadequate**   

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

- We were not assured that a sufficiently robust clinical risk assessment had been undertaken to ensure that children waiting surgery had been clinically triaged and prioritised. We were not assured that there was sufficient mitigation in place to meet the needs of those children requiring elective surgical procedures. We raised our concerns with the trust at the time of the inspection, who took actions to ensure that each patient had been clinical triaged.
- At this inspection, there had been little movement in regards to confirming the long-term strategy for children's services. Staff continued to report concerns about the future of children's services at Pilgrim Hospital.
- Defined governance structures did not exist to assure the board of the quality and delivery of surgical care to children. There was no multi-disciplinary children's surgery committee which reported to the board.
- The Women's and Children's Directorate had a defined governance structure which was set out in the Women's and Children's Business Unit Governance Committee (Pan Trust) terms of reference which had last been reviewed in June 2017. However, during the inspection staff reported the Children and Young People's Board, for which the Women's and Children's Business Governance Committee was due to report to, at least, in part, was not currently taking place.
- Staffing levels and the retention and recruitment of skilled and qualified staff had existed for some two years prior to the inspection. The trust had held a number of internal risk summits to consider the impact and implications however there had been little in the way of effective management of the situation
- There had been significant delays in the investigation of serious incidents that had happened in previous years and we found examples of how learning from serious incidents had not always been implemented robustly or systematically.

# Services for children and young people

- There existed a feeling of low morale within the nursing workforce, in part compounded by a sense of lack of future direction of paediatric in-patient services at Pilgrim Hospital. Whilst senior leaders reported actions such as “Sending virtual hugs” to staff through emails and letters explaining that roles would be secured in the long term, this had had little impact on front-line staff.
- Staff reported they had not been fully engaged with the discussions regarding the future of children’s services at Pilgrim Hospital.

## Areas for improvement

We found 10 areas for improvement in this service. See areas for improvement section above.

# Outpatients

Requires improvement



## Key facts and figures

The United Lincolnshire Hospitals NHS Trust provides outpatient services at Pilgrim Hospital, a large district general hospital located on the outskirts of Boston. The trust provided outpatient services at other locations in the county, including Lincoln County Hospital and Grantham Hospital.

Outpatient clinics for the following specialties included: cardiology, maxillofacial, haematology, orthopaedics including a fracture clinic, nephrology, urology, pain management, general medicine, general surgery, dermatology, respiratory and ophthalmology.

There were 306,322 first and follow up outpatient appointments at Pilgrim Hospital from October 2016 to September 2017.

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

- Ensure the management of health records enables the safe care and treatment of patients, compliance with information governance requirements and ensures patient confidentiality is maintained. This includes the availability, the condition and storage of medical records.
- Ensure that equipment is appropriately maintained. Ensure any checks carried out by staff are recorded and done with sufficient frequency and with sufficient knowledge to minimise the risk of potential harm to patients.
- Ensure that patients who are referred to the trust have their referrals reviewed in a timely manner to assess the degree of urgency of the referral. Ensure that the patients who require follow up appointments do not suffer unnecessary delays and are placed on the waiting list.
- Ensure patients have complete and recorded outcomes to ensure there are documented decisions and actions in relation to their treatment and care.

The trust was also asked to:

- Ensure outpatient and diagnostic services are delivered in line with national targets.
- Ensure staff report incidents in line with trust policy.
- Ensure staff are reminded of the procedures regarding fridge temperatures falling outside expected range.
- Take action to ensure all staff working in the outpatient and diagnostic services receive an annual appraisals to ensure they are able to fulfil the requirements of their role.
- Consider whether the action taken to reduce the back log of clinic letters waiting to be sent to GPs and patients following their appointment was effectively resolving the backlog of letters.
- Ensure all staff are supported and are not subject to any behaviour falling outside the trust code of conduct.
- Ensure all staff know their responsibilities and expectations regarding screen breaks.
- Continue to review the progress and effectiveness of the outpatient transformation programme and work undertaken to reduce diagnostic backlogs.

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

# Outpatients

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During this inspection the inspection team:

- Visited the main outpatient departments, the royle eye department, maxillofacial, fracture clinic, pathology (blood tests) and health records.
- Visited the therapies department including physiotherapy and occupational therapy.
- Spoke with 36 staff members; including service leads, matrons band seven sisters, doctors, nurses, therapists, non-registered and administrative staff.
- Spoke with 27 patients and relatives who were using the service.
- Reviewed 20 patient medical records.

## Summary of this service

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- There was a system in place to record patient outcomes after each clinic appointment. Managers audited patient outcome results to identify whether some patients did or did not have recorded outcomes. However, we saw there were significant numbers of patients without recorded outcomes, the oldest missing outcome was from March 2017.
- The trust provided mandatory training in key skills to all staff but did not ensure everyone had completed it. Qualified nursing and health visiting staff met the trust target in six out of the 11 mandatory training modules, and unqualified and support staff met the trust target in five modules. Unqualified staff support and the trust target did not meet the trust target for any of the safeguarding training modules for which they were eligible.
- Whilst we found some improvement in the availability and storage of medical records, most staff, particularly within health records and medical secretaries, did not feel the quality of records had improved. We observed a large quantity of records that were still poor quality, very large or badly filed. We found there was inconsistency in the security of medical records to protect patient confidentiality.
- The trust had instigated a harm review process to assess the harm that may have been caused to some patients as a result of longer waiting times. However, this was a retrospective process and might not prevent harm whilst patients were waiting for appointments. The trust did, however, attempt to mitigate this risk by writing to patients who were waiting over certain timeframes.
- Services were delivered in an older building which meant parts of the environment presented challenges in delivering services. Some of the waiting areas were small and became overcrowded at times of peak activity.
- From November 2016 to September 2017 the trust's referral to treatment time (RTT) for non-admitted pathways was worse than the England overall performance.
- The trust was performing worse than the 93% operational standard for people being seen within two weeks of an urgent GP referral. The trust performed significantly worse than the national average for the percentage of people



# Outpatients

seen by a specialist within two weeks of an urgent GP referral (all cancers). The trust consistently failed to meet the operational standard set at 85% for the percentage of people waiting less than 62 days from urgent referral to first definitive treatment. The trust is performing below the 85% operational standard for patients receiving their first treatment within 62 days of an urgent GP referral.

- Data from the trust as of March 2018 showed the total number of patients waiting more than six weeks for a follow up appointment was 3,333. The number of people overdue six months or more was 561. This was a slight improvement from our previous inspection.
- The general manager did not have sufficient capacity or administrative support to manage the workload.
- Although improvements had been made to the culture within the outpatients nursing team, there were significant numbers of administrative staff within health records and medical secretaries who reported a bullying, unsupportive culture. The majority of staff we spoke with were unaware of the existence of the Freedom to Speak up Guardian.
- Whilst we saw improvement in the governance arrangements and oversight of performance, we were not assured the improved access to data was driving significant improvement of the services, including constitutional standards and waiting lists. There was there was poor oversight of the risk register.

However:

- We saw nursing and non-nursing staffing levels were appropriate. There were no national guidelines for the staffing of outpatient clinics but senior nurses were undertaking a staffing review to ensure safe and appropriate staffing levels.
- Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children. Qualified nursing staff had received appropriate levels of safeguarding training and could tell us about examples of where they had identified and raised concerns.
- Staff demonstrated good practice with regards to hand hygiene and infection control. We saw hand gel available in clinical areas and the majority of clinic areas and equipment were visibly clean. Staff cleaned equipment in between patients.
- Staff had a good understanding of their responsibilities to report incidents and we saw learning from incidents was shared as part of the daily team meetings. Outpatient services based local medical policies on national best practice. Clinical specialities worked in accordance with National Institute for Health and Care Excellence (NICE) guidance and standards.
- We saw good examples of multi-disciplinary working and involvement of other agencies and support services. Staff also provided lots of information to enable patients to manage their own and health.
- Staff assessed patient nutrition and hydration requirements. Patients had access to refreshments while waiting for clinic appointments or transport home.
- Staff had the appropriate skills and experience for their roles. Clinical nurse specialists had undertaken additional training and competencies. All staff we spoke with confirmed they had received an appraisal, although the department had not achieved the trust target for appraisals.
- All patients we spoke with were positive about their experience at the hospital. Patients described staff as friendly, compassionate and supportive. Staff displayed their passion for providing good patient care and emotional support to patients. Staff understood the impact of care and treatment on the patient and discussed the impact with patients.
- Staff involved patients in their treatment and care. We observed staff provide patients with choices about their treatment and care. Staff communicated in a way patients understood and gave patients plenty of time to ask questions. Most patients said they felt involved in their treatment and care.

# Outpatients

- The trust planned and provided services in a way that met the needs of local people. We saw improvements were being made to the waiting areas. Certain specialities were operating 'one stop shops' for some patients for example dermatology, vascular and respiratory.
- The 'did not attend' (DNA) rate for outpatient services was better than the England average. Staff had procedures in the event of patients not turning up for appointments. Services had started use a text reminder service to help improve performance. The trust was performing similar to the 96% operational standard for patients waiting less than 31 days before receiving their first treatment following a diagnosis (decision to treat)
- Staff said and we saw managers shared learning from complaints and concerns through briefings and team meetings. Senior staff were able to give examples of learning from complaints. The trust sought out patient feedback and used it to make improvements to the patient experience.

## Is the service safe?

### Requires improvement



We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- There was a system in place to record patient outcomes after each clinic appointment. Managers audited patient outcome results to identify whether some patients did or did not have recorded outcomes. However, we saw there were significant numbers of patients without recorded outcomes, the oldest missing outcome was from March 2017.
- The trust provided mandatory training in key skills to all staff but did not ensure everyone had completed it. Qualified nursing and health visiting staff met the trust target in six out of the 11 mandatory training modules, and unqualified and support staff met the trust target in five modules. Unqualified staff support and the trust target did not meet the trust target for any of the safeguarding training modules for which they were eligible.
- Whilst we found some improvement in the availability and storage of medical records, most staff, particularly within health records and medical secretaries, did not feel the quality of records had improved. We observed a large quantity of records that were still poor quality, very large or badly filed. We found there was inconsistency in the security of medical records to protect patient confidentiality.
- The trust had instigated a harm review process to assess the harm that may have been caused to some patients as a result of longer waiting times. However, this was a retrospective process and might not prevent harm whilst patients were waiting for appointments. The trust did, however, attempt to mitigate this risk by contacting patients who were waiting over certain timeframes.
- Services were delivered in an older building which meant parts of the environment presented challenges in delivering services. Some of the waiting areas were small and became overcrowded at times of peak activity.

However,

- We saw nursing and non-nursing staffing levels were appropriate. There were no national guidelines for the staffing of outpatient clinics but senior nurses were undertaking a staffing review to ensure safe and appropriate staffing levels.
- Staff understood their roles and responsibilities regarding safeguarding vulnerable adults and children. Qualified nursing staff had received appropriate levels of safeguarding training and could tell us about examples of where they had identified and raised concerns.

# Outpatients

- Staff demonstrated good practice with regards to hand hygiene and infection control. We saw hand gel available in clinical areas and the majority of clinic areas and equipment were visibly clean. Staff cleaned equipment in between patients.
- Staff had a good understanding of their responsibilities to report incidents and we saw learning from incidents was shared as part of the daily team meetings.

## Is the service effective?

We do not currently rate effective in outpatients.

- Outpatient services based local medical policies on national best practice. Clinical specialities worked in accordance with National Institute for Health and Care Excellence (NICE) guidance and standards.
- We saw good examples of multi-disciplinary working and involvement of other agencies and support services. Staff also provided lots of information to enable patients to manage their own and health.
- Staff assessed patient nutrition and hydration requirements. Patients had access to refreshments while waiting for clinic appointments or transport home.
- Staff had the appropriate skills and experience for their roles. Clinical nurse specialists had undertaken additional training and competencies. All staff we spoke with confirmed they had received an appraisal, although the department had not achieved the trust target for appraisals.
- Staff understood their roles and responsibilities regarding consent and decision making including the Mental Capacity Act 2005 (MCA). Staff received e-learning training on consent and the MCA. We observed staff obtaining consent before providing treatment and care.

## Is the service caring?

**Good** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings

We rated it as good because:

- All patients we spoke with were positive about their experience at the hospital. Patients described staff as friendly, compassionate and supportive. Staff displayed their passion for providing good patient care.
- Staff provided emotional support to patients. Staff understood the impact of care and treatment on the patient and discussed the impact with patients. Staff had procedures in the event of a patient receiving bad news and used private rooms to give patients time and support in comfortable surroundings.
- We saw nursing staff providing emotional support to a distressed patient. Staff listened and used physical contact to reassure the patient.
- Staff involved patients in their treatment and care. We observed staff provide patients with choices about their treatment and care. Staff communicated in a way patients understood and gave patients plenty of time to ask questions. Most patients said they felt involved in their treatment and care.

# Outpatients

## Is the service responsive?

**Requires improvement** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings

We rated it as requires improvement because:

- From November 2016 to September 2017 the trust's referral to treatment time (RTT) for non-admitted pathways was worse than the England overall performance.
- The trust was performing worse than the 93% operational standard for people being seen within two weeks of an urgent GP referral. The trust performed significantly worse than the national average for the percentage of people seen by a specialist within two weeks of an urgent GP referral (all cancers). The trust consistently failed to meet the operational standard set at 85% for the percentage of people waiting less than 62 days from urgent referral to first definitive treatment. The trust is performing below the 85% operational standard for patients receiving their first treatment within 62 days of an urgent GP referral.
- Data from the trust as of March 2018 showed the total number of patients waiting more than six weeks for a follow up appointment was 3,333. The number of people overdue six months or more was 561. This was a slight improvement from our previous inspection.

However,

- The trust planned and provided services in a way that met the needs of local people. We saw improvements were being made to the waiting areas. Certain specialities were operating 'one stop shops' for some patients for example dermatology, vascular and respiratory.
- The 'did not attend' (DNA) rate for outpatient services was better than the England average. Staff had procedures in the event of patients not turning up for appointments. Services had started use a text reminder service to help improve performance.
- The trust was performing similar to the 96% operational standard for patients waiting less than 31 days before receiving their first treatment following a diagnosis (decision to treat)
- Staff said and we saw managers shared learning from complaints and concerns through briefings and team meetings. Senior staff were able to give examples of learning from complaints.

## Is the service well-led?

**Requires improvement** 

We previously inspected outpatients jointly with diagnostic imaging so we cannot compare our new ratings directly with previous ratings

We rated it as requires improvement because:

- Whilst we saw improvement in the governance arrangements and oversight of performance, we were not assured the improved access to data was driving significant improvement of the services, including constitutional standards and waiting lists. There was poor oversight of the risk register.

# Outpatients

- The general manager did not have sufficient capacity or administrative support to manage the workload.
- Although improvements had been made to the culture within the outpatients nursing team, there were significant numbers of administrative staff within health records and medical secretaries who reported a bullying, unsupportive culture. The majority of staff were unaware of the existence of the Freedom to Speak up Guardian.

However:

- The trust had introduced a daily assurance process which ensured the department was safe, caring and well-led.
- The trust sought out patient feedback and used it to make improvements to the patient experience.

## Outstanding practice

We found two areas of outstanding practice in this service. See outstanding practice section above.

## Areas for improvement

We found eight areas of improvement in this service. See areas for improvement section above.

# County Hospital Louth

High Holme Road  
Louth  
Lincolnshire  
LN11 0UE  
Tel: 01522573982  
[www.ulh.nhs.uk](http://www.ulh.nhs.uk)

## Key facts and figures

County Hospital Louth serves the communities of Louth and the local area. It provides a number of services including an outpatient department, diagnostic and surgical procedures as well as an inpatient surgical ward.

Between October 2016 and September 2017 there were 4802 Inpatient admissions and 35,834 outpatient attendances at this location.

At this inspection we inspected surgery only.

## Summary of services at County Hospital Louth

**Good**   

Our rating of services stayed the same. We rated it them as good

A summary of this hospital appears in the overall summary above.

# Surgery

Good   

## Key facts and figures

County Hospital Louth is a small hospital forming part of the United Lincolnshire Hospitals NHS Trust formed in April 2000 by the merger of three acute hospital trusts across Lincolnshire. The trust is one of the largest in the country serving a population of 700,000 people.

The surgical unit at County Hospital Louth comprises one ward with 20 physical bed spaces made up of fourteen beds, four reclining chairs and two patient trolleys and an operating department with two theatres. Surgery carried out at the hospital is limited to adult low risk elective general surgery and orthopaedic knee and hip replacements.

For the period January 2017 to December 2017 County Hospital Louth completed 1004 general surgical procedures and 854 orthopaedic procedures.

Details of the surgical wards are shown below:

County Hospital Louth

### Ward name

### Specialties provided

### Number of beds

Fotherby

General Surgery

20 bed spaces

*(Source: Hospital Episode Statistics)*

Our inspection was unannounced (staff didn't know we were coming) to enable us to observe routine activity.

Before the inspection visit, we reviewed information that we held about these services and information requested from the trust.

During the inspection visit the inspection team:

- We visited the surgical ward and operating theatre.
- We spoke with senior managers, nurses, doctors, patients and visitors.
- We reviewed patient notes and prescription charts.

## Summary of this service

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

- The service had a positive incident reporting culture demonstrating, learning and sharing both locally and across the trust.
- There was a robust system for pre-operative assessment with clear admission criteria, comprehensive infection control and prevention and risk assessments for all patients.

# Surgery

- There was access to equipment, including emergency equipment with in-house medical physics support.
- Staff understood their roles and responsibilities under the Mental Health Act 1983, and the Mental Capacity Act 2005.
- Risks to people were assessed, managed, and monitored on a day-to-day basis.
- Surgical services at County Hospital Louth provided care to patients in line with local and national guidance.
- Staff were competent and appropriately trained to undertake the role for which they were employed, had equal opportunities for professional development and were up to date with annual appraisals.
- The trust had a five-year strategy for all clinical services for 2014 to 2019 to support the delivery of good quality patient care. This underpinned trust values.
- Staff were aware of trust values which were displayed within departments and told us they felt valued in their work.

However, we also found:

- Some items of equipment were out of date for servicing schedules. This was escalated and rectified at the time of the inspection.
- Surgical services had identified a worse than England average referral to treatment time (RTT). However, managers were taking active steps to monitor and manage delays with an action plan in place.

## Is the service safe?

**Good** ● ➡ ➡

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

- Staff met trust targets for mandatory training requirements.
- Staff were trained and understood their responsibilities with regard to safeguarding adults.
- The surgical ward and operating department was visibly clean, tidy and free from clutter.
- There was a robust system of pre-operative assessment with clear admission criteria, comprehensive infection prevention screening and risk assessments for all patients.
- There was access to equipment, including emergency equipment and in-house medical physics support for equipment testing and calibration.
- Staff were able to describe their responsibilities in relation to duty of candour.
- There were effective processes in place to assess and escalate the deteriorating patient.
- Medical records were in good condition, filed in a logical order and legible.
- Staff had the knowledge and skills to carry out their roles effectively and in line with best practice.
- Risks to people were assessed and managed.
- Observed interactions between staff, patients and carers were positive and compassionate.

However, we also found

- Some items of equipment on Fotherby Ward were out of date for servicing required. This was escalated at the time of identification and corrected prior to completion of the inspection.



# Surgery

- Staffing and recruitment was an identified risk.

## Is the service effective?

Good  → ←

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

- Surgical services at County Hospital Louth provided care to patients in line with local and national guidance.
- Staff had ready access to policies, protocols and procedures through the hospital intranet.
- Patients were assessed for their nutritional status and had access to dietetic information.
- Pain management advice was provided pre-operatively and pain was assessed and managed appropriately.
- Outcome measures submitted by County Hospital Louth indicated positive results when compared to the England average. For example, length of stay, readmission and patient satisfaction.
- Staff were competent and appropriately trained to undertake the role for which they were employed, had equal opportunities for professional development and were up to date with annual appraisals.
- Staff understood their roles and responsibilities under the Mental Health Act 1983, and the Mental Capacity Act 2005.

## Is the service caring?

Good  → ←

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

- Observed interactions between staff, patients and carers were compassionate and caring.
- There was consistent positive verbal feedback received from patient about the care and treatment received.
- Family and friends test showed patients would recommend the hospital for treatment.

## Is the service responsive?

Good  → ←

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

- County Hospital Louth was able to meet the local demand for surgery, with patients opting for surgery at this site, in preference to travelling to other sites across the trust.
- The site had recently commenced a pilot study of increased operating hours, aimed at increasing activity to meet capacity.
- Managers were taking active steps to monitor and manage delays. Surgical services had identified a worse than England average referral to treatment time (RTT). However robust actions were in place and we saw a detailed action plan to address this. A pilot study had also commenced.

# Surgery

- All patients who had operations cancelled in the two months prior to our inspection had been given a revised date within 28 days.

## Is the service well-led?

Good   

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

- The range of experience within the senior team enabled effective leadership of the surgical service at County Hospital Louth.
- Staff told us they felt local managers were visible, approachable, supportive and they received appropriate support to allow them to complete their jobs effectively.
- Managers were positive about the impact of quarterly multi professional senior leadership forums introduced in 2017.
- The trust had a five-year strategy for all clinical services for 2014 to 2019 to support the delivery of good quality patient care. This underpinned the trust five key values.
- There was executive oversight of safeguarding for the trust.
- Staff were aware of the trust values and they were displayed within the departments.
- Staff told us they enjoyed working at County Hospital Louth and felt valued in their work.
- There appeared to be an open relationship with staff saying they were able to discuss concerns or make suggestions to their line or department manager.
- A ward accreditation project had been introduced in September 2017, which measured quality and care delivery at ward level.

## Areas for improvement

We found two areas for improvement in this service. See the 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](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://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  
Surgical procedures  
Treatment of disease, disorder or injury

#### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

#### Regulated activity

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

#### Regulation

Regulation 10 HSCA (RA) Regulations 2014 Dignity and respect

#### Regulated activity

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

#### Regulation

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

#### Regulated activity

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

#### Regulation

Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment

#### Regulated activity

Diagnostic and screening procedures  
Surgical procedures

#### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

This section is primarily information for the provider

## Requirement notices

Transport services, triage and medical advice provided remotely

### Regulated activity

### Regulation

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

Regulation 17 HSCA (RA) Regulations 2014 Good governance

### Regulated activity

### Regulation

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

Regulation 18 HSCA (RA) Regulations 2014 Staffing

### Regulated activity

### Regulation

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

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

### Regulated activity

### Regulation

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

Regulation 20 HSCA (RA) Regulations 2014 Duty of candour

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  
Surgical procedures  
Treatment of disease, disorder or injury

### Regulation

Section 31 HSCA Urgent procedure for suspension, variation etc.

# Our inspection team

Simon Brown, Inspection Manager 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 15 further inspectors, two of whom were mental health inspectors, one national professional advisor in urgent and emergency care, 23 specialist advisors, two inspection managers, two assistant inspectors, one inspection planner and four experts by experience.

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.