







United Lincolnshire Hospitals NHS Trust

Inspection report

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November 9,10,11 2021
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Ratings

Overall trust quality rating	Requires Improvement 
Are services safe?	Requires Improvement 
Are services effective?	Good 
Are services caring?	Good 
Are services responsive?	Requires Improvement 
Are services well-led?	Good 

Our findings

Our reports

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.

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.

We award the Use of Resources rating based on an assessment carried out by NHS Improvement. Our combined rating for Quality and Use of Resources summarises the performance of the trust taking into account the quality of services as well as the trust's productivity and sustainability. This rating combines our five trust-level quality ratings of safe, effective, caring, responsive and well-led with the Use of Resources rating.

Overall summary

What we found

Overall trust

United Lincolnshire Hospitals NHS Trust (ULHT), situated in the county of Lincolnshire, is one of the biggest acute hospital trusts in England serving a population of over 736,700 people. The trust provides acute and specialist services to people in Lincolnshire and neighbouring counties. The trust has an annual income of £447 million and employs nearly 8,000 people.

In the last year the trust had around 642,000 outpatient attendances, around 145,000 inpatient episodes and around 147,000 attendances at their emergency departments.

The trust provides acute hospital care for the people of Lincolnshire from their sites in Lincoln, Boston and Grantham and also delivers services from community hospitals and centres in Louth, Gainsborough, Spalding and Skegness.

Between 5 October 2021 and 11 November 2021, we inspected four core services provided by the trust across two locations. We carried out an unannounced inspection of urgent and emergency care, Services for children and young people, Medical care (including older people's care) and a focused unannounced inspection of Maternity at Pilgrim Hospital and Lincoln County Hospital. We also inspected the well-led key question for the trust overall.

We carried out this unannounced inspection of services provided by this trust because the trust was placed in financial and quality special measures in 2017/18 and is currently placed into System Oversight Framework (SOF) segment 4 of NHS England & NHS Improvement (NHSEI) Recovery Support Programme (RSP). At our last inspection we rated the trust overall as requires improvement.

Our findings

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

On 5, 6, 7, 8 October 2021 we inspected four core services provided by the trust across two locations. We inspected urgent and emergency care, Services for children and young people, Medical care (including older people's care) and Maternity at Pilgrim Hospital. At our last inspection, Urgent and Emergency Services and Services for children and young people were rated as inadequate overall. Medical care (including older people's care) and Maternity were rated as requires improvement overall.

At Lincoln County Hospital we inspected urgent and emergency care, Services for children and young people, Medical care (including older people's care) and Maternity. At our last inspection, Urgent and Emergency Services was rated as inadequate overall. Services for children and young people and Medical care (including older people's care) were rated as requires improvement overall. Although Maternity at the Lincoln County Hospital was rated good overall at our last inspection, we inspected this service because we had concerns.

We did not inspect Outpatients previously rated requires improvement because we are monitoring the progress of improvements to outpatients and had no concerns. We will re-inspect them as appropriate.

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. Our findings are in the section headed 'is this organisation well-led'. We inspected the well-led key question between 9 and 11 November 2021. A financial governance review was also carried out at the same time as the well-led inspection, this was undertaken by NHS England and Improvement (NHSEI). There was not a separate 'Use of Resources' assessment in advance of this inspection.

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

- We rated safe and responsive as requires improvement and effective, caring and well-led as good.
- We rated six of the trust's services as good and two as requires improvement. In rating the trust, we took into account the current ratings of services not inspected this time.
- We inspected maternity using our focused maternity framework and guidance. Focused inspections can result in an updated rating for any key questions that are inspected if we have inspected the key question in full across the service and/or we have identified a breach of regulation and issued a requirement notice, or taken action under our enforcement powers. In these cases, the ratings will be limited to requires improvement or inadequate.
- In maternity services at Lincoln County Hospital we rated safe as requires improvement, the key questions of effective and well led remained the same. In maternity services at Pilgrim Hospital we reviewed actions the trust had taken to address areas for improvement identified in Maternity services following our 2019 inspection. We found the trust had taken sufficient action and improved Maternity services at Pilgrim Hospital and have therefore updated our ratings for this service. We rated the key questions of safe, effective and well led as good, the key questions of caring and responsive remained the same.
- Not all services had enough staff to care for patients and keep them safe and not all staff were up to date with mandatory training or additional safeguarding training.
- Medicines were not always stored safely and patient records were not always stored securely.

Our findings

- Outcomes from national audits were not always positive and some services did not always use systems to manage performance effectively.
- The design, maintenance and use of facilities, premises and equipment did not always keep people safe or follow national guidance.
- Services in urgent and emergency care were not designed in a way that always met the needs of local people, were inclusive and took account of patients' individual needs and preferences.
- People could not always access services when they needed to, and they did not always receive the right care promptly.
- Risks on the risk register, in some services, were not always effectively managed and not all risks were identified and escalated to reduce their impact.

However:

- Staff had training in key skills, understood how to protect patients from abuse, and managed safety well. Most services controlled infection risk well. Staff assessed risks to patients, acted on them and mostly kept good care records. Most services managed safety incidents well and learned lessons from them. Staff collected safety information and used it to improve services.
- Staff provided good care and treatment, gave patients enough to eat and drink, and gave them pain relief when they needed it. Managers monitored the effectiveness of the service and made sure staff were competent. Staff worked well together for the benefit of patients, advised them on how to lead healthier lives, supported them to make decisions about their care, and had access to good information. Key services were mostly available seven days a week.
- Without exception, staff treated patients with compassion and kindness, respected their privacy and dignity, took account of their individual needs, and helped them understand their conditions. They provided emotional support to patients, families and carers.
- Services planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- Leaders had the skills and abilities to run services. They understood and managed the priorities and issues services faced. Improvements were observed in clinical leadership.
- Staff felt respected, supported and valued and were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. Services engaged well with patients and the community to plan and manage services and all staff were committed to improving services continually.

How we carried out the inspection

You can find further information about how we carry out our inspections on our website: www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection.

Outstanding practice

Outstanding practice

We found the following outstanding practice:

Our findings

Trust wide

- Significant improvements had been made to the safety and quality of care at the trust since our last inspection. The integrated improvement plan provided a framework for the trust to continue to deliver further improvements. Executive directors and NEDs consistently gave us the same message, that this was a proactive rather than reactive trust that was focused on doing the right thing for its patients and staff.
- The trust had been part of the 'Lincolnshire Stroke Transformation: 100 Day Challenge'. Stroke services had been identified as a system priority during 2019/20. Using both dedicated organisational development support and the 100 Day Rapid Improvement methodology significant work had taken place to implement a 'one team' approach to establishing an integrated, seamless pathway and a community based stroke rehabilitation service that was able to support stroke survivors, operating seven days a week.

Lincoln County Hospital

Medical care (including older people's care)

- The clinical engineering department had used innovation to support a patient to receive their care and treatment in a comfortable way.
- The trust took part in a 100 day challenge with the community service to allow a smoother and more rapid (where appropriate) transition from hospital to home/community for individuals who had suffered a stroke and to allow people to be managed and to manage confidently in the community. As a result of this the team awarded a Chief Allied Health Professional Office (CAHPO) Award in October 2021 for Innovation and Delivery of Systems in relation to the 100-day challenge and all the progress they had made this year. This was one of 7 awards given out in England.
- In 2019 United Lincolnshire Hospitals NHS Trust (ULHT) had become the first NHS trust in the country to be formally accredited by the 'Academy of FAB NHS Stuff'. The trust now had FAB Experience Champions identified on medical wards who acted as local leads for patient experience. Some of this work was new but aimed to engage with patients, families and their carers to improve care. For example, new monthly FAB Champions feedback on activities and patient panel discussions covered all aspects of care. This information all fed into the Medicine Division Patient Experience assurance report which provided an overview of themes and actions.

Pilgrim Hospital

Services for children and young people

- In the neonatal unit, staff had implemented an electronic 'ear' in the nursery. The device was programmed to signal a red light when noise levels increased above a certain level. It was thought that noise levels need to be moderated for neonates to keep them feeling safe and happy.
- Parents received training, guidance and support to carry out care such as tube feeding and utilised a set of parent competencies in a booklet to enable parents to carry out as much or as little as they felt comfortable with.
- The neonatal unit had two transitional rooms where parents stayed with their neonate for a few days to get accustomed to caring for their very tiny baby. The room was furnished with a double bed, wardrobe, kitchen, lounge area with TV, and bathroom facilities. There was room for siblings to visit. Parents still had access to nursing and medical staff on the neonatal unit whilst staying in the transitional rooms.

Our findings

- Leaders had implemented a project with a community team where they worked closely with specialist community nurses to enable neonates who required ongoing specialist care such as continuous oxygen, could be discharged early with the support of a specialist community nurse.
- The service funded nursery nurses to complete their nurse training as part of a recruitment initiative.

Medical care (including older people's care)

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Areas for improvement

Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is because it was not doing something required by a regulation but it would be disproportionate to find a breach of the regulation overall, to prevent it failing to comply with legal requirements in future, or to improve services.

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

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

Lincoln County Hospital

Urgent and emergency care

- The trust must ensure systems and processes to check nationally approved child protection information sharing systems are fully embedded and compliance is monitored. Regulation 13 Safeguarding service users from abuse and improper treatment.
- The trust must ensure the trust standard operating procedure for management of reducing ambulance delays is fully implemented. Regulation 12 Safe care and treatment.

Maternity

- The trust must ensure that all medicines are stored safely and securely. Regulation 12 Safe care and treatment.

Our findings

Pilgrim Hospital

Urgent and emergency Care

- The service must ensure systems and processes to check nationally approved child protection information sharing systems are fully embedded and compliance is monitored. Regulation 13 Safeguarding service users from abuse and improper treatment.
- The service must ensure the trust standard operating procedure for management of reducing ambulance delays is fully implemented. Patients waiting on ambulances should be reviewed by medical staff within an hour and within 30 minutes where the national early warning score is five or more or requiring prioritisation. Regulation 12 Safe care and treatment.

Action the trust SHOULD take to improve:

Trust wide

- The trust should ensure that staff complete mandatory training in line with trust targets. Including but not limited to the highest level of life support, safeguarding and mental capacity training.
- The trust should ensure they provide sufficient numbers of nursing and medical staff to safely support patients.
- The trust should ensure there are mechanisms for providing all staff at every level with the development they need through the appraisal process.
- The trust should ensure the requirements of duty of candour are met.
- The trust should ensure it continues to review and manage the work required to improve medicines management across the organisation.
- The trust should ensure they are using timely data to gain assurance at board.
- The trust should ensure all patient records and other person identifiable information is kept secured at all times.
- The trust should ensure it has access to communication aids and leaflets available in other languages.
- The trust should ensure the design, maintenance and use of facilities, premises and equipment keep patients safe.

Lincoln County Hospital

Urgent and emergency care

- The trust should ensure that falls and mental health risk assessments and transfer documentation are in place for patients when they are required and that completion risk assessments and transfer documentation are audited.
- The trust should ensure, the paediatric area within the Emergency Department, nursing and medical staffing requirements meet the Royal College of Paediatrics and Child Health (RCPCH).
- The trust should ensure, the paediatric area within the Emergency Department, governance processes are fully implemented and aligned to the Royal College of Paediatrics and Child Health (RCPCH) standards for children in the emergency department.
- The trust should ensure effective systems are in place to review the service risk register.

Services for children and young people

Our findings

- The trust should ensure ambient temperature checks are undertaken in theatres for medicine storage as per trust policy.
- The trust should ensure an interpreter is used as per trust policy to ensure all young people, parents or guardians are able to consent to care and treatment and fully understand clinical conversations.
- The trust should ensure cleaning records are completed as per trust policy.
- The trust should consider discussing mixed sex accommodation with young people proactively rather than reactively.
- The trust should consider the use of a communication tool to support staff working with children who have additional needs.
- The trust should ensure that a patient's food and fluid intake is accurately recorded .
- The trust should consider adding specific action plans to the service risk register.

Medical care (including older people's care)

- The trust should ensure that safety checks of new ward environments are fully completed before moving patients.
- The trust should ensure national audit outcomes are continued to be monitored and any areas for improvement acted upon.

Maternity

- The trust should consider monitoring staff's compliance with the systems in place to enable learning from incidents.
- The trust should continue to work towards increasing the number of midwives who are competent in theatre recovery to ensure women are recovered by appropriately skilled staff.
- The trust should improve the completion of safety, quality and performance audits to ensure these are consistently completed effectively, to enable safety and quality concerns to be identified and acted upon.

Pilgrim Hospital

Urgent and emergency care

- The trust should ensure that policies and procedures in place to prevent the spread of infection are adhered to.
- The trust should ensure patients at risk of self harm or suicide are cared for in a safe environment meeting standards recommended by the Psychiatric Liaison Accreditation network (PLAN) and mental health risk assessments and care plans are completed for all patients at risk.
- The trust should ensure triage is a face to face encounter with a patient for ambulance conveyances.
- The trust should ensure patients at risk of falling undergo a falls risk assessment and falls preventative actions are in place.
- The trust should ensure deteriorating patients are identified and escalated in line with trust policy.
- The trust should ensure the, paediatric area within the Emergency Department, nursing and medical staffing requirements meet the Royal College of Paediatrics and Child Health (RCPCH).
- The trust should ensure effective systems are in place to investigate incidents in a timely manner and identify and share learning from incidents to prevent further incidents from occurring.

Our findings

- The trust should ensure clinical pathways and policies are updated in line with national guidance.
- The trust should ensure, the paediatric area within the Emergency Department, governance processes are fully implemented and aligned to the Royal College of Paediatrics and Child Health (RCPCH) standards for children in the emergency department.
- The trust should ensure effective systems are in place to review the service risk register.

Services for children and young people

- The trust should consider all key services being available seven days a week.
- The trust should consider routine monitoring or auditing of waiting times for children to have a medical review as per the Royal College of Paediatrics and Child Health (RCPCH).

Medical care (including older people's care)

- The trust should consider giving ward managers direct access to training systems for their areas in order to monitor and action mandatory training needs of their teams on a more regular basis.

Is this organisation well-led?

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

- There was the leadership capacity and capability to deliver high quality, sustainable care.
- There was a clear vision and credible strategy to deliver high-quality sustainable care to people and robust plans to deliver.
- There was a culture of high-quality, sustainable care.
- There were clear responsibilities, roles and systems of accountability to support good governance and management.
- There were clear and effective processes for managing risks, issues and performance.
- Appropriate and accurate information was effectively processed, challenged and acted on.
- People who use services, the public, staff and external partners were engaged and involved to support high-quality sustainable services.
- There were robust systems and processes for learning, continuous improvement and innovation.

However:

- The culture of the organisation did not always encourage openness and honesty at all levels within the organisation. Compliance with the duty of candour regulation had been variable however, the trust were taking appropriate action to address this.
- There were inconsistencies at some levels of leadership across the organisation in relation to governance awareness.
- Medicines management across the trust remained a significant challenge. However, the board were cognisant of these risks and were taking steps to address them.

Leadership

Our findings

There was the leadership capacity and capability to deliver high quality, sustainable care.

The trust board included five voting executive directors, one of whom was the trust chief executive, two non-voting executive directors and six non-executive directors (NEDs), one of whom was the trust chair. At the time of this inspection, the director of people and organisational development position was vacant and was being covered by the director of finance. There were effective systems in place to ensure that their portfolio was manageable. The vacancy was being recruited to. Two of the non-executives were in the process of retiring from the board and recruitment was in train.

The trust board was accountable for setting the strategic direction of the trust. The board was working effectively together to achieve its full potential. Leaders had the skills, knowledge and experience that they needed. We observed a strong, cohesive team with collective leadership at board level. All executive directors and NEDs were collectively and corporately accountable for the trust's performance. Our observation of trust board meetings and review of board papers evidenced that opportunities were regularly provided for the exchange of views between executives and NEDs, drawing on and pooling their experience and capabilities.

NEDs gave a clear and consistent account of their role within the unitary board. NEDs had a range of experience and backgrounds including leadership within the NHS; three, including the chair, had close knowledge of services in Lincolnshire through membership of the board of another trust in Lincolnshire.

The director of finance had joined the trust as deputy director of finance in 2018 and had been appointed as director in 2019. They were supported by an experienced deputy director of finance who was also an experienced and valued financial leader; and by an energetic and well-motivated finance team. The director's portfolio also included digital and HR; and from interviews it was apparent that there was a well-developed and empowered infrastructure in each department that mitigated the risk of such a broad leadership portfolio in a financially challenged trust.

The board recognised the training needs of managers at all levels, including themselves, and worked to provide development opportunities for the future of the organisation. There was a strong board development programme in place designed to improve the effectiveness and efficiency of the board.

Chair and NED development programmes were available to NEDs both internally and through NHS England and Improvement (NHSE/I). NEDs we spoke with told us they were aware of these and some had and/or were accessing programmes depending on their development needs.

The trust was committed to succession planning in order to identify and develop potential future leaders and senior managers, as well as individuals, to fill senior roles that could become vacant and avoid a department or service becoming vulnerable if the post was not filled quickly. Succession planning and talent management linked directly to the trust's Integrated Improvement Plan (IIP) under the "People" strategic objective. In August 2021 the trust successfully submitted a bid to become a pilot trust for the NHSE/I approach to talent management. This would align the trust to NHSE/I and would serve as a Lincolnshire systems approach. The pilot was expected to commence in Jan 2022.

Leadership and management development within the trust was supported through the Lincolnshire Talent Academy. The Talent Academy was formed in April 2015 within the trust, as an initial pilot to support the engagement of young people with the organisation and to influence future career choice. The Talent Academy supported staff at all levels, from entry level apprentices taking their first employed position upon leaving education, through to senior staff looking for further development.

Our findings

Executive directors and NEDs were visible and approachable. Ward and department visits by board members continued throughout the COVID-19 pandemic albeit, on a much smaller scale. In addition, some executive directors had been, on occasion, working clinically in ward and department areas. Reverse mentoring and 15-steps challenge were also used as tools for engagement with front line staff. The 15 steps challenge focuses on seeing care through a patient or carer's eyes and exploring their first impressions.

There was a leadership structure within the pharmacy team to support the delivery of care. A recent appointment of deputy chief pharmacists had improved this leadership capacity.

Appropriate steps had been taken to complete employment checks for executive staff in line with the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). We reviewed the personal files of four executive directors and two non-executive directors to determine the necessary fit and proper person checks had been undertaken. We found all files were fully compliant with FPPR.

Vision and Strategy

There was a clear vision and credible strategy to deliver high-quality sustainable care to people and robust plans to deliver.

There was a clear vision and a set of values, with quality and sustainability as the top priorities. The trust vision 'Outstanding Care personally Delivered' was underpinned by five key values: Patient-centred; Safety; Excellence; Compassion and Respect. These values supported the trust's integrated improvement plan, a five year plan (2020-2025) that identified the key priorities for the trust.

It was clear during our core service inspection that significant improvements had been made to the safety and quality of care at the trust since our last inspection. The integrated improvement plan provided a framework for the trust to continue to deliver further improvements. Executive directors and NEDs consistently gave us the same message, that this was a proactive rather than reactive trust that was focused on doing the right thing for its patients and staff.

There was a robust, realistic strategy for achieving the trust's priorities and delivering good quality sustainable care. The trust was in year two of their strategy realised through the integrated improvement plan and supported through the trust's Outstanding Care Together Programme (OCTP). Four workstreams worked to deliver the trust's four strategic objectives: Patients, People, Services and Partners. Each strategic objective had an executive senior responsible officer (SRO), identified leads for each workstream and delivery lead for each project.

The strategy aligned to local plans in the wider health and social care economy, and services had been planned to meet the needs of the relevant population. The trust was working with the whole Lincolnshire health and care system on proposals for improvements to services, improvements that aligned to the partners workstream.

The vision, values and strategy had been developed using a structured planning process in collaboration with staff, people who use services, and external partners.

Staff knew and understood what the vision, values and strategy were, and their role in achieving them. Staff at all levels 'walked' the trust values during the course of their work and were empowered to contribute to the strategic direction of

Our findings

the trust. Throughout the core service and well led inspections we heard of many examples of service improvements made not only at board level but at ward and department level where staff were motivated and committed to improve the safety and quality of care patients received. This included for example, a reduction in falls and pressure ulcers and significant improvements within respiratory medicine.

The pharmacy operational plan 2019-21 detailed the activity of the pharmacy team and we were told the team were still working to this model. The trust single integrated improvement plan included the review of the pharmacy model and service within the improving clinical outcomes section.

Culture

There was a culture of high-quality, sustainable care.

Staff felt positive and proud to work in the organisation. There were cooperative, supportive and appreciative relationships among staff. Staff and teams worked collaboratively, shared responsibility and resolved conflict quickly and constructively. Throughout our core service and well led inspections, staff were enthusiastic, motivated and were keen to share with us their pride at working for this trust. From every conversation the inspection teams had with trust staff it was clear that the patient was at the heart of their work.

Leaders and staff understood the importance of staff being able to raise concerns without fear of retribution, and we saw where appropriate learning and action had been taken as a result of concerns raised. Executive leaders told us they adopted an 'open door' policy and we heard of many examples from staff outside the executive team who felt comfortable raising their concerns with the executive team. However, a small number of staff told us they were fearful of raising concerns with their immediate line managers and that this was having a significant effect on their mental health.

There were mechanisms for providing all staff at every level with the development they needed, including high-quality appraisal and career development conversations. On 12 May 2021 the trust launched an electronic performance and appraisal management system for staff. This was implemented in response to the NHS people plan and the trust's integrated improvement plan, and to support staff in having meaningful conversations about their performance. The system was designed to facilitate quality, values based discussions and encouraged staff to have ownership for their own personal performance and development. The discussions also factored in wellbeing and behaviours.

Current appraisal compliance was 56.8% against a target of 90%. Compliance was 74.9% at the time of launch. The fall in compliance was attributed to staff not being accustomed to the new system, staffing and operational pressures. The board were sighted on appraisal compliance and were taking a number of actions to address this.

There was a strong emphasis on the safety and wellbeing of staff. The trust provided an all-round package of support for staff, helping them to look after their own health and to support those around them. On top of the core occupational health services, the trust had a number of innovative ways to support staff, including; in-house counselling, mental health first aid and mindfulness courses, training for staff and managers in emotional and wellbeing resilience, health check MoTs, an overall health and wellbeing assessment, physiotherapy, counselling training for managers and cognitive behavioural therapy training for managers.

Despite the extensive well-being offer from the trust, staff within pharmacy told us they did not feel valued by the organisation and that lip service was paid to support for their well-being. Examples were given of working long hours without breaks and staffing such that only one Band 3 post was allowed to take annual leave at a time. This had led to low morale.

Our findings

Equality and diversity was promoted within and beyond the organisation. A number of staff networks were in place to provide a safe space for discussion of issues and help to raise awareness of issues within the wider trust. Equality impact assessments (EIA) were shared across the wider Lincolnshire healthcare system and ensured policies, practices and decisions were fair, met the needs of staff and that they were not inadvertently discriminating against any protected group. The trust had a 'Our Inclusion Strategy' which set out the trust's strategic vision for all the work around the equality, diversity, inclusion and human rights agenda.

Without exception, staff told us they felt supported, respected and valued by the executive team and felt there had been a positive shift in the culture at the trust since our last inspection. However, a small number of staff felt there was work to do to develop those staff in middle management posts. Whistleblowing information received following the well led inspection suggested a small number of staff did not feel supported, respected and valued by their immediate line managers and that they had or were experiencing bullying and harassment. The 2020 National Staff Survey results placed the trust 58th out of 58 acute trusts nationally.

The executive team were committed to addressing behaviour and performance that was inconsistent with the vision and values, regardless of seniority. The organisation's approach to changing the culture was supported by credible plans and a palpable energy within the board. Throughout our interviews with executive directors and NEDs we heard the same message; trust staff and how they were feeling was integral to providing safe and quality care. The trust had signed up to the NHS England and Improvement (NHSE/I) Culture and Leadership Programme and within nursing and midwifery, a nursing and midwifery framework was in place to develop a culture that placed quality at the heart of everything staff did and was centred on the needs and experience of people who use services.

The Freedom To Speak Up (FTSU) index is a metric for NHS trusts, drawn from four questions in the NHS annual staff survey, asking whether staff feel knowledgeable, encouraged and supported to raise concerns and if they agree they would be treated fairly if involved in an error, near miss or incident. The FTSU index score for this trust was 73.6% and below the national average of 79%. Despite this, the trust had made improvements since our last inspection. The trust had appointed a FTSU Guardian, to work exclusively in this role, in September 2021. Staff had a much greater awareness of the role and staff were supported to raise concerns. The number of contacts since September 2021 had increased significantly with 41 contacts made compared to seven for the previous three months and 63 for the whole of 2020/21.

The culture of the organisation did not always encourage openness and honesty at all levels within the organisation, including with people who used services, in response to incidents. Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 is a regulation which was introduced in November 2014. This regulation requires the organisation to be open and transparent with a patient when things go wrong in relation to their care and the patient suffers harm or could suffer harm, which falls into defined thresholds. The duty of candour regulation only applies to incidents where severe or moderate harm to a patient has occurred.

For the reporting period October 2020 to September 2021, compliance with the duty of candour regulation had been variable (verbal compliance 84%, written compliance 68%). The board were sighted on duty of candour performance and had taken a number of actions to address this. Further planned actions included; commissioning a piece of investigative work to review the way in which the trust record duty of candour compliance to try and understand the variability in the data, refresher training for staff covering duty of candour requirements and a review of the trust's duty of candour policy and related documentation to ensure it was fit for purpose.

In addition to the planned actions, there was a process in place whereby the incident reporting system was reviewed daily by the clinical governance team. If an incident had been reported as meeting the duty of candour criteria, the team contacted the clinical team as a prompt.

Our findings

Governance

There were clear responsibilities, roles and systems of accountability to support good governance and management.

There were effective structures, processes and systems of accountability to support the delivery of the strategy and good quality, sustainable services. Progress against delivery of the strategy and local plans were monitored and reviewed. Monitoring of the integrated improvement plan was coordinated through the project lead where monthly support and challenge sessions took place with the relevant executive lead. Following the support and challenge sessions, an upward report was completed and fed into the finance, performance and estates committee on a monthly basis. In addition, the integrated improvement plan status report fed monthly into the people and organisational development and quality governance assurance committees. Board and committee papers we reviewed and interviews with executive directors and NEDs demonstrated there was bold decision making of the board that underpinned a well-planned and understood strategy. The consistent message we heard was the board were not afraid of change and felt it necessary to improve the safety and quality of services at the trust.

Since our last inspection the trust had reviewed its governance processes and structure and developed a business partner model approach to risk and governance, clinical audit and complaints. This allowed for triangulation of information to determine an accurate picture of performance across the trust. In addition to this, the trust had introduced an integrated clinical governance report for clinical divisions and a complaints, litigation, incident and Patient Advice and Liaison Service (PALS) (CLIP) report. Both provided a summary of key data at divisional and board level.

All levels of governance and management functioned effectively and interacted with each other appropriately. There were four board sub-committees; quality governance committee, people and organisational development committee, finance, estates and performance committee and audit and risk committee. The role of each board committee was to consider evidence provided by members of the executive team in relation to relevant corporate risks, to enable the committee to make an informed judgement as to the level of assurance that could be provided to the trust board.

There were medicines governance processes in place, and we could see that these had been strengthened following our last inspection. However, senior pharmacy staff told us they did not have clear lines of communication to escalate concerns and were unable to articulate concerns to people who were in a position to address them. We heard from senior trust leaders that there were escalation mechanisms in place and these were effective.

Executive directors and NEDs were clear about their roles and understood what they were accountable for, and to whom. However, there were inconsistencies at some levels of leadership across the organisation. Further work was underway with divisions to develop their understanding of what governance meant for them.

There was complaint sign posting and a complaint policy available on the trust's website for patients and services users to access. During our inspection of well led we reviewed six complaint responses. All responses were clear and transparent throughout and followed the Ombudsman's 'principles of good complaint handling' and 'principles for remedy'. At the time of this inspection the trust had a low number of outstanding complaints (29).

Management of risks, issues and performance

There were clear and effective processes for managing risks, issues and performance.

Our findings

There were comprehensive assurance systems, and performance issues were escalated appropriately through clear structures and processes. These were regularly reviewed and improved.

The trust board was responsible for setting the strategic direction of the trust. This included defining the risk appetite, which was the tendency of the board to accept risk in particular situations and in pursuit of its goals. The trust's risk appetite was defined using the following scale:

- Open – prepared to tolerate a high level of risk
- Cautious – prepared to tolerate a moderate level of risk
- Minimal – prepared to tolerate only a low level of risk

A risk management strategy described the approach that the trust would take in managing risks to the achievement of its objectives through a formalised structure that included both corporate and operational risks. The trust had adopted an Enterprise Risk Management (ERM) approach, this approach enabled the trust board, its committees and senior management to consider the potential impact of all types of risk on its objectives and in doing so supported well-informed, risk-aware corporate and operational decision-making.

There was a systematic programme of clinical and internal audit to monitor quality, operational and financial processes, and systems to identify where action should be taken. The audit committee chair described how the committee and board gained assurance not only from auditors' reports but also from audit regulators. The programme of internal audit had been adapted during the period of the pandemic; but the head of internal audit had only been able to provide partial assurance on the operation of internal controls for 2020-21. They had greater confidence in levels of awareness and training on counter fraud and evidenced a reduction in the numbers of referrals.

We saw evidence of clinical audit relating to medicines reconciliation activity and audit activity presented to clinical groups relating to medicines errors. Both of these demonstrated poor levels of care and this was a recurrent problem. Trust senior teams were cognisant of these risks and were taking steps to address them.

There were arrangements in place for identifying, recording and managing risks, issues and mitigating actions and we saw there was alignment between the recorded risks and what board members said was 'on their worry list'. As part of this inspection we reviewed the trust's board assurance framework (BAF) and current corporate and service level risk registers. Through our review we were confident the trust board had sight of the most significant risks through the BAF and corporate risk register.

We were assured executive directors and NEDs had a robust oversight of all risks across the trust. During our interviews we were told a piece of work was currently underway to reconfigure the trust's risk registers and in turn strengthen the management and oversight of risk across the organisation. This work was supported by training and the implementation of an executive led risk register 'Confirm & Challenge' group. In September 2021, the trust introduced a risk register confirm and challenge meeting. This was chaired by the director of nursing who was the executive lead for risk and patient safety. At these meetings, over time, each division / directorate would have a deep dive of their risk register. This meeting would provide an additional level of challenge and oversight of risk issues and assurance that appropriate mitigations were in place.

Potential risks were taken into account when planning services, for example seasonal or other expected or unexpected fluctuations in demand, or disruption to staffing or facilities. The trust had a winter plan that brought together the culmination of key improvement schemes in planning for recovery and urgent care. The recent NHS Confederation (H2) guidance had been considered in order to produce the plan. The process for authorisation included internal and

Our findings

external confirm and challenge and resulted in a trust and system plan that worked seamlessly together and one that would ensure safe services. The system coordination of the plan was to run through the Urgent and Emergency Care System Partnership Board. Internal monitoring of both planned and urgent care continued to run through divisional performance review meetings focussing on those elements aligned to the trust's integrated improvement plan.

The trust had been under particular scrutiny from regulators because of its financial and service quality challenges. The trust described itself as improving and starting to embed governance including financial governance; this assessment was confirmed by evidence provided from committee and board papers.

The trust had identified the ability to attract staff as being a very high risk with both service and financial impacts. It told us that it saw the development of a medical school at the University of Lincoln as a development key to improving recruitment and retention of staff.

The trust estate was recognised as requiring significant investment to make premises fit for purpose. The trust told us that the backlog maintenance requirement was c £250m on an asset base valued at £1.1bn. The trust told us about the processes that it had implemented to provide assurance about fire safety; and the improvements that it had made to the safety of infrastructure including electrical; ventilation and medical gas provision. The trust had used the findings of commissioned reporting engineers to build business cases for essential improvements and told us it was able to respond quickly to national ad hoc requests for capital bids.

Information management

Appropriate and accurate information was effectively processed, challenged and acted on.

Through the use of key performance indicators (KPIs) and divisional and trust wide integrated performance reports, the board had a holistic understanding of performance, which sufficiently covered and integrated people's views with information on quality, operations and finances. Board papers we reviewed evidenced where information was used to measure for improvement, not just assurance.

Through interviews with board members and our review of board papers, including agendas we were assured quality and sustainability both received sufficient coverage in relevant meetings at all levels.

Information provided to the sub-committees and ultimately the board was of a good quality and enabled the NEDs to have an independent oversight and to provide constructive challenge to the executive directors.

There were clear and robust service performance measures, which were reported and monitored. The trust's integrated performance report (IPR) was presented to public board monthly and provided an overview of performance over time. However, from our review of board papers we were not assured the board was using timely data to gain assurance. For example, November's IPR referenced performance data from August/September 2021. Board members told us up to date data for example, emergency department waits, was discussed through the finance, performance and estates committee meeting.

Effective arrangements were in place to ensure that the information used to monitor, manage and report on quality and performance was accurate, valid, reliable, timely and relevant. Triangulation of evidence to provide assurance was important to the board. Internal audits, matron walkabouts and safety huddles were amongst a number of measures the board used to validate information that was upwardly reported to the board. Where issues were identified, executive directors would hold divisions to account, in turn, NEDs would hold directors to account.

Our findings

Information technology systems used to monitor and improve the quality of care had yet to be realised. There was a significant reliance on paper to deliver clinical services which created challenges for clinical and other staff to perform their duties. With approximately 200 different clinical systems in use and no single information source containing all patient health information, clinicians needing to log into multiple systems separately.

The trust was one of 32 NHS organisations to receive support in the second wave of the Digital Aspirants programme. The money was to be used to develop the trust's digital strategy and business case to deliver an electronic health record. Plans and funding were also in place around introducing electronic medicines management systems across the trust. The business case for digital transformation was due to be approved in December 2021. Oversight of this was through the digital hospital group with upward reporting to the finance, estates and performance committee.

Arrangements were in place to ensure that data or notifications were submitted to external bodies as required. This included, but not limited to, the care quality commission, commissioners and the local authority.

There were robust arrangements (including appropriate internal and external validation) in place to ensure the availability, integrity and confidentiality of identifiable data, records and data management systems, in line with data security standards. The trust had four information governance data breaches which were reportable in line with the Information Commissioners Office (ICO) guidance in 2020/21. In all cases the ICO were satisfied with action taken by the trust and had closed the incident. No financial penalties were issued.

The Data Security and Protection Toolkit (DSPT), developed by NHS Digital (NHSD), sets out the standards and requirements in respect of receipts, storage and processing of information. The DSPT is structured into a series of numbered criteria. The DSPT is completed on a self -assessment basis each year. NHSD had extended the submission date for the 2020/21 DSPT from 31 March 2021 to 30 June 2021 whereby the trust had met all standards.

Engagement

People who use services, the public, staff and external partners were engaged and involved to support high-quality sustainable services.

People who use services, those close to them and their representatives were actively engaged and involved in decision-making to shape services and culture. The patient experience group (PEG) were committed to ensuring patients had the best possible experience in the trust. During our interview with the PEG team we heard and saw evidence to demonstrate a clear mantra being to understand what the process of receiving care felt like for the patient, their family and carers. The team gave many examples of where the public had been involved in shaping safe, quality services.

People in a range of equality groups were actively engaged and involved in decision-making to shape services and culture. A 'sensory loss group' had been set up as a sub-group of the PEG and included patients who were visually or hearing impaired in addition to, representation from charity organisations and Healthwatch. Healthwatch was established under the Health and Social Care Act 2012 to understand the needs, experiences and concerns of people who use health and social care services and to speak out on their behalf.

People's views and experiences, including people in a range of equality groups had been gathered and acted on to shape and improve the services and culture. The team gave us many examples where changes had taken place as a result of patient stories at board, in the matron's forum and as part of quality improvement training. In addition, views and experiences had been sought from the travelling community and a number of community groups.

Our findings

The trust proactively engaged and involved staff (including those with protected equality characteristics) and ensured that the voices of all staff were heard and acted on to shape services and culture. The chief executive chaired the 'council of staff networks', an umbrella group in place to be the collective voice of four active equality staff networks; Women's Network and allies, Lesbian, Gay, Bi and Transgender (LGBT+) and allies, Black Asian and Minority Ethnic people (BAME) and allies and Mental And Physical Lived Experience (MAPLE) and allies. Furthermore, there was a collection of staff who were connected by the Armed Forces Network.

The trust's research and innovation (R&I) strategy (2021- 2024) and vision had been developed through targeted, informal consultation with internal and external stakeholders including:

- Patients and service users through the Lincolnshire Research Patient & Public Forum
- research management leaders from other local healthcare providers
- Local Authority / Local Universities
- trust staff
- R&I managers from other similar trusts
- The National Institute for Health Research (NIHR) Network East Midlands.

There were positive and collaborative relationships with external partners to build a shared understanding of challenges within the system and the needs of the relevant population, and to deliver services to meet those needs. The trust was actively engaged with the development of the Integrated Care System (ICS) and described how it was developing closer links with system colleagues to develop financial strategies and plans to reduce the structural deficit that presently sat within the trust.

Relations between the four finance directors were described as highly collaborative and examples were given of task-and-finish groups to scope the service and financial impact of changes in prescribing; care closer to home; and musculo-skeletal care on the health system deficit. The levels of system ownership of the financial deficit were described as high with quantified financial and service benefits arising from the substitution of agency staff with a more clinically appropriate staff mix based in primary, community and social care organisations.

There was transparency and openness with all stakeholders about performance. The trust was an active participant in the Lincolnshire monthly system review meeting whereby there was attendance from multiple stakeholders including the care quality commission. At the November 2021 meeting the trust raised concerns around their cancer performance which showed the number of patients waiting longer than 62 days had increased and the 14-day standard was not being delivered, particularly in breast cancer where increased demand had outstripped extended capacity. This transparency and openness enabled a discussion amongst external colleagues whereby possible solutions were proposed.

Learning, continuous improvement and innovation

There were robust systems and processes for learning, continuous improvement and innovation.

Trust leaders and staff were committed to continuous learning, improvement and innovation which included participating in appropriate research projects and recognised accreditation schemes.

Our findings

The trust had an active improvement academy that supported innovation. Through working with NHS England and Improvement (NHSE/I) and external advisors, the trust had championed quality improvement at all levels of the organisation. By training staff in standardised quality improvement tools and methods, staff were empowered to continuously improve the quality of care and outcomes for patients.

Improvement pieces of work that had been completed by individuals who had completed the trust's quality improvement programmes included for example; improving compliance with heart failure management through accurate fluid balance monitoring and daily weights, introducing three dimensional imaging within the trust to ensure consistency with the National Institute for Health and Care Excellence (NICE) and national nuclear medicine guidelines, supporting staff to continue breastfeeding on return to work and creating a plus size equipment availability information sheet for physiotherapy staff.

The trust had been part of the 'Lincolnshire Stroke Transformation: 100 Day Challenge'. Stroke services had been identified as a system priority during 2019/20. Using both dedicated organisational development support and the 100 Day Rapid Improvement methodology significant work had taken place to implement a 'one team' approach to establishing an integrated, seamless pathway and a community based stroke rehabilitation service that was able to support stroke survivors, operating seven days a week. Improvements included for example, a reduction in length of stay (LoS) on the stroke unit in Lincoln County Hospital from 11 to seven days, launching a patient handbook that travelled with the patient from acute to community and beyond and initiating a dedicated stroke orthoptic clinic.

As a provider of NHS clinical research services, the trust were required to publish performance metrics relating to recruitment and delivery to clinical trials for the previous 12 months through the National Institute for Health Research. Areas of research included oncology, haematology, stroke, cardiology, paediatrics, dermatology, diabetes, midwifery, ophthalmology, respiratory, anaesthesia, general surgery gastroenterology and orthopaedics.

The trust research and innovation department was undertaking an ambitious three-year improvement journey. This was vital for the trust, its' staff, patients and service users as research and innovation was a thread through the core of trust business as described through the integrated improvement plan.

Research within the trust had delivered growth over 10 years, with active pockets across three of the sites (Lincoln County Hospital, Pilgrim Hospital, Boston and Grantham and District Hospital). However, a change of leadership within the department and the subsequent unprecedented changes as a result of the Covid-19 pandemic provided a unique opportunity for the trust to review the department, consider their ambitions for research and innovation (R&I) and plan how they were going to get there. The purpose of the trust's research and innovation (R&I) strategy was to set out the vision and objectives of the trust in relation to R&I from 2021-2024, demonstrating how the trust would meaningfully embed R&I plans into the core business of the trust. It identified the key priorities for the R&I department over the next three years, ensuring that the trust focussed on the right things that would allow staff, patients and service users access to high quality research and innovation opportunities.

We saw evidence of members of the pharmacy team involved in discreet, externally funded roles that supported patient care. This included a project to facilitate safe discharge of people resident in care homes.

The trust was in the early stages of a '90 Minute Standard project' which was aligned to the integrated improvement plan and the surgery transformation programme plan for 2021/22. The aim of the project was to formalise the 90 minute standard process currently utilised in colorectal surgery and by applying a phased approach, roll-out the 90 minute standard to the other tumour sites within the other surgical specialities. Throughout the project, the main objective was to be to build a strong communication strategy to promote this best practice and the huge benefit it has on patient

Our findings

experience at a time when cancer care is of key national importance. Strategically, this project was aligned to the “Patients” strategic objective and once completed, 100% of suitable patients that had been placed on the two week wait (2WW) list that did not have a suspicion of cancer would be informed within 90 minutes of that confirmation in those specialities.

As part of the transformation of emergency care at Lincoln County Hospital, patients needing urgent care were, from early summer 2021, now being treated in a new purpose built centre. The new state-of-the-art urgent treatment centre (UTC) provided a bright and welcoming entrance for the whole of the emergency department (ED), including a new reception and waiting area that followed the latest social distancing guidance, as well as 10 treatment rooms, a new X-ray and dedicated triage areas. The centre had been built next to the ED, allowing patients to be booked in at reception, assessed and treated in the right place for their needs. The final design had taken into account contributions by clinical and nursing staff from across the trust and partner organisations, as well as from patient experience and sensory impairment groups.

The completion of the UTC was the first phase in a programme of works that was to transform the hospital’s ED. Other phases were to see the expansion of the existing ED to include: a bigger resus area with twice as many bays for the sickest emergency patients, a new paediatrics area with its own dedicated waiting room, treatment cubicles and a sensory area for the youngest patients and their families, additional treatment rooms for mental health patients, a new ambulance drop-off and bays created outside the front of the department with entrances directly into the resus and majors areas and additional clinical space, meaning that the emergency department would be able to accept patients from ambulance crews with improved speed and safety.

The trust had a Joint Advisory Group on Gastrointestinal Endoscopy (JAG) re-accreditation assessment visit in July 2021. At the time of our inspection, the draft report, for factual accuracy checking, was awaited. The JAG website showed this as being in the ‘QA Process – for approval’. The verbal feedback provided at the time of the visit was positive.

Participation in and learning from internal and external reviews, including those related to mortality or the death of a person using the service was effective and learning shared effectively and used to make improvements.

As part of this inspection we looked at the trust’s processes for reviewing deaths. The trust used the structured judgement review (SJR) methodology. We reviewed six cases where a SJR had been carried out. We saw the care received by patients who had died had been effectively reviewed, areas of learning had been identified and the reviews supported the development of quality improvement initiatives when problems in care were identified.

Respiratory medicine had been an area of concern identified by the trust in relation to the management of patients requiring non-invasive ventilation and other specialist respiratory treatments. The trust had undertaken significant improvement work to improve respiratory services. During late summer 2021 the trust opened a state-of-the-art respiratory unit at Lincoln County Hospital. The unit had been designed with 10 side rooms, all equipped with video technology and monitoring equipment. The unit was available to treat both inpatients and outpatients from across the county who had diseases of the lining of the lung.

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 Feb 2022	Good Feb 2022	Good Feb 2022	Requires Improvement Feb 2022	Good Feb 2022	Requires Improvement Feb 2022

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
County Hospital Louth	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Lincoln County Hospital	Requires Improvement →← Feb 2022	Good ↑ Feb 2022	Good →← Feb 2022	Requires Improvement →← Feb 2022	Requires Improvement →← Feb 2022	Requires Improvement →← Feb 2022
Pilgrim Hospital	Requires Improvement ↑ Feb 2022	Good ↑ Feb 2022	Good ↑ Feb 2022	Requires Improvement →← Feb 2022	Requires Improvement →← Feb 2022	Requires Improvement →← Feb 2022
Grantham and District Hospital	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Overall trust	Requires Improvement Feb 2022	Good Feb 2022	Good Feb 2022	Requires Improvement Feb 2022	Good Feb 2022	Requires Improvement Feb 2022

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.

Rating for County Hospital Louth

	Safe	Effective	Caring	Responsive	Well-led	Overall
Outpatients and diagnostic imaging	Good Mar 2015	Not rated	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Surgery	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Overall	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018

Rating for Lincoln County Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good ↑ Feb 2022	Good ↑ Feb 2022	Good ↔ Feb 2022	Good ↑ Feb 2022	Good ↑ Feb 2022	Good ↑ Feb 2022
Services for children and young people	Good ↑ Feb 2022	Good ↑ Feb 2022	Good ↔ Feb 2022	Good ↑ Feb 2022	Good ↑ Feb 2022	Good ↑ Feb 2022
Critical care	Good Oct 2019	Good Oct 2019	Good Oct 2019	Outstanding Oct 2019	Good Oct 2019	Good Oct 2019
End of life care	Requires improvement Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Surgery	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Urgent and emergency services	Requires Improvement ↑ Feb 2022	Requires Improvement ↑ Feb 2022	Good ↑ Feb 2022	Requires Improvement ↑ Feb 2022	Requires Improvement ↑ Feb 2022	Requires Improvement ↑ Feb 2022
Outpatients	Requires improvement Jul 2018	Not rated	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
Maternity	Requires Improvement ↓ Feb 2022	Good ↔ Feb 2022	Good Oct 2019	Good Oct 2019	Good ↔ Feb 2022	Good ↔ Feb 2022
Overall	Requires Improvement ↔ Feb 2022	Good ↑ Feb 2022	Good ↔ Feb 2022	Requires Improvement ↔ Feb 2022	Requires Improvement ↔ Feb 2022	Requires Improvement ↔ Feb 2022

Rating for Pilgrim Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Good ↑ Feb 2022	Good ↑ Feb 2022	Good ↑ Feb 2022	Good ↑ Feb 2022	Good ↑ Feb 2022	Good ↑ Feb 2022
Services for children and young people	Good ↑↑ Feb 2022	Good ↑ Feb 2022	Good ↔ Feb 2022	Good ↑ Feb 2022	Good ↑↑ Feb 2022	Good ↑↑ Feb 2022
Critical care	Good Oct 2019	Good Oct 2019	Good Oct 2019	Good Oct 2019	Good Oct 2019	Good Oct 2019
End of life care	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Surgery	Good Jul 2018	Good Jul 2018	Good Jul 2018	Requires improvement Jul 2018	Good Jul 2018	Good Jul 2018
Urgent and emergency services	Requires Improvement ↑ Feb 2022	Requires Improvement ↑ Feb 2022	Good ↑↑ Feb 2022	Requires Improvement ↑ Feb 2022	Requires Improvement ↑ Feb 2022	Requires Improvement ↑ Feb 2022
Outpatients	Requires improvement Jul 2018	Not rated	Good Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018	Requires improvement Jul 2018
Maternity	Good ↔ Feb 2022	Good ↑ Feb 2022	Good Oct 2019	Requires improvement Oct 2019	Good ↑ Feb 2022	Good ↑ Feb 2022
Overall	Requires Improvement ↑ Feb 2022	Good ↑ Feb 2022	Good ↑ Feb 2022	Requires Improvement ↔ Feb 2022	Requires Improvement ↔ Feb 2022	Requires Improvement ↔ Feb 2022

Rating for Grantham and District Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
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
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	Not rated	Good Mar 2015	Good Mar 2015	Good Mar 2015	Good Mar 2015
Surgery	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018
Urgent and emergency services	Requires improvement Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017	Good Apr 2017
Overall	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018	Good Jul 2018

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