

North Cumbria University Hospitals NHS Trust

Inspection report

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

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

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

Ratings

Overall rating for this trust

Requires improvement 

Are services safe?

Requires improvement 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Requires improvement 

Are services well-led?

Requires improvement 

Are resources used productively?

Requires improvement 

Combined quality and resource rating

Requires improvement 

Summary of findings

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

Background to the trust

North Cumbria University Hospitals NHS Trust was created in 2001 by the merger of Carlisle Hospitals NHS Trust and West Cumberland NHS Trust. It became a University Hospital Trust in September 2008. It is a provider of acute hospital services based at the Cumberland Infirmary in Carlisle (CIC) and the West Cumberland Hospital (WCH) in Whitehaven. It also provides a midwifery-led maternity service at Penrith Community Hospital.

The trust has 590 inpatient beds across these three locations and employs over 4,600 members of staff (over 3,600 whole time equivalent). The trust is not a Foundation Trust. Its main commissioner is Cumbria Clinical Commissioning Group (CCG), which commissions around 85% of its services, with NHS England commissioning a further 13%. The trust serves a population of approximately 320,000 in the west, north and east of Cumbria, in the districts of Allerdale, Carlisle, Copeland, and Eden Valley. It also provides services to parts of Northumberland and Dumfries & Galloway. The community is thus spread over a large geographical area, with 51% of residents living in rural settings. Deprivation levels vary from relatively low to high. Ethnic diversity is low. Rates of homelessness and youth drinking are both significantly higher in north Cumbria than in the rest of England. Over 65s make up a larger proportion of the population than is the national average. The health of people in Cumbria is mixed, with five indicators scoring better and nine indicators worse than the England average; 12 indicators are not significantly different from the England average. Deprivation is similar to the England average and about 11,700 children (14.5%) live in poverty. Life expectancy for men is lower than the England average and life expectancy for women is similar to the England average.

The trust was one of 14 selected for Sir Bruce Keogh's 2012 review of quality of care and treatment provided by those NHS Trusts and NHS Foundation Trusts that were persistent outliers on mortality indicators (known as The Keogh Review). Following the review, in July 2013, the trust was placed into special measures. The trust was taken out of special measures in March 2017.

Overall summary

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



What this trust does

The trust provides acute inpatient and outpatient healthcare services to people living in and around the local area. There are two main hospital locations, Cumberland Infirmary in Carlisle and the West Cumberland Hospital in Whitehaven, the trust also provides a midwifery led birth centre in the Penrith Hospital.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

Summary of findings

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

What we inspected and why

Between 12 July and 30 August 2018, we inspected urgent and emergency care, medical care (including older people's services), surgery (including theatres), and maternity and children and young people's services. We inspected urgent and emergency care because it had been rated requires improvement in 'responsive' on the last inspection. We inspected medical care and surgery and maternity services because it had been rated requires improvement in two care domains on the last inspection. We inspected children's and young people's services because it had been rated as requires improvement in one domain, however, intelligence received prior to the inspection identified this was a service of concern

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

What we found

Overall trust

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

- We rated safe, effective, responsive and well-led as requires improvement and caring as good.
- We rated six of the trust's eight services as good and two as requires improvement. In rating the trust, we took into account the current ratings of the three services not inspected this time.

We rated well-led for the trust overall as requires improvement.

- Registered nurse staffing shortfalls and registered nurse vacancies continued on all wards, however, this was most prevalent in the medical care group. Several registered nurse shifts remained unfilled despite escalation processes. Medical staffing cover remained challenging and locum cover was significant. Additional support was not always available for wards with more complex patient needs, such as one to one support due to behavioural problems or aggressive tendencies.
- There had been several serious incidents where patients had suffered harm as a result of missed diagnosis, late escalation of deterioration or delay in receiving treatment. The emergency department had a designated mental health assessment area that did not meet best practice guidance for a safe mental health assessment room. It contained inappropriate equipment and several ligature risks. We raised this during the core service inspection and the department took action to change the room and make it safer when we returned for the well led inspection. Mental health patients also experienced long waits in the department as they waited to see mental health specialists from the local mental health trust.
- Mandatory training was not always completed by medical or nursing staff in a timely manner and compliance with mandatory training targets was low for both nursing and medical staff.
- Some areas had achieved appraisal target rates, however, staff across the trust reported that the quality of appraisals was poor.
- National and local guidelines were not fully embedded, some departments were not meeting the majority of the audit standards.
- The electronic systems for recording staffing levels and patient acuity was not used consistently throughout the trust.

Summary of findings

- Prescribing policies were not followed and on occasions staff had difficulty following controlled drug procedures due to limited staffing. Intravenous fluids were not always secured as per the trusts medicines policy.
- There were a large number of bed moves after 10pm where patients had been moved for non-medical reasons and there remained many medical outliers being cared for on non-medical wards.
- Staff had a variable understanding and awareness of consent issues, the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff morale was variable in each area we visited however we did see some areas where it had improved from our previous inspection.
- We were not assured that safeguarding training was delivered in accordance with Adult and Children Safeguarding Levels and Competencies for healthcare, intercollegiate guidance (2016).
- Governance systems varied from ward to ward in terms of quality. We found that staff on several wards did not know what the risk register was and ward managers were unable to voice what risks were on it.
- Throughout the inspection staff told us that senior leaders lacked visibility in their clinical areas.
- Audits of the WHO surgical safety checklist showed completion of the checklist had been inconsistent and had not been completed for every patient;
- The foundation school had identified concerns about the adequacy of the training and experience of foundation programme doctors within surgery.
- There was a large number of guidelines and procedures within the maternity service which were not in date, although there was an action plan in place to recover this position.

However:

- Staff worked hard to deliver the best care they could for patients. Patients were supported by staff who were kind and compassionate despite being under pressure.
- Patients were positive about the care they received and staff proactively involved patients and their family to consider all aspects of holistic wellbeing.
- Staff confidently reported incidents and the division had made considerable efforts to reduce patient harms from falls and pressure ulcers.
- Ward environments were clean and staff used personal protective equipment appropriately to protect themselves and the patient from infection exposure.
- Patient outcomes in many national audits were good and there had been some reported improvements in others.
- Multidisciplinary team working across the services was integrated, inclusive and progressive.
- The trust had introduced a composite workforce model through the recruitment of trainee advanced clinical practitioners and physician associates to support the medical workforce within surgery;
- Discharges were managed during daily and weekly ward meetings and multidisciplinary team meetings on wards and staff worked with the discharge liaison team;
- Improving referral to treatment times had been set as a priority within the surgical division and at the time of inspection, national data showed referral to treatment times had improved for all surgical specialities;

Summary of findings

- Services for children and young people had taken appropriate action in response to issues identified at the previous inspection. There were sufficient medical and nursing staff to ensure children were safe, and appropriate mitigation in place to manage staffing pressures. The service met relevant standards recommended by the Royal College of Paediatrics and Child Health.

Are services safe?

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

- Neither nursing nor medical staff were meeting mandatory training requirements with low compliance against the trust standard of 95%. Compliance with training in immediate life support was particularly low. In the emergency department we were not assured that staff had undergone appropriate life support, paediatric life support and trauma life support training as per Royal College of Emergency Medicine (RCEM) guidance.
- In the emergency department during our initial inspection, the room used to accommodate patients with mental health conditions was not fit for purpose. There were ligature points and unsuitable furniture. However, after our inspection, the department took action quickly to make the room safer for patients. A second room which sometimes was used also had similar risks. This meant that patients with a mental health condition were at risk of harm because they were not being cared for in a safe environment.
- We were not assured that the emergency department identified and responded quickly enough to deteriorating patients or patients with a number of conditions including sepsis, diabetic ketoacidosis (DKA) and stroke. There had been a number of serious incidents in the department related to these conditions and delays in treatment. The trust was aware of the problems and had implemented new processes however these were yet to be embedded.
- The medicine management policies did not meet current guidelines in relation to monitoring the maximum and minimum temperatures on drug fridges. Storage temperatures were not checked meaning the staff were not assured that medicines were being stored at their optimum temperature and staff were not following correct procedures for dispensing medicines.
- In the emergency department controlled drugs were not checked and disposed of in line with trust policies. Medicines such as fluids with different strengths, for example like glucose, that could easily get mixed up, were stored together and were not stored securely in a locked cupboard. We also found that staff were not prescribing medicines in line with trust policy, for example signatures were not legible.
- Registered nurse staffing shortfalls and registered nurse vacancies persisted on all medical wards. Several registered nurse shifts remained unfilled despite escalation processes. Nursing staff sickness was also prevalent across wards with several wards having teams that were described as “burnt out”.
- Medical staffing cover was a challenge and locum cover was significant. A high proportion of medical wards were under staffed both at night and through the day.
- The trust used the SafeCare to enable coordination of staffing levels and skill mix to the actual patient demand. We saw that patient acuity was not regularly updated on the medical wards when patient complexity changed or updated following patient ward moves.
- We were told staff had been instructed not to report staffing shortages in the incident reporting system as this would be captured in SafeCare, however, the use of the tool was not consistent across all wards in the trust.
- Medical wards also noted that despite having patients with complex needs including those requiring one to one support that additional staff support was not always available.
- Audits of the WHO surgical safety checklist showed completion of the checklist had been inconsistent and had not been completed for every patient;

Summary of findings

- The foundation school reported concerns about the adequacy of training and experience of foundation programme doctors in surgery;
- We found within maternity services that ten percent of women did not receive one to one care in labour.
- Safeguarding level three training did not meet the standards recommended by Royal Collage of Paediatrics and Child Health intercollegiate document. The trust had recently replaced the interactive face-to-face training with a four-hour online e-learning module. This meant medical and nursing staff did not have the opportunity to participate in scenario-based discussion, draw upon case studies, serious case reviews, or lessons from research and audit, as recommended in the intercollegiate document. Although the safeguarding team told us they could provide bespoke safeguarding training upon request, it was not clear how this would be delivered or monitored to show staff attendance at this.
- The safeguarding children supervision policy was out of date and had not been reviewed since 2014.

However:

- Staff understood their responsibilities in relation to reporting incidents and duty of candour. We saw evidence of action taken as a result of incidents.
- Where substantive medical posts remained vacant the medical division had secured long-term locum contracts to support stability within the service.
- We observed the site co-ordinator in the late evening, assessing and responding to patient risk and deploying staff and patients appropriately.
- We were advised that the SBAR methodology (situation, background, assessment, recommendation) was used to assess which staff transfer to another ward.
- The division had systems and processes in place to support staff in wards and theatres to assess and respond to patient risk;
- The trust had introduced a composite workforce model through the recruitment of trainee advanced clinical practitioners and physician associates to support the medical workforce within surgery;
- The trust had still been unable to recruit to full time, substantive consultant paediatricians to meet RCOG guidelines. However, managers had been able to recruit sufficient locum doctors to mitigate risks and meet minimum standards for delivery of safe care. Staff told us they felt babies received safe care and the service could rely on 24/7 paediatric cover and support.
- The lead obstetric consultant at West Cumberland Infirmary organised weekly education sessions for all staff. These were shared across sites using video link.
- All maternity staff, including community midwives, completed skills training and emergency drills including birthing pool evacuation and obstetric emergencies.
- The trust had taken appropriate action to manage and mitigate risk in relation to medical and nurse staffing in children and young people's services. There were 10 whole time equivalent (WTE) consultants in post and consultants were present on site 24 hours a day, seven days a week.
- Evidence from a Royal College of Paediatrics and Child Health (RCPCH) audit showed the unit was achieving the relevant standards. Every child or young person was seen by a consultant within 14 hours and every child with an acute medical problem was seen by a clinician before discharge. In both standards, performance at Cumberland Infirmary was better than the national average.

Summary of findings

Are services effective?

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

- Not all of the evidence based care guidelines were fully embedded and we had concerns about the impact of this on patients. The trust did not have a sepsis policy for children, although staff told us this was under development.
- Medical and nursing staff were not meeting the trust standards for mental capacity training, or deprivation of liberty safeguards training. There was no separate consent training. We were not assured that patients falling under these categories were receiving the most up to date care.
- Some of the nurses we spoke with were aware of fluctuating capacity but none had ever carried out a capacity assessment as they believed that this could only be done by doctors.
- The emergency department had not taken part in all Royal College of Emergency Medicine (RCEM) audits since 2015/2016. Of those they took part in, they had not met all of the standards and in the Consultant, sign off audit, they had not met any standards.
- The trust participated in the 2017 lung cancer audit and the proportion of patients seen by a Cancer Nurse Specialist was 86.8%, which did not meet the audit minimum standard of 90%. The 2016 figure was 71.8%.
- The number of medical and staff receiving an annual appraisal did not meet the trust targets. Staff also reported the quality of their appraisal was poor.
- General surgery patients had a higher expected risk of readmission for elective admissions when compared to the England average;
- General surgery patients at Cumberland Infirmary had a higher expected risk of readmission for non-elective admissions when compared to the England average;
- Patient Reported Outcomes Measures showed performance on groin hernias was generally worse than the England average;
- We found several guidelines and procedures were out of date in both maternity and Children and young people's services which did not meet current guidance. Staff told us there were several reasons for this including professional input and ratification by the trust board. We also found a number of paper copies of guidelines and procedures which were out of date. This meant there was a risk some could access the wrong information.

However:

- Staff underwent preceptorship and mentorship when they joined the emergency department and were supported in their new roles by colleagues until signed as competent.
- There was good multi-disciplinary working within and out with the emergency department as staff from support services and other departments worked to support patients to prevent admission and facilitate discharge.
- Staff referred to several National Institute for Health and Care Excellence (NICE) guidelines and quality standards, and Royal College best practice guidelines in support of their provision of care and treatment. Local policies, which were easily accessible.
- Several evidence-based, condition-specific care pathways had been created to standardise and improve patient care and service flow.
- The trust took part in the quarterly sentinel stroke national audit programme. On a scale of A-E, where A is best, the trust achieved an overall SSNAP level of grade C from August to November 2017.

Summary of findings

- The trust had introduced a full time orthogeriatrician and the 'consultant of the week' working model which had improved co-ordination, review and consistency of care for this patient group;
- The trust participated in the Northern Region tissue viability collaborative which had increased focus and improvement methodology for the reduction of pressure ulcers;
- The 2016 Oesophago-Gastric Cancer National Audit (OGCNCA) showed the trust was a positive outlier for the age and sex adjusted proportion of patients diagnosed after an emergency admission;
- Women were provided with options for pain relief in labour. Anaesthetist response times within 30 minutes for epidural analgesia continued to be 100%.
- Midwifery and medical staff worked together ensuring women received care which met their needs and we saw a range of examples of multidisciplinary team working.
- Medical and nursing staff adhered to guidelines from the Royal College of Nursing (RCN), the Royal College of Paediatrics and Child Health (RCPCH), the National Institute for Health and Care Excellence (NICE), and other professional guidelines such as the British Association of Perinatal Medicine (BAPM).
- Children's services participated in national audits such as diabetes, seizures and epilepsy in children and young people, and the neonatal audit programme. Outcomes for diabetes demonstrated evidence on ongoing improvement each year. For example, the median HbA1c value recorded amongst the 2014/15 sample was 74.5, which improved to 69.0 in 2015/16 and improved again to 63.0 in 2016/17.

Are services caring?

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

- Feedback from people who used the service and those who were close to them was positive about the way staff treated people.
- Patients provided us with positive feedback about their care during our inspection. We saw reception, nursing and medical staff supporting patients in a positive way.
- Patients told us they received compassionate care and support for their emotional needs.
- Staff were motivated to offer care that was kind and promoted people's dignity. People's privacy and confidentiality were respected during their treatment.
- Staff discussed care with patients in a way that they could understand. People's emotional and social needs were assessed by staff and included in their care and treatment.
- Staff responded compassionately when people needed help and supported them to meet their personal needs as and when required.
- Staff helped people and those close to them to cope emotionally with their care and treatment.
- The medical division took part in the national cancer patient experience survey (NCPES) 2016. Eighty-eight percent said that overall, they were always treated with dignity and respect while they were in hospital.
- Staff responded promptly to call bells or requests for assistance and had enough time for patients and they introduced themselves;
- A bereavement midwife worked across both main sites and they provided a link to the hospital bereavement team. There was a clear bereavement policy in place.

Summary of findings

- Women were involved in their choice of birth at booking and throughout the antenatal period. Midwives supported women to make birth choices and produced birth plans to reflect them.
- Children, young people, and families told us they received compassionate care and emotional support from nursing and medical staff.
- Staff created a strong, visible, child and young person-centred culture. Medical and nursing staff were motivated and inspired to offer the best possible care to children, young people, and families, including meeting their emotional needs.

Are services responsive?

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

- Flow through the emergency department remained a challenge within the trust. Moving patients to beds on wards did not happen quickly and meant patients had long waits in the department from decision to admit to actual admission on a ward. The number of patients waiting more than four hours from decision to admit to admission was deteriorating. In the 12 month period between April 2017 and March 2018 performance had declined. Approximately 9% of patients in April 2017 waited, however, in March 2018 24% of patients waited longer than four hours from decision to admit, to admission to a ward.
- The emergency department had no dedicated room for relatives to spend private time with a family member when they had died although there was a dedicated relatives' room for the family to wait.
- From May 2017 to April 2018, there were 1,750 patients moving wards at night at the Cumberland Infirmary.
- The trust provided us with information and data on the medical outlier's bed occupancy. Between January 2018 and June 2018, the number of patients classified as being medical outliers was 2,209.
- Along with the local community trust there was a review of community bed provision. These developments were not synchronised and there was an anticipated period when there will be a marked reduction in community beds.
- Although there was a variety of patient information leaflets available in wards, there were no leaflets available in different languages and not all staff know how to get them;
- From April 2017 to March 2018 the trust's referral to treatment time (RTT) for admitted pathways for surgery was consistently worse than the England average for the 12 month period.

However:

- The Cumberland Infirmary has been one of nine disablement service centres across England selected to provide enhanced services to veterans who lost a limb because of their service in the armed forces.
- Services were planned in a way to meet the needs of the local population.
- Services were configured to ensure patients with specific conditions did not have unnecessary waits before being seen.
- The medical care group took part in the national cancer patient experience survey (NCPES) 2016. Eighty-eight percent said that overall, they were always treated with dignity and respect while they were in hospital.
- Patients living with dementia were identified to staff by a butterfly symbol to enable them to provide additional support;
- Discharges were managed during daily and weekly ward meetings and multidisciplinary team meetings on wards and staff worked with the discharge liaison team;

Summary of findings

- Patients could attend the department with concerns or issues with their pregnancy. They could self-refer, or through their GP, or the emergency department. Midwives took calls and could give an approximate waiting time or a specific time to attend to minimise waiting in the department.
- The maternity service demonstrated learning from complaints and had implemented a maternity afterthoughts service. This was a service where women discussed with a midwife any aspects of a complex or difficult birth before they left the unit.
- The facilities and environment in the children's ward and outpatient department were suitable for children and young people, with age appropriate facilities and play activities. There were separate areas for teenagers.
- Care and treatment was coordinated with other services and other providers, and the facilities and premises were appropriate for children and young people. The service also provided facilities for parents to remain with their child during the night.

Are services well-led?

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

- Senior emergency department management were not always visible and there was some confusion among staff about who to escalate concerns to, above their line manager. Additionally, managers presented to us as less than confident about the staffing make up of the department.
- Governance arrangements reported to senior management outside of the emergency department did not always accurately reflect the experience of front line staff.
- The medical care group risk register dated June 2018 showed numerous items had remained on the risk register for several years and still required actioning. Whilst detailed in terms of risk description, the register appeared unreliable, duplicating many common themes and lacking detail in terms of actions taken and progress over the period of time since the risk was identified. There was a disconnect between senior managers and local ward staff in relation to identification of risk.
- Staff considered the amount and speed of change in the organisation, whilst they recognised this as necessary, felt it added to existing pressures and did not bring about the immediate perceived benefits.
- Although the senior management team informed us that recruitment had recently been made, they acknowledged the difficulties in covering the anaesthetic rota at West Cumberland Hospital;
- The foundation school had identified concerns about the adequacy of the training and experience of foundation programme doctors in surgery.
- There remained no formal strategy for the future of maternity services due to the review of maternity provision across Cumbria. Managers confirmed the service vision was to provide the right care at the right time and in the right place.

However:

- Staff spoke of a supportive culture where colleagues worked together to deliver the best possible care for the patient and support each other through busy or stressful times. Staff knew their hard work was appreciated by colleagues.
- Junior nursing and medical staff described their senior peers to be supportive, approachable and willing to spend time with them when necessary.
- The medical care group had good links with numerous volunteer organisations, charities and national support groups.
- The surgical division had a management structure in place with clear lines of responsibility and accountability;

Summary of findings

- New medical and midwifery leads were respected by staff and obstetric consultant engagement had improved. There was increased cross site working in all teams. However, some staff felt locums and middle grade clinicians could work more cohesively with the teams.
- Maternity governance, risk management and quality were the responsibility of medical and midwifery governance leads who worked across both main sites. A second midwife had been appointed to work in risk and quality to ensure actions arising were taken forward and lessons learned.
- The maternity service had a clear governance framework with staff assigned specific roles that ensured quality performance and risks were known about and managed.
- The trust, in alliance with CPFT, had created a joint operational plan entitled 'This is us'. Core objectives, aims and priorities for services for children and young people receiving acute and community across North Cumbria were included with the strategy. The introduction of a paediatric short stay assessment unit was already in its first phase of development and had introduced a more rapid review of patients. Staff spoke positively about the changes and had felt involved in the process.
- The child health business plan reflected the changing nature of childhood illness which meant fewer children require an inpatient hospital stay, while those who are admitted tend to have a shorter length of stay than in the past. This was reflected in the development of the short stay paediatric assessment units at both sites.

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Ratings tables

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

Outstanding practice

We found examples of outstanding practice in urgent and emergency care and the medical department throughout the trust.

For more information, see the outstanding practice section in this report.

Areas for improvement

We found areas for improvement including three breaches of legal requirements that the trust must put right. We also found 43 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

We issued 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 urgent and emergency services, medical care, surgery and children and young people's services. For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

Summary of findings

What happens next

We will make sure 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

In the emergency department

- We found examples of outstanding practice in this service. The trust's Advanced Care Practitioner (ACP) programme within U&EC was innovative and well-regarded amongst staff and had helped to address the shortage of medical staff the trust had previously experienced.

In the medical care group

- The stroke team were part of the North-West Network which provided telemedicine (Telestroke) services across the region.
- The Cumberland Infirmary has been one of nine disablement service centres across England selected to provide enhanced services to veterans who lost a limb because of their service in the armed forces.
- The trust was top in the UK for patient reported experience measures survey for kidney care.

Areas for improvement

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

Action the trust MUST take to improve We told the trust that it must take action to bring services into line with three legal requirements. This action related to four services."

In urgent and emergency services:

- The trust must improve levels of mandatory training for medical and nursing staff.
- The trust must ensure toys and storage solutions were cleaned thoroughly and in line with IPC guidance
- The trust must improve the safety aspects of the designated mental health room
- The trust must ensure patient interactions such as initial assessment, time to treatment and decision to admit are recorded accurately on the electronic administration system and robust validation carried out.
- The trust must ensure medical cover overnight is qualified to at least level ST4 with ALS training
- The trust must improve identification and management of patients with time critical conditions such as sepsis, DKA and stroke.
- The trust must ensure sufficient staff are trained in APLS and ALS to ensure the department has the necessary cover 24 hours a day, seven days a week.
- The trust must review nurse staffing numbers using a recognised process to ensure sufficient qualified and experienced staff are deployed to meet the needs of patients.

Summary of findings

- The trust must ensure practice around the management and disposal of controlled drugs is in line with trust policy and ensure the dispensing and administration of all drugs is carried out by staff in line with trust policy.
- The trust must continue work to improve patient outcomes where the department failed to meet RCEM audit standards.
- The trust must continue work with other wards and departments to make sure patients are moved to a ward as quickly as possible once a decision to admit has been made.
- The trust must ensure senior staff are fully aware of the staffing position of the department including vacancies and number of staff employed and on duty.
- The trust must ensure there is a department vision and strategy in place to ensure sustainability in the future and provide staff with information about the future direction of the department.
- The trust must ensure that the senior management of the trust are fully sighted on the challenges faced by front line staff in the department.

In medical care:

- The trust must ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed across all divisional wards. Specifically, registered nurses to ensure safe staffing levels are maintained;
- The trust must ensure electronic systems which monitor acuity and staffing numbers are updated in a timely manner;
- The trust must ensure patients assessed as requiring one to one support are provided with the appropriate provision of care;
- The trust must ensure safeguarding training levels are delivered in accordance with intercollegiate guidance;
- The trust must ensure mandatory training targets are met by the target date;
- The trust must ensure there are appropriate numbers of qualified staff on the wards to improve second signatory and witness administration of intravenous medicines and controlled drugs procedures;
- The trust must ensure there are appropriate numbers of qualified staff on the wards to improve second signatory and witness administration of intravenous medicines and controlled drugs procedures;
- The trust must ensure intravenous fluids are secured as per the trusts medicines policy;
- The trust must ensure prescriptions comply with the trust prescribing policies;
- The trust must ensure staff record minimum and maximum temperatures for medicines refrigerators; and,
- The trust must ensure actions are implemented following audit findings.

In surgery:

- The trust must ensure compliance with the completion of the WHO surgical safety checklist for every patient;
- The trust must ensure consistent practice and compliance across wards with trust policies regarding the management of medicines;
- The trust must ensure mandatory training compliance rates meet trust targets;
- The trust must ensure safeguarding training compliance rates meet trust targets and are delivered in accordance with 'Adult Safeguarding Levels and Competencies for Healthcare.

In children and young people's services:

Summary of findings

- The trust must ensure safeguarding level three training meet the standards recommended by Royal Collage of Paediatrics and Child Health intercollegiate document, which states:

“Training, education and learning opportunities should be multi-disciplinary and inter-agency, and delivered internally and externally. It should include personal reflection and scenario-based discussion, drawing on case studies, serious case reviews, lessons from research and audit, as well as communicating with children about what is happening. This should be appropriate to the speciality and roles of the participants.”

Action the trust SHOULD take to improveWe 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.

In urgent and emergency care:

- The trust should ensure safeguarding children level three training meets intercollegiate standards
- The trust should improve staff awareness of the importance of infection prevention and control
- The trust should pursue plans to improve the paediatric waiting area
- The trust should improve department assurance that staff are correctly recording NEWS and vital signs via robust clinical audit
- The trust should continue work to improve ambulance handover times
- The trust should ensure regular robust record keeping audits take place to identify areas for improvement and action taken.
- The trust should monitor ambient temperature in the medicines room to ensure medication is stored at its optimum temperature.
- The trust should ensure fluids are stored safely and securely to minimise the risk of errors.
- The trust should ensure patients are suitable hydrated whilst waiting in the department.
- The trust should ensure pain scores are reassessed and recorded
- The trust should work towards improving the unplanned reattendance within seven days rate.
- The trust should ensure all staff have undergone a recent appraisal and that appraisals are of a high standard.
- The trust should consider how a private space can be made available for families to spend time with a deceased relative.
- The trust should ensure staff are aware of the clear lines of management escalation in the department.
- The trust should consider how to manage patients who have long waits on trolleys in the department to ensure the risk of pressure damage is minimised and work with wards and departments to reduce the number of patients waiting more than four hours from decision to admit, to admission on a ward.
- The trust should work towards meeting the 95% four hour waiting target.
- The trust should ensure the risk register for the department accurately reflects all the risks faced by the department.
- The trust should consider developing a trust wide strategy to improve the perception of staff about the trust so more than 23% of staff would recommend the trust as a place to work.

In medical care:

- The trust should continue to proactively recruit nursing and medical staff;

Summary of findings

- The trust should ensure staff are given time to complete all necessary mandatory training modules and an accurate record kept;
- The trust should ensure all staff can access development opportunities in line with organisational/staff appraisal objectives protecting/negotiating study time where required;
- The trust should ensure best practice guidelines for medicines related documentation is reinforced to all prescribers;
- The trust should ensure minimal patient moves after 10pm;
- The trust should continue to progress patient harm reduction initiatives;
- The trust should ensure the risk register is current and reflects actual risks with corresponding accurate risk rating;
- The trust should ensure all staff are aware of the divisional risk register and the associated risks;
- The trust should ensure all actions and reviews of risk ratings are documented;
- The trust should ensure ward governance files are maintained and up-to-date;
- The trust should revisit medical rota management processes for junior doctors;
- The trust should revisit modes of communications with staff;
- The trust should ensure staff involved in change management projects are fully informed of the aims and objectives of the proposal and these are implemented and concluded in appropriate timeframes; and,
- The trust should ensure divisional leads and trust leaders promote their visibility when visiting wards and clinical areas.
- The trust should ensure measures are put in place to support units where pending staffing departures will temporarily increase vulnerability;
- The trust should ensure food satisfaction standards are maintained; and,
- The trust should ensure quality of appraisals is improved and maintained.

In surgery:

- The trust should ensure continued improvement in compliance with the overall referral to treatment time (RTT) for admitted pathways target for surgery and particularly for trauma and orthopaedics and ophthalmology surgical specialities;
- The trust should ensure patient information leaflets are available in different languages and formats and staff are aware how to access.

In maternity:

- The trust should look to develop a formal strategy for the future of maternity services.
- The trust should ensure all out of date maternity guidelines and procedures are reviewed and updated.
- The trust should work to ensure mandatory training rates to include safeguarding level three meet the trust target of 95%.
- The trust should work towards all women receiving one to one care in labour
- The trust should review the management of drugs in the community and ensure there are consistent practices across all community midwifery teams

Summary of findings

In children and young people's services:

- The trust should ensure all accessible procedures and guidelines (paper and electronic) have been appropriately reviewed, include current evidence-based guidance, and are in date.

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:

- Not all leaders had the necessary capacity to lead effectively. Due to the significant changes in senior leadership staff consistently reported they did not know who their leaders were or how to gain access to them.
- Since the development of the integrated health system and the director of governance leaving the trust to lead this work, we found there was not always an internal focus on oversight and governance within the trust.
- Leaders at core service level were visible and approachable, however, we were told this was not the same for the senior and executive leadership team. There was no formal strategy to develop compassionate, inclusive and effective leaders. There was some regard for succession planning however, this was not always consistent.
- There were several key strategies which were not in place, for example a patient experience strategy and maternity strategy. The Medicines optimisation strategy was due to be updated but was found to not meet current best practice guidelines during our core service inspection.
- Staff morale was mixed. We had seen an improvement in culture since our previous inspection in 2016. The 2017 staff survey showed the percentage of staff receiving good communication from senior managers was much worse than the England average.
- The numbers of staff who had experienced harassment and bullying in the trust was significantly worse for those staff from the black and ethnic minority group. Senior leaders were aware of the need to undertake more work in relation to the workforce race equality standard, however, did not have a specific action plan.
- One member of the board was from a BME background, and only 33% were female. Senior leaders acknowledged there was a need to promote equality and diversity going forward.
- Staff appraisals were inconsistent; we found not all staff received an annual appraisal, additionally staff reported the quality of their appraisal was poor.
- Governance processes have been reviewed prior to our inspection and were not embedded in practice. We found the arrangements for governance and performance management were clearly documented in the governance framework, however, at times did not always operate effectively.
- Staff were not always clear about their roles, what they were accountable for, and to whom.

Summary of findings

- The organisation had processes to manage current and future performance. There was a comprehensive process to identify, understand, monitor current and future risks. however, action plans were not always in place. Performance processes were yet to be embedded therefore it was difficult to determine if issues were escalated to the appropriate committees and the board.
- There was no mental health strategy to meet the needs of mental health patients in acute hospital care, although there were mental health policies and procedures to support how the needs of patients were met. We were told the trust used the Cumbria Partnership NHS Foundation Trust.
- Clinical and internal audit processes are inconsistent in their implementation and impact. The sustainable delivery of quality care was being put at risk by the staffing and financial challenge.
- Leaders and staff did not always receive and act on information to enable them to challenge and improve performance.
- There was a process of non-executive directors visiting the clinical areas to speak with patients and staff. However, operational staff were unable to recall these visits or inform us who the non-executive directors were.

However:

- There was a clear statement of vision and values, driven by quality and sustainability. However, these were under review at the time of our inspection. The strategy had been developed across the integrated healthcare partnership. It had been translated into a realistic strategy with well-defined objectives that were relevant.
- Leaders have the experience, capability and integrity to ensure the trust strategy can be delivered and risks to performance addressed.
- The leadership was knowledgeable about issues and priorities for the quality and sustainability of services. It understood what the challenges are and acted to address them.
- Further work was needed to make improvements in national audit results, cancer targets and four hour waiting times in ED. We received a consistent response from senior leaders regarding local audits in relation to sepsis.
- There was a board development framework in place to support the development and knowledge of the board and non-executive directors.

Use of resources

Please see the separate Use of Resources report for details of the assessment and the combined rating.

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 →← Nov 2018	Requires improvement ↓ Nov 2018	Good →← Nov 2018	Requires improvement →← Nov 2018	Requires improvement →← Nov 2018	Requires improvement →← Nov 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
Cumberland Infirmary	Requires improvement ↔ Nov 2018	Requires improvement ↓ Nov 2018	Good ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 2018
West Cumberland Hospital	Requires improvement ↔ Nov 2018	Requires improvement ↓ Nov 2018	Good ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 2018
Penrith Hospital	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Requires improvement ↓ Nov 2018	Good ↔ Nov 2018
Overall trust	Requires improvement ↔ Nov 2018	Requires improvement ↓ Nov 2018	Good ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 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 Cumberland Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Nov 2018	Requires improvement ↓ Nov 2018	Good ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↓ Nov 2018	Requires improvement ↓ Nov 2018
Medical care (including older people's care)	Requires improvement ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 2018
Surgery	Requires improvement ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↑ Nov 2018	Good ↔ Nov 2018	Good ↑ Nov 2018
Critical care	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
Maternity	Good ↑ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↑ Nov 2018	Good ↑ Nov 2018
Services for children and young people	Good ↑ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018
End of life care	Good Oct 2017	Requires improvement Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
Outpatients and Diagnostic Imaging	Good Oct 2017	Not rated	Good Oct 2017	Requires improvement Oct 2017	Good Oct 2017	Good Oct 2017
Overall*	Requires improvement ↔ Nov 2018	Requires improvement ↓ Nov 2018	Good ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 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 West Cumberland Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Nov 2018	Requires improvement ↓ Nov 2018	Good ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↓ Nov 2018	Requires improvement ↓ Nov 2018
Medical care (including older people's care)	Requires improvement ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 2018
Surgery	Requires improvement ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↑ Nov 2018	Good ↔ Nov 2018	Good ↑ Nov 2018
Critical care	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
Maternity	Good ↑ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↑ Nov 2018	Good ↑ Nov 2018
Services for children and young people	Good ↑ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018
End of life care	Good Oct 2017	Requires improvement Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017	Good Oct 2017
Outpatients and Diagnostic Imaging	Good Oct 2017	Not rated	Good Oct 2017	Requires improvement Oct 2017	Good Oct 2017	Good Oct 2017
Overall*	Requires improvement ↔ Nov 2018	Requires improvement ↓ Nov 2018	Good ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 2018	Requires improvement ↔ Nov 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 Penrith Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Requires improvement ↓ Nov 2018	Good ↔ Nov 2018
Overall*	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Good ↔ Nov 2018	Requires improvement ↓ Nov 2018	Good ↔ Nov 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.

Cumberland Infirmary

Newtown Road
Carlisle
CA2 7HY
Tel: 01228523444
www.ncuh.nhs.uk/acute

Key facts and figures

Cumberland Infirmary (CIC) is part of North Cumbria University Hospitals NHS Trust which was created in 2001 by the merger of Carlisle Hospitals NHS Trust and West Cumberland NHS Trust and became a University Hospital Trust in September 2008.

The trust is not a foundation trust. Its main commissioner is Cumbria Clinical Commissioning Group (CCG), which commissions around 85% of its services, with NHS England commissioning a further 13%. CIC is a provider of acute hospital services serving mainly the Carlisle and North Cumbria areas. It is a general hospital providing 24-hour A&E with trauma unit status, consultant-led maternity services and special care baby unit, a range of specialist clinical services, and outpatient clinics. It has 500 beds (410 of which are inpatient). The consultant-led emergency department at Cumberland Infirmary, Carlisle is open 24 hours a day, seven days a week to provide an accident and emergency service for children and adults. Separate entrances were used for walk-in patients and patients arriving by ambulance and there was a reception and waiting area for walk-in patients. Of the 19 bays in the department, 10 in the majors' area were available for isolation of patients. A separately equipped cubicle was available for ophthalmic treatment. A separate area of the department was designated for children, with a children's waiting area and a children's treatment room. A designated room for psychiatric assessment was available for patients with mental health needs with some safety features fitted. The resuscitation area comprised three bays which included one equipped for paediatric patients.

At the time of this inspection the trust provided 224 medical inpatient beds and 50 day-case beds located across 13 wards covering 14 medical specialities. The medical service accounted for over 50% of the overall trust inpatient bed capacity. CIC provided surgical services for general surgery, head and neck, ENT, orthopaedics, gynaecology, and ophthalmology. There were six wards, an operating suite, a day-case unit, an assessment unit, and a ward which had a mix of medical and surgical patients. In total the surgical division had 80 day-case and 157 inpatient beds. The trust had a total of 15 adult critical care beds and the Intensive Care National Audit and Research Centre (ICNARC) data indicated that there were around 1150 admissions a year, with 850 at the CIC site. Across two sites there were eleven 'intensive care' (ITU) beds for complex level 3 patients who require advanced respiratory support or at least support for two organ systems, and four 'high dependency' (HDU) beds for level 2 patients who require very close observation, pre-operative optimisation, extended post-operative care, or single organ support. This also included care for those 'stepping down' from level 3 care. Beds were used flexibly, with the resources to increase and decrease the numbers of either ITU or HDU admissions. CIC provided care and treatment for maternity and gynaecology patients in Carlisle and the surrounding rural areas of North Cumbria.

The maternity services comprised outpatient clinics, post-natal and ante-natal ward, and a delivery suite. Community

Summary of findings

midwifery services were provided by midwives employed by the trust. There were 10 maternity beds. Services for children and young people at CIC included a 16-bed children's ward and an eight-bed short stay assessment unit. A children's outpatient department was adjacent to the children's ward and there was a special care baby unit (SCBU) with 12 commissioned cots. The Specialist Palliative Care Team (SPCT) service at NCUH Palliative care was commissioned by the Clinical Commissioning Group and delivered in the trust by staff from the local mental health trust. The SPCT at CIC comprised one 0.8 WTE consultant post shared with the community and the Loweswater Suite, with two sessions per week of hospital support, one 0.8 WTE staff grade doctor who mainly worked in the Loweswater Suite, and two WTE Macmillan nurses.

An End of Life Care team was established at NCUH and consisted of a lead bereavement nurse, a chaplain and a bereavement officer. The outpatient departments held clinics for various specialities throughout the trust across the different hospital sites. Diagnostic imaging was available at CIC and West Cumberland Hospital. Clinics were held in the main outpatient department and departments such as ophthalmology. Diagnostic imaging services were mainly provided from two locations – CIC and West Cumberland Hospital – with limited services at Workington Community Hospital, Penrith Hospital, and Cockermouth Community Hospital. Diagnostic imaging at CIC provided plain film x-rays, ultrasound, CT, MRI, and interventional treatments. Acute clinical work, including fluoroscopy, was concentrated at CIC and West Cumberland Hospital. The service offered a range of diagnostic imaging, image intensifiers in theatres, and interventional procedures. The trust provided diagnostic imaging figures for all sites for each modality.

Summary of services at Cumberland Infirmary

Requires improvement → ←

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

- Registered nurse staffing shortfalls and registered nurse vacancies continued on all wards, however, this was most prevalent in the medical care group. Several registered nurse shifts remained unfilled despite escalation processes. Medical staffing cover remained challenging and locum cover was significant. Additional support was not always available for wards with more complex patient needs, such as one to one support due to behavioural problems or aggressive tendencies.
- There had been several serious incidents where patients had suffered harm as a result of missed diagnosis, late escalation of deterioration or delay in receiving treatment. The emergency department had a designated mental health assessment area that did not meet best practice guidance for a safe mental health assessment room. It contained inappropriate equipment and several ligature risks. We raised this during the core service inspection and the department took action to change the room and make it safer when we returned for the well led inspection. Mental health patients also experienced long waits in the department as they waited to see mental health specialists from the local mental health trust.
- Mandatory training was not always completed by medical or nursing staff in a timely manner and compliance with mandatory training targets was low for both nursing and medical staff.
- Some areas had achieved appraisal target rates, however, staff across the trust reported that the quality of appraisals was poor.
- National and local guidelines were not fully embedded, some departments were not meeting the majority of the audit standards.
- The electronic systems for recording staffing levels and patient acuity was not used consistently throughout the trust.

Summary of findings

- Prescribing policies were not followed and on occasions staff had difficulty following controlled drug procedures due to limited staffing. Intravenous fluids were not always secured as per the trusts medicines policy.
- There were a large number of bed moves after 10pm where patients had been moved for non-medical reasons and there remained many medical outliers being cared for on non-medical wards.
- Staff had a variable understanding and awareness of consent issues, the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff morale was variable in each area we visited however we did see some areas where it had improved from our previous inspection.
- We were not assured that safeguarding training was delivered in accordance with Adult and Children Safeguarding Levels and Competencies for healthcare, intercollegiate guidance (2016).
- Governance systems varied from ward to ward in terms of quality. We found that staff on several wards did not know what the risk register was and ward managers were unable to voice what risks were on it.
- Throughout the inspection staff told us that senior leaders lacked visibility in their clinical areas.
- Audits of the WHO surgical safety checklist showed completion of the checklist had been inconsistent and had not been completed for every patient;
- The foundation school had identified concerns about the adequacy of the training and experience of foundation programme doctors within surgery; the trust had developed a comprehensive improvement plan in response.
- There was a large number of maternity guidelines within the maternity service which were not in date, although there was an action plan in place to recover this position.

However:

- Staff worked hard to deliver the best care they could for patients. Patients were supported by staff who were kind and compassionate despite being under pressure.
- Patients were positive about the care they received and staff proactively involved patients and their family to consider all aspects of holistic wellbeing.
- Staff confidently reported incidents and the division had made considerable efforts to reduce patient harms from falls and pressure ulcers.
- Ward environments were clean and staff used personal protective equipment appropriately to protect themselves and the patient from infection exposure.
- Patient outcomes in many national audits were good and there had been some reported improvements in others.
- Multidisciplinary team working across the services was integrated, inclusive and progressive.
- The trust had introduced a composite workforce model through the recruitment of trainee advanced clinical practitioners and physician associates to support the medical workforce within surgery;
- Discharges were managed during daily and weekly ward meetings and multidisciplinary team meetings on wards and staff worked with the discharge liaison team;
- Improving referral to treatment times had been set as a priority within the surgical division and at the time of inspection, national data showed referral to treatment times had improved for all surgical specialities;

Summary of findings

- Services for children and young people had taken appropriate action in response to issues identified at the previous inspection. There were sufficient medical and nursing staff to ensure children were safe, and appropriate mitigation in place to manage staffing pressures. The service met relevant standards recommended by the Royal College of Paediatrics and Child Health.

Urgent and emergency services

Requires improvement  

Key facts and figures

North Cumbria University Hospital NHS Trust operates from two district general hospital sites; West Cumberland Hospital (WCH) in Whitehaven and Cumberland Infirmary (CIC) in Carlisle. This report relates solely to Cumberland Infirmary in Carlisle.

CIC operates an emergency assessment unit; a 30 bedded unit for medical admissions. The admission unit is supported by Acute Care Physicians (ACP). Emergency surgical admissions at CIC are via a 12 bedded and six trolleys surgical unit.

CIC also operates an emergency ambulatory care unit Monday to Friday supported by the acute medical and surgical consultants as well as nurse practitioners.

The CIC unit operates six chairs and two trolleys 9am – 8pm.
(Source: Routine Provider Information Request (RPIR) – Context acute tab)

Details of emergency departments and other urgent and emergency care services

Cumberland Infirmary (CIC)
(Source: Routine Provider Information Request (RPIR) – Sites tab)

The consultant-led emergency department at Cumberland Infirmary, Carlisle was open 24 hours a day, seven days a week, to provide an accident and emergency service for children and adults. In the year April 2016 to March 2017, 92,105 patients attended the accident and emergency department across the trust. 55,104 of these patients attended the accident and emergency department at Cumberland Infirmary. Paediatric attendances (children age 0 to 16) represented approximately 18% of patients attending the accident and emergency department across the trust.

There were separate entrances for walk-in patients with a seated waiting area. Reception was used by both walk in patients and ambulance crews booking patients in to the department.

There were 19 bays in the department, 10 of which were in the majors' area and could be made available for isolation of patients. There was a separately equipped ophthalmology treatment room, a designated mental health room and a separate area of the department designated for children, with a children's waiting area and a children's treatment room.

The resuscitation area comprised three bays, which included one equipped for paediatric patients. The emergency department was a designated trauma unit.

The radiology department was adjacent to the department and easily accessible.

There was a private relatives' room with comfortable chairs, a telephone and drink making facilities.

Our main concerns at the previous inspection related to patient flow through the department and medical staffing levels.

Urgent and emergency services

We told the trust it must:

- Meet the target to see and treat 95% of emergency patients within four hours of arrival linked to meeting the locally agreed trajectory to see and treat emergency patients within the standard agreed with regulators and commissioners.
- Ensure medical and nursing staff use the computer system fully as intended so that patient real time events are recorded accurately and this is demonstrated through audit.
- Take further steps to resolve the flow of patients into and out of the hospital.

We further told the trust it should:

- Increase the complement of medical consultant staff as identified in the accident and emergency service review.
- Achieve quantified improvements in response to the trauma audit and research network (TARN) audit and the NICE clinical guideline self-harm audit (CG16), and demonstrate progress achieved through audit.
- Take steps to ensure patient confidentiality can be maintained in the accident and emergency reception area.
- Extend the scope and consistency of staff engagement.

During our inspection in July 2018 we visited the accident and emergency department at Cumberland Infirmary on 17, 18, 19 July and the 28 and 29 August. We spoke with 33 members of staff, including managers, doctors, nurses, non-clinical, and ambulance staff and volunteers. We reviewed 11 patient records in detail and a further seven looking for specific information.

Inspectors spoke with eight patients and relatives, observed the interaction of staff with patients, and observed a team huddle in progress. We reviewed comments from people who contacted us to tell us about their experiences, information from external stakeholders and reviewed performance information about the hospital.

Summary of this service

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

- Patients had an initial assessment on arrival to the department. However, this was not always within the 15 minute handover or initial assessment target.
- There had been a number of serious incidents where patients had suffered harm as a result of missed diagnosis, late escalation of deterioration or delay in receiving treatment. Some of the harm was severe.
- Staff recording of deterioration and escalation needed to improve to ensure patients received the correct treatment in a timely manner.
- The emergency department had a designated mental health assessment area that did not meet best practice guidance for a safe mental health assessment room. It contained inappropriate equipment and a number of ligature risks. However, the department took action quickly to change the room and make it safer. Mental health patients also experienced long waits in the department as they waited to see mental health specialists from the local mental health trust.

Urgent and emergency services

- Mandatory training was not always completed by medical or nursing staff in a timely manner and compliance with mandatory training targets was poor for both nursing and medical staff.
- Infection control procedures were not always followed in relation to hand hygiene, cleaning of toys and cleaning of storage trolleys.
- Patients experienced long waits in the department once a decision had been made for them to be admitted. This was because of bed shortages throughout the trust but the impact was felt within the emergency department (ED).
- National and local guidelines were not fully embedded, national audit results were poor and the department was not meeting most of the audit standards. Some local audit work was underway to ensure that audit compliance improved.
- The emergency department had no vision or strategy at the time of the inspection.
- Senior clinical leadership was not visible in the department during our inspection and did not attend the department to support staff during our inspection visit to CIC.
- Although data was collected and used to manage performance against local and national standards, we had some concerns about the validity and robustness of the data because it contradicted some of what we observed during our inspection.

However:

- Staff worked hard to deliver the best care they could for patients. Patients were supported by staff who were kind and compassionate despite being under pressure.
- The safeguarding process for identifying children at risk of harm was robust.
- Staff newly qualified or newly employed by the department were supported through preceptorship and mentorship during their first six months in the department.
- Patients and families were involved in the decision making about their care in a way that they understood.
- The department achieved compliance with appraisal rates in the department however these had been rated as amongst the worst 25% of trusts nationally for quality of appraisal, however staff we spoke with did not express any concerns.
- Services were planned in a way to meet the individual's needs. Patients could access emergency services appropriate for them, and their individual needs were supported.
- Complaints were managed in line with the trust's policy.
- There was a sense of teamwork within the department and operational staff worked together in partnership to provide care and treatment for patients.

Is the service safe?

Requires improvement  

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

Urgent and emergency services

- Neither nursing nor medical staff were meeting mandatory training requirements with poor compliance against the trust standard of 95%. Compliance with training in immediate life support was particularly low. We were not assured that staff had undergone appropriate life support, paediatric life support and trauma life support training as per Royal College of Emergency Medicine (RCEM) guidance.
- At our initial inspection, the room used to accommodate patients with mental health conditions was not fit for purpose. There were ligature points and unsuitable furniture. However, after our inspection, the department took action quickly to make the room safer for patients. A second room sometimes also used had similar risks. This meant that patients with a mental health condition were at risk of harm because they were not in a safe environment.
- We were not assured that the department identified and responded quickly enough to deteriorating patients or patients with a number of conditions including sepsis, diabetic ketoacidosis (DKA) and stroke. There had been a number of serious incidents in the department related to these conditions and delays in treatment. The trust was aware of the problems and had implemented new processes however these were yet to be embedded.
- Medicine management within the department was not following trust policies and procedures. Controlled drugs were not checked and disposed of in line with trust policies. Storage temperatures were not checked meaning the department was not assured that medicines were being stored at their optimum temperature and staff were not following correct procedures for dispensing medicines. Medicines such as fluids with different strengths, for example like glucose, that could easily get mixed up, were stored together and were not stored securely in a locked cupboard.
- The trust was not meeting the Royal College of Emergency Medicine (RCEM) standard that overnight cover should be provided by medical staff trained to a minimum of specialist trainee year four with advanced life support training. The department could not guarantee that staff providing overnight cover were trained to this level.
- The trust was not meeting the ambulance handover standard of 15 minutes or the 15 minute time to initial assessment for walk in patients.
- Although the department was generally clean, we found toys were heavily soiled, there were dead insects inside an equipment cabinet and cleaning products were not stored securely. Staff were observed to not always follow hand hygiene processes.
- There was poor compliance with safeguarding vulnerable adult and children training and both medical and nursing staff compliance against the 95% standard was very poor. Additionally, level three safeguarding vulnerable children training was not delivered in line with intercollegiate standards which state training should be face to face and not online.
- The department had not undergone a recent assessment of nurse staffing levels to ensure that there were sufficient suitably qualified staff deployed to meet the needs of patients. Staffing levels were based on the experience of the matron rather than on a formal nurse staffing assessment tool. From our observations there were insufficient nursing staff deployed to meet the needs of patients.
- The department used a system called Manchester Triage to assess patients. All staff had to be assessed as competent to carry out the triage role. We had some concerns because relatively inexperienced newly qualified staff were carrying out this important role. However, the trust assured us all staff carrying out this role were specifically trained to be there. Ambulance staff told us they sometimes had to wait for triage and patient handover because nursing staff were not available.
- Record keeping was inconsistent with gaps in written records and assessments not always documented as being carried out when they should have been.
- We checked resuscitation trolleys and were unable to find a checklist, or signed list to show that regular checks had been made to ensure all equipment was present and in date.

Urgent and emergency services

However:

- The department used an effective process for identifying potential vulnerable children and could access national databases to identify and children at risk.
- There was sufficient personal protective equipment in the department and staff were observed using it.
- Equipment was appropriately safety checked and calibrated in line with manufacturer and trust guidelines.
- The department employed registered sick children's nurses and were in the process of recruiting to be able to provide 24 hour a day cover.
- The department had recruited additional consultants since our last inspection and once new staff had commenced in role there would be nine consultants in the department. Recruitment was also ongoing to improve the number of staff in more junior roles in the department.
- Staff understood their responsibilities in relation to reporting incidents and duty of candour. We saw evidence of action taken within the department as a result of incidents. However, staff told us they had been instructed not to report staffing shortages in the incident reporting system.

Is the service effective?

Requires improvement ● ↓

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

- Not all of the evidence based care guidelines were fully embedded and we had concerns about the impact of this on patients. The trust did not have a sepsis policy for children, although staff told us this was under development.
- Patients were not offered drinks or snacks whilst waiting in the department. This was corroborated by our observations and what patients told us.
- Recording of pain scores was not consistent in the clinical records we looked at and there was limited evidence of pain scores being reviewed.
- The department had not taken part in all Royal College of Emergency Medicine (RCEM) audits since 2015/2016. Of those they took part in, they had failed to meet all standards and in the Consultant, sign off audit, they had not met any standards.
- Medical and nursing staff were not meeting the trust standards for mental capacity training, or deprivation of liberty safeguards training. There was no separate consent training. We were not assured that patients falling under these categories were receiving the most up to date care.

However:

- Fluid charts were used, when appropriate, to monitor patient fluid intake.
- Patients were offered pain relief when they first attended the department, during their initial assessment.
- The department had carried out audits, created action plans and re-audited to ensure improvement in meeting standards.

Urgent and emergency services

- Staff received appraisals however these had been rated as amongst the worst 25% of trusts nationally for quality of appraisal. Staff we spoke with had no particular concerns about appraisals.
- Staff underwent preceptorship and mentorship when they joined the department and were supported in their new roles by colleagues until signed as competent.
- There was good multi-disciplinary working within and out with the department as staff from support services and other departments worked to support patients to prevent admission and facilitate discharge.
- The registered sick children's nurses (RSCNs) were able to describe to us how they assessed competency of people under the age of 18 to make decisions.
- Despite poor training compliance rates staff could describe the action they took to support patients detained under the mental health act and deprivation of liberty safeguards.

Is the service caring?



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

- Feedback from people who used the service and those who were close to them was positive about the way staff treated people.
- Patients provided us with positive feedback about their care during our inspection. We saw reception, nursing and medical staff supporting patients in a positive way.
- Patients told us they received compassionate care and support for their emotional needs.
- Staff were motivated to offer care that was kind and promoted people's dignity. People's privacy and confidentiality were respected during their treatment.
- Staff discussed care with patients in a way that they could understand. People's emotional and social needs were assessed by staff and included in their care and treatment.
- Staff responded compassionately when people needed help and supported them to meet their personal needs as and when required.
- Staff helped people and those close to them to cope emotionally with their care and treatment.

Is the service responsive?

Requires improvement 

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

- Flow through the department was a problem. Moving patients to beds on wards did not happen quickly and meant patients had long waits in the department from decision to admit to actual admission on a ward. The number of patients waiting more than four hours from decision to admit to admission was deteriorating. In April 2017 approximately 9% of patients waited however in March 2018 24% of patients waited longer than four hours from decision to admit, to admission to a ward.

Urgent and emergency services

- We observed patients waiting more than 15 minutes for initial assessment and more than four hours to be discharged or admitted. Our observations showed the trust was not meeting national waiting time standards. For example, the department had not met the four hour waiting time target between April 2017 and March 2018.
- The department had no dedicated room for relatives to spend private time with a family member when they had died although there was a dedicated relatives' room for the family to wait.
- It was unclear from evidence provided by the trust what action was taken within the department as a result of complaints by patients.

However:

- Services were planned in a way to meet the needs of the local population.
- Services were configured to ensure patients with specific conditions did not have unnecessary waits before being seen.
- The care and treatment needs of patients were met with language support and specialist equipment available if needed and there was support available for people of different faiths or none.
- The trust performed better than the England average for patients leaving before being seen. This meant a smaller percentage of patients left before being seen.
- Patients knew how to complain and staff knew how to deal with complaints they received. Complaints were investigated.

Is the service well-led?

Requires improvement  

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

- Senior department management were not always visible and there was some confusion among staff about who to escalate concerns to, above their line manager.
- Senior departmental managers presented to us as less than confident about the staffing make up of the department.
- The department did not have a clear vision and strategy for the future of the department therefore staff were not clear about the future direction of the department.
- Staff had been instructed not to incident report shortages of staff.
- Governance arrangements reported to senior management outside of the department did not always accurately reflect the experience of front line staff.
- We had concerns that recording and validation of nationally and locally-reported information was not robust; some of the information sent to us by the trust as part of the inspection process showed little variation.
- The risk register did not fully reflect the risks present in the department although it was monitored and updated regularly.

However:

- Nursing and medical staff felt well led at a local level by their line managers.

Urgent and emergency services

- Managerial staff understood the increasing demand challenges faced by the department.
- Staff spoke of a supportive culture where colleagues worked together to deliver the best possible care for the patient and support each other through busy or stressful times. Staff knew their hard work was appreciated by colleagues.
- High level governance structures were in place to monitor and manage performance against national and local targets.
- Data protection principles were mostly followed although staff were not always careful to 'lock' computer screens when away from them.
- The department undertook patient engagement work and participated in national and local surveys monitoring staff and patient satisfaction.

Outstanding practice

We found examples of outstanding practice in this service. The trust's Advanced Care Practitioner (ACP) programme within U&EC was innovative and well-regarded amongst staff and had helped to address the shortage of medical staff the trust had previously experienced.

Areas for improvement

The Trust must:

- Improve levels of mandatory training for medical and nursing staff.
- Ensure toys and storage solutions were cleaned thoroughly and in line with IPC guidance
- Improve the safety aspects of the designated mental health room
- Ensure patient interactions such as initial assessment, time to treatment and decision to admit are recorded accurately on the electronic administration system and robust validation carried out.
- Ensure medical cover overnight is qualified to at least level ST4 with ALS training
- Improve identification and management of patients with time critical conditions such as sepsis, DKA and stroke.
- Ensure sufficient staff are trained in APLS and ALS to ensure the department has the necessary cover 24 hours a day, seven days a week.
- Review nurse staffing numbers using a recognised process to ensure sufficient qualified and experienced staff are deployed to meet the needs of patients.
- Ensure practice around the management and disposal of controlled drugs is in line with trust policy and ensure the dispensing and administration of all drugs is carried out by staff in line with trust policy.
- Continue work to improve patient outcomes where the department failed to meet RCEM audit standards.
- Continue work with other wards and departments to make sure patients are moved to a ward as quickly as possible once a decision to admit has been made.
- Ensure senior staff are fully aware of the staffing position of the department including vacancies and number of staff employed and on duty.
- Ensure there is a department vision and strategy in place to ensure sustainability in the future and provide staff with information about the future direction of the department.

Urgent and emergency services

- Ensure that the senior management of the trust are fully sighted on the challenges faced by front line staff in the department.

The Trust should:

- Ensure safeguarding children level three training meets intercollegiate standards
- Improve staff awareness of the importance of infection prevention and control
- Pursue plans to improve the paediatric waiting area
- Improve department assurance that staff are correctly recording NEWS and vital signs via robust clinical audit
- Continue work to improve ambulance handover times
- Ensure regular robust record keeping audits take place to identify areas for improvement and action taken.
- Monitor ambient temperature in the medicines room to ensure medication is stored at its optimum temperature.
- Ensure fluids are stored safely and securely to minimise the risk of errors.
- Ensure patients are suitable hydrated whilst waiting in the department.
- Ensure pain scores are reassessed and recorded
- Work towards improving the unplanned reattendance within seven days rate.
- Ensure all staff have undergone a recent appraisal and that appraisals are of a high standard.
- Consider how a private space can be made available for families to spend time with a deceased relative.
- Ensure staff are aware of the clear lines of management escalation in the department.
- Consider how to manage patients who have long waits on trolleys in the department to ensure the risk of pressure damage is minimised and work with wards and departments to reduce the number of patients waiting more than four hours from decision to admit, to admission on a ward.
- Work towards meeting the 95% four hour waiting target.
- Ensure the risk register for the department accurately reflects all the risks faced by the department.
- Consider developing a trust wide strategy to improve the perception of staff about the trust so more than 23% of staff would recommend the trust as a place to work.

Medical care (including older people's care)

Requires improvement   

Key facts and figures

The medical care service at North Cumbria University Hospitals NHS Trust (NCUH) provides care and treatment for:

- Care of the elderly (including a frailty assessment unit at Cumberland Infirmary)
- Stroke services including thrombolysis
- Neuro rehabilitation (Cumberland Infirmary only)
- Gastroenterology (including endoscopy)
- Renal (including renal dialysis unit)
- Cardiology and Coronary Care Unit (CCU) (including the Heart Centre and Catheterization Laboratory (Cath Lab) at Cumberland Infirmary)
- Respiratory care

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

There are 335 medical inpatient beds located across 19 wards and two locations. The Cumberland Infirmary held 13 wards with 220 of the 335 inpatient beds.

A site breakdown can be found below:

Cumberland Infirmary

- Beech A ward- 14 beds
- Beech B ward – 23 beds
- Cardiology and Coronary Care Unit (CCU) – six beds
- Elm A ward - 12 beds
- Elm B ward – 30 beds
- Elm C ward – 12 beds
- Larch and B wards – 30 beds
- Maple A ward – 17 beds
- Heart centre – 12 beds
- Willow A ward – 24 beds
- Willow B ward – 18 beds
- Willow C ward – 22 beds

Medical care (including older people's care)

The trust had 35,069 medical admissions from January 2017 to December 2017. Emergency admissions accounted for 20,126 (57%), 587 (2%) were elective, and the remaining 14,356 (41%) were day case.

Admissions for the top three medical specialties were:

- General medicine – 18,266
- Gastroenterology – 5,630
- Clinical oncology – 4,150

(Source: Hospital Episode Statistics)

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

The Trust must:

- Ensure care and treatment of service users is appropriate, meets their needs and reflects their preferences. Specifically, ensure the endoscopy pathway design meets service user preferences and care or treatment needs
- Ensure systems and processes are established and operated effectively to assess, monitor and improve the quality and safety of the services provided, and, evaluate and improve practice to meet this requirement. Specifically, review the escalation process involving 'floor working' to ensure the quality and safety of services are maintained; and,
- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed across all divisional wards. Specifically, registered nurses to ensure safe staffing levels are maintained, especially in areas of increased patient acuity, such as non-invasive ventilation care and thrombolysis.

The Trust should:

- Continue to progress patient harm reduction initiatives;
- Revisit the 'floor working' initiative, particularly across Elm wards;
- Revisit thrombolysis cubicle bed utilisation to reduce potential unnecessary, inappropriate or inconvenient bed moves;
- Ensure IPC compliance improvement and consistency in standards, regarding catheter and cannula care;
- Ensure best practice guidelines for medicines related documentation is reinforced to all prescribers;
- Ensure oxygen prescribing is recorded and signed for accordingly;
- Ensure medicines management training compliance improves in line with trust target;
- Ensure National Early Warning Score (NEWS) trigger levels are adhered to (or document deviation/individual baseline triggers in the clinical records);
- Ensure fluid and food chart documentation is accurate to reflect nutritional and hydration status;
- Ensure staff are given time to complete all necessary mandatory training modules and an accurate record kept;
- Ensure all equipment checks are completed in line with local guidance;

Medical care (including older people's care)

- Continue to proactively recruit nursing and medical staff, considering alternate ways to attract, such as utilising social media;
- Ensure measures are put in place to support units where pending staffing departures will temporarily increase vulnerability;
- Develop an action plan to detail objectives to improve and progress diabetes care across the division;
- Evidence improvements in patient outcomes for respiratory patients around time to senior review and oxygen prescribing;
- Ensure all staff can access development opportunities in line with organisational/staff appraisal objectives protecting/negotiating study time where required;
- Ensure appraisal rate data recorded at trust level coincides with figures at divisional/ward level;
- Revisit the patient journey, booking and listing procedures at the endoscopy suite at the Cumberland Infirmary
- Continue to minimise patient moves after 10pm;
- Continue to work with community colleagues to develop strategies to minimise *delayed transfers of care* (DTOC) and unnecessary lengthy hospital stays for patients medically fit for discharge;
- Reinforce the benefits of dementia initiatives to ensure consistency of practice;
- Ensure the risk register is current and reflects actual risks with corresponding accurate risk rating; Ensure all actions and reviews of risk ratings are documented;
- Ensure progress continues against the quality improvement plan (QIP), realign completion dates and account for deadline breaches;
- Revisit medical rota management processes for junior doctors;
- Revisit modes of communications with staff to ensure efficiency whilst avoiding duplication;
- Ensure staff involved in change management projects are fully informed of the aims and objectives of the proposal and these are implemented and concluded in appropriate timeframes; and,
- Ensure divisional leads and trust leaders promote their visibility when visiting wards and clinical areas.

During our inspection, we spent time at the Cumberland Infirmary (CIC) visiting all wards and clinical areas managed by the medical team. We spoke with 49 members of staff (including managers, doctors, nurses, therapists, pharmacists and non-clinical staff). Where appropriate we considered care and medication records (including electronically stored information) and completed 38 reviews. Our team met with 41 patients and relatives, observed shift handovers, multi-disciplinary team meetings (MDT), safety huddles, meal times and care being delivered at various time of the day and night.

Summary of this service

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

Medical care (including older people's care)

- Registered nurse staffing shortfalls and registered nurse vacancies persisted on all divisional wards. Several registered nurse shifts remained unfilled despite escalation processes. Medical staffing cover was poor and locum cover was significant.
- Additional support was not always available for wards with more complex patient need, such as one to one support due to behavioural problems or aggressive tendencies.
- The electronic systems for recording staffing levels and patient acuity was not used appropriately or consistently.
- There were frequent difficulties recording and retrieving patient observations due to fluctuating WiFi signal on the ward.
- Prescribing policies were not followed and staff had difficulty following controlled drug procedures due to limited staffing. Intravenous fluids were not always secured as per the trusts medicines policy.
- Staff confirmed learning opportunities and access to professional development was variable and appraisal quality was said to be poor at ward level.
- There were excessive numbers of bed moves after 10pm which were without a medical reason for doing so and there remained many medical outliers being cared for on non-medical wards.
- The divisional risk register did not correlate with top risks identified by divisional leads. Risk ratings were confusing and detail of actions taken against the risks were limited.
- Staff morale was variable and junior doctors resented the perceived shift of onus onto them to take responsibility for covering gaps in the junior doctor medical rota.
- We saw that although sepsis screening and the number of patients receiving treatment within one hour had greatly improved, there was room for further improvement.
- Staff had a variable understanding and awareness of consent issues, the Mental Capacity Act and Deprivation of Liberty Safeguards.
- We were not assured that safeguarding training was delivered in accordance with Adult and Children Safeguarding Levels and Competencies for healthcare, intercollegiate guidance (2016).
- Governance systems varied from ward to ward in terms of quality and quantity. The risk register appeared unreliable, duplicating many common themes and lacking detail in terms of actions taken and progress over the period of time since the risk was identified. There were several examples of wards not knowing what the risk register was. Additionally, ward managers were unable to voice what risks were on it.
- The division had not fully embedded seven-day working across all areas.
- Senior leaders lacked visibility.

However:

- Staff confidently reported incidents and the division had made considerable efforts to reduce patient harms from falls and pressure ulcers.
- Ward environments were clean and staff used personal protective equipment appropriately to protect themselves and the patient from infection exposure.
- The division was actively involved in local and national audits which provided a strong evidence base for care and treatment.

Medical care (including older people's care)

- Patient outcomes in many national audits were good and there had been some reported improvements in others.
- Multidisciplinary team working across the divisional wards was integrated, inclusive and progressive.
- Patients were positive about the care they received. Staff interactions with patients were compassionate, kind and thoughtful. Staff proactively involved family and considered all aspects of holistic wellbeing.
- The division had developed new services, extending the remit of existing services, appointed specialist practitioners and collaborated with neighbouring trusts in service development.
- The division had a clearly defined strategy and vision which was aligned to organisational aims and wider healthcare economy goals.
- Governance processes across the division were clinician driven and quality measures were monitored.
- Cultural improvements had been made.
- We were notified, post inspection, that a recent WiFi upgrade had significantly improved coverage and performance and on 31 July, the e-observations software was upgraded to NEWS2.

Is the service safe?

Requires improvement ● ➡ ➡

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

- Registered nurse staffing shortfalls and registered nurse vacancies persisted on all divisional wards. Several registered nurse shifts remained unfilled despite escalation processes. Nursing staff sickness was also prevalent across wards with several wards having teams that were described as “burnt out”. The trust used SafeCare to enable coordination of staffing levels and skill mix to the actual patient demand. We saw that patient acuity was not regularly updated when patient complexity changed or updated following patient ward moves.
- Wards also noted that despite having patients with complex needs including those requiring one to one support that additional staff support was not available. The skill mix of healthcare assistant and nurse staffing was raised as an issue with some wards, such as dementia wards, requiring more specialist skills.
- We saw patient observations (blood pressure, pulse, temperature, respirations) were recorded on the new electronic system on two wards. All staff we spoke with told us that there were on-going problems with the WiFi signal and it was not always possible to use the electronic system.
- In all of the charts we looked at we found prescriptions which did not comply with the trust prescribing policy. A prescription audit carried out in August 2017 identified some of the issues we found on inspection, but we could not see evidence of actions taken to improve this. We could not be assured medicines requiring cold storage had been stored at the recommended temperature and were safe to use.
- There was difficulty gaining a second signature for intravenous medicines and controlled drugs. This was due to only having one nurse on a ward. This is not in line with trust policy or Nursing and Midwifery Council(NMC) code of practice.
- We saw that although sepsis screening and the number of patients receiving treatment within one hour had greatly improved, there was room for further improvement.
- The trust submitted data prior to inspection which showed the mandatory target for nursing staff was not met for majority of the 26 mandatory courses, with the worst 34% completion

Medical care (including older people's care)

- We were not assured that safeguarding training was delivered in accordance with Adult Safeguarding Levels and Competencies for healthcare, Intercollegiate guidance (2016).

However:

- Where substantive medical posts remained vacant the division had secured long-term locum contracts to support stability within the service.
- We observed the site co-ordinator in the late evening, assessing and responding to patient risk and deploying staff and patients appropriately.
- We were advised that the SBAR methodology (situation, background, assessment, recommendation) was used to assess which staff transfer to another ward.
- Antibiotic stewardship appeared thorough. The storage of controlled drugs was managed appropriately.
- Records were up-to-date with evidence of on-going review, diagnosis and management plans and patient involvement. All records contained assessments for venous thromboembolism (VTE), nutritional risk, fall risk, and a full nursing assessment. The division had developed several care bundles and specialist care pathway documentation following best practice guidelines.
- All areas we inspected were visibly clean and we saw infection prevention control compliance figures for individual wards displayed on the walls.

Is the service effective?

Good   

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

- Staff referred to several National Institute for Health and Care Excellence (NICE) guidelines and quality standards, and Royal College best practice guidelines in support of their provision of care and treatment. Local policies, which were easily accessible.
- Several evidence-based, condition-specific care pathways had been created to standardise and improve patient care and service flow.
- All newly qualified staff employed by the trust were subject to a period of preceptorship and supervision, which varied according to the area worked in and was subject to competency sign-off.
- The trust took part in the quarterly sentinel stroke national audit programme. On a scale of A-E, where A is best, the trust achieved an overall SSNAP level of grade C from August to November 2017.
- The 2017 national diabetes inpatient audit showed improvement from the 2016 audit.
- We found analgesia prescribed on a regular basis and on an as required basis. We observed that staff monitored pain and assess the effectiveness of pain relief.
- We observed well-attended, informal, and structured multidisciplinary team meetings throughout our visit.
- The trust monitored its current working scheme against NHS services, seven days a week clinical standard.

Medical care (including older people's care)

- Access to physiotherapists and occupational therapy service was good with on call night services and a seven-day service. Physiotherapists worked both Saturday and Sunday on the ward with occupational therapists providing services on a Sunday.
- Staff in the emergency assessment unit had a good knowledge of the Mental Capacity Act and were also aware of the Mental Health Act and the fundamental rules in relation to the Act. There were clear internal referral pathways to therapy and psychiatric services.
- 'Reach-Out' was a new delirium service which operated seven days per week and had several key elements; prevention, effective screening, support, treatment, liaising with other services to support discharge and education.

However:

- From April 2017 to March 2018, 93% of staff within medicine at the trust received an appraisal compared to a trust target of 95% for nursing staff and 90% or higher for medical staff.
- In the 2017 staff survey, quality of appraisals was within the worst 25% of trusts nationally for nursing staff.
- The trust participated in the 2017 lung cancer audit and the proportion of patients seen by a Cancer Nurse Specialist was 86.8%, which did not meet the audit minimum standard of 90%. The 2016 figure was 71.8%. Following the inspection, we were advised that the gap to 100% was due to failure to record a pathway outside of the trust at the tertiary referral centre.
- From January 2017 to December 2017, patients at the trust had a slightly higher than expected risk of readmission for elective admissions when compared to the England average.
- Elective re-admission patients in clinical oncology and clinical haematology had a higher than expected risk of readmission for elective admissions.
- Some of the nurses we spoke with were aware of fluctuating mental capacity but none had ever carried out a capacity assessment as they believed that this could only be done by doctors.

Is the service caring?

Good   

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

- The Friends and Family test showed that on average, 93% of those who responded would recommend the Cumberland Infirmary to family and friends.
- The division took part in the national cancer patient experience survey (NCPES) 2016. Eighty-eight percent said that overall, they were always treated with dignity and respect while they were in hospital.
- We spent time observing care interactions between staff and patients. These were polite and compassionate. Patients described feeling safe on the wards.
- Family members were actively encouraged to get involved in any aspect of care they felt able, with consent of the patient.
- Patients stated that they were given time to speak with nurses and doctors about their care and that information was explained clearly.

Medical care (including older people's care)

- Staff assessed patients and used clinical judgment to identify those who may require additional support in understanding care and treatment.
- We observed nurses and therapy staff actively engaging in rehabilitative activities with patients and family members.
- All patient care plans commented on individual patient social, emotional, and spiritual needs and, where relevant, this was integrated into the care plan.
- Staff spent time understanding individual concerns and environmental triggers which could exacerbate emotional stability and wellbeing.
- Staff informed us that patients also received emotional support from chaplaincy and bereavement services, support groups, charity workers, and volunteer staff.

Is the service responsive?

Good   

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

- Divisional management staff attended meetings with local CCG representatives to feed into the local health network and identify service improvements to meet the needs of local people.
- The division had appointed many specialist nurses and developed a number of specialist clinics.
- The Cumberland Infirmary has been one of nine disablement service centres across England selected to provide enhanced services to veterans who lost a limb because of their service in the armed forces.
- During the inspection we observed various dementia and learning disability initiatives in place to improve care. Staff informed us that they had ease of access into psychiatric services.
- Staff explained that translation services were available and found the process easy to use. Letters to patients were provided in a larger font for patients with impaired sight. We found that text and telephone calls were used to remind patients about appointments and elective admissions.
- The trust had chaplains who provided access to major faiths within their communities.
- Staff we spoke with explained that they could access bariatric equipment via equipment storage when this was required.
- From February 2017 to January 2018 the average length of stay for medical elective and non-elective patients was better than the England average.
- Referral to treatment times followed a stable trend over the period April 2017 to March 2018.
- The trust held local and cross-site bed meeting teleconferences during the day to address access and flow issues.
- There had been no mixed sex breaches in the division in the previous 12 months.
- We saw that the trust had a complaint policy and staff were aware of it. Staff discussed feedback from complaints and lessons learnt at ward meetings.

However:

- From May 2017 to April 2018, there were 1,750 patients moving wards at night across the trust.

Medical care (including older people's care)

- The trust provided us with sight of medical outliers bed occupancy data. Between January 2018 and June 2018, the number of patients classified as being medical outliers was 2,209.
- Community beds were being re-planned. These developments were not synchronised and there was an anticipated period when there will be a marked reduction in community beds.

Is the service well-led?

Requires improvement ● ➡ ➡

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

- We were provided with sight of the divisional risk register dated June 2018. However, we were advised that numerous items had remained on the risk register for several years and still required actioning.
- Whilst detailed in terms of risk description, the register appeared unreliable, duplicating many common themes and lacking detail in terms of actions taken and progress over the period of time since the risk was identified.
- There were several examples of wards not knowing what the risk register was.
- Staff considered the amount and speed of change in the organisation, whilst they recognised this as necessary, felt it added to existing pressures and did not bring about the immediate perceived benefits.
- Staff morale appeared variable across the division and this was said to be due to the staffing shortfall and 'burn-out'.
- At listening events and focus groups prior to the inspection we heard divisional staff describe the culture as having improved but they stated they felt there was room for further improvement in terms of inclusion and communication.
- Several weaknesses in governance and performance exist within the division with respect to medicines use, as stated on the medicines optimisation strategy 2014 to 2019.
- When governance folders were checked on the three of the medical care wards, we found that information was out-of-date, and incomplete.
- There was a disconnect between senior managers and local ward staff in relation to identification of risk.

However:

- The medical care division had a clear management structure defining lines of responsibility and accountability.
- The divisional leads understood the current challenges and pressures impacting on service delivery and patient care.
- All staff we spoke with told us their immediate line managers were professional, supportive and helpful.
- Junior nursing and medical staff described their senior peers to be supportive, approachable and willing to spend time with them when necessary.
- The division had good links with numerous volunteer organisations, charities and national support groups.
- We saw that the trust supported the wider health community agenda with the consultation surrounding the future of healthcare services across the region.

Medical care (including older people's care)

Outstanding practice

- The stroke team were part of the North-West Network which provided telemedicine (Telestroke) services across the region.
- The Cumberland Infirmary has been one of nine disablement service centres across England selected to provide enhanced services to veterans who lost a limb because of their service in the armed forces.
- The trust was top in the UK for patient reported experience measures survey for kidney care.

Areas for improvement

The Trust must:

- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed across all divisional wards. Specifically, registered nurses to ensure safe staffing levels are maintained;
- Ensure electronic systems which monitor acuity and staffing numbers are updated in a timely manner;
- Ensure patients assessed as requiring one to one support are provided with the appropriate provision of care;
- Ensure safeguarding training levels are delivered in accordance with intercollegiate guidance;
- Ensure mandatory training targets are met by the target date;
- Ensure there are appropriate numbers of qualified staff on the wards to improve second signatory and witness administration of intravenous medicines and controlled drugs procedures;
- Ensure there are appropriate numbers of qualified staff on the wards to improve second signatory and witness administration of intravenous medicines and controlled drugs procedures;
- Ensure intravenous fluids are secured as per the trusts medicines policy;
- Ensure prescriptions comply with the trust prescribing policies;
- Ensure staff record minimum and maximum temperatures for medicines refrigerators; and,
- Ensure actions are implemented following audit findings.

The service should:

- Continue to proactively recruit nursing and medical staff;
- Ensure staff are given time to complete all necessary mandatory training modules and an accurate record kept;
- Ensure all staff can access development opportunities in line with organisational/staff appraisal objectives protecting/negotiating study time where required;
- Ensure best practice guidelines for medicines related documentation is reinforced to all prescribers;
- Ensure minimal patient moves after 10pm;
- Continue to progress patient harm reduction initiatives;
- Ensure the risk register is current and reflects actual risks with corresponding accurate risk rating;
- Ensure all staff are aware of the divisional risk register and the associated risks;

Medical care (including older people's care)

- Ensure all actions and reviews of risk ratings are documented;
- Ensure ward governance files are maintained and up-to-date;
- Revisit medical rota management processes for junior doctors;
- Revisit modes of communications with staff;
- Ensure staff involved in change management projects are fully informed of the aims and objectives of the proposal and these are implemented and concluded in appropriate timeframes; and,
- Ensure divisional leads and trust leaders promote their visibility when visiting wards and clinical areas.
- Ensure measures are put in place to support units where pending staffing departures will temporarily increase vulnerability; and,
- Ensure quality of appraisals is improved and maintained.

Surgery

Good  

Key facts and figures

The trust provides both emergency and elective surgical intervention at two sites, Cumberland Infirmary and West Cumbria Hospital. Surgical service is split into a number of specialities as listed below:

- General surgery (lower GI, upper GI, breast)
- Urology
- Theatres & anaesthetics
- Critical care
- Trauma & orthopaedics
- Rheumatology
- Head & neck (ENT, oral surgery, orthodontics)
- Ophthalmology
- Vascular
- Radiology

Trauma is carried out at Cumberland Infirmary with the one list of minor trauma procedures carried out weekly at West Cumberland Hospital.

Emergency surgery is provided primarily at Cumberland Infirmary and a clinical pathway is in place for patients presenting at West Cumberland Hospital requiring emergency surgical intervention.

The trust has seven surgical wards with 157 inpatient beds.

(Source: Routine Provider Information Request (Acute RPIR) – Info about service)

The trust had 25,605 surgical admissions from January to December 2017. Emergency admissions accounted for 7,388 (29%), 15,122 (59%) were day case, and the remaining 3,095 (12%) were elective.

(Source: Hospital Episode Statistics)

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

- Ensure the peri-operative improvement plan is thoroughly embedded and debrief sessions are undertaken;
- Improve compliance against 18-week RTT standards for oral surgery, trauma and orthopaedics, urology and ophthalmology;
- Improve rate of short notice cancellations for non-clinical reasons, specifically ENT, orthopaedic and general surgery; and
- Must ensure patients whose operations are cancelled are treated within 28 days.

Surgery

Summary of this service

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

- Environmental audits showed results of 97% compliance;
- The division had systems and processes in place to support staff in wards and theatres to assess and respond to patient risk;
- Patient observations were recorded appropriately on the electronic system and concerns about deteriorating patients were escalated in accordance with guidance;
- Staffing levels were reviewed across the trust as a whole based on staffing numbers, the use of an acuity tool and professional judgement;
- The trust had introduced a composite workforce model through the recruitment of trainee advanced clinical practitioners and physician associates to support the medical workforce within surgery;
- From June 2017 to May 2018, the trust did not report any never events at Cumberland Infirmary for surgery.
- All patients had a similar expected risk of readmission for elective admissions when compared to the England average;
- The trust had introduced a full time orthogeriatrician and the 'consultant of the week' working model which had improved co-ordination, review and consistency of care;
- Mental health colleagues confirmed staff had a good understanding of the Mental Capacity Act.
- National data (NHS England, June 2018) showed 97% of respondents recommended surgical services;
- The average length of stay for all elective patients at Cumberland Infirmary was 3.4 days compared to the England average of 3.9 days;
- The average length of stay for all non-elective patients at Cumberland Infirmary was 4.4 days compared to the England average of 4.9 days;
- Discharges were managed during daily and weekly ward meetings and multidisciplinary team meetings on wards and staff worked with the discharge liaison team;
- Improving RTTs had been set as a priority within the division and at the time of inspection, national data showed referral to treatment times had improved for all specialities;
- The senior management team had a clear and comprehensive understanding of the current risks, challenges and pressures impacting on service delivery and patient care;
- There was an established structure of management and governance meetings in the surgical division;
- The electronic patient record enabled staff to ask and record patients' information and communication needs.

However:

- The trust target (95%) was not met for most mandatory training modules for qualified nursing staff and for medical staff.
- The trust target (95%) was not met for any of the safeguarding training modules for which qualified nursing staff or for which medical staff were eligible;

Surgery

- We were not assured that safeguarding training was delivered in accordance with 'Adult Safeguarding Levels and Competencies for Healthcare, Intercollegiate guidance (2016)';
- Audits of completion of the WHO surgical safety checklist showed completion of the checklist had been 'poor' and had not been completed for every patient;
- There was inconsistent practice across wards regarding the management of medicines, maximum and minimum temperatures were not recorded on wards.
- General surgery patients had a higher expected risk of readmission for elective admissions when compared to the England average;
- General surgery patients had a higher expected risk of readmission for non-elective admissions when compared to the England average;
- The trust target (95%) was not met for staff who had an appraisal;
- There were no patient information leaflets available in different languages on wards;
- The trust's referral to treatment time (RTT) for admitted pathways for surgery was consistently worse than the England average;
- Although the senior management team informed us that recruitment had recently been made, they acknowledged the difficulties in covering the anaesthetic rota at West Cumberland Hospital;
- The foundation school had identified concerns about the adequacy of the training and experience of foundation programme doctors in surgery; the trust had developed a comprehensive improvement plan in response.

Is the service safe?

Requires improvement ● ➡ ➡

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

- The 95% target was met for only three of the 27 mandatory training modules for which qualified nursing staff were eligible and for only one of the 27 mandatory training modules for which medical staff were eligible;
- The 95% target was not met for any of the safeguarding training modules for which qualified nursing staff were eligible and for none of the three safeguarding training modules for which medical staff were eligible;
- We were not assured that safeguarding training was delivered in accordance with 'Adult Safeguarding Levels and Competencies for Healthcare, Intercollegiate guidance (2016)';
- Audits of completion of the WHO surgical safety checklist showed completion of the checklist had been 'poor' and had not been completed for every patient;
- The foundation school reported concerns about the adequacy of training and experience of foundation programme doctors in surgery; the trust had developed a comprehensive improvement plan in response;
- We found inconsistent practice across wards regarding the management of medicines, maximum and minimum temperatures were not recorded on wards.

However:

- Environmental audits showed results of 97% compliance;

Surgery

- The division had systems and processes in place to support staff in wards and theatres to assess and respond to patient risk;
- Information gathered from the electronic patient record was used to assess and respond to patient risks;
- Patient observations were recorded appropriately on the electronic system and concerns about deteriorating patients were escalated in accordance with guidance;
- Practice within the trust was for matrons and the operational matron to undertake daily meetings to identify wards most at risk of running at less than optimal staff numbers;
- Although, surgical wards had reduced numbers of staff we did not observe unsafe numbers or practice;
- Staffing levels were reviewed across the trust, based on staffing numbers, the use of an acuity tool and professional judgement;
- The trust had introduced a composite workforce model through the recruitment of trainee advanced clinical practitioners and physician associates to support the medical workforce within surgery;
- From June 2017 to May 2018, the trust did not report any never events at Cumberland Infirmary for surgery.

Is the service effective?

Good   

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

- Trust policies and clinical pathways were based on guidance from the Royal College of Surgeons and the National Institute for Health and Care Excellence (NICE);
- Electronic and paper care plan documentation and risk assessments were fully completed and fluid, food and rounding charts were completed appropriately;
- Patients we spoke with had no concerns about how their pain was controlled and staff checked that pain relief administered had been effective;
- All patients had a similar expected risk of readmission for elective admissions when compared to the England average;
- The trust had introduced a full time orthogeriatrician and the 'consultant of the week' working model which had improved co-ordination, review and consistency of care for this patient group;
- The trust participated in the Northern Region tissue viability collaborative which had increased focus and improvement methodology for the reduction of pressure ulcers;
- The 2016 Oesophago-Gastric Cancer National Audit (OGCNCA) showed the trust was a positive outlier for the age and sex adjusted proportion of patients diagnosed after an emergency admission;
- Patient Reported Outcomes Measures showed performance for varicose veins, was better than the England average;
- Mental health colleagues confirmed staff had a good understanding of the Mental Capacity Act.

However:

- General surgery patients had a higher expected risk of readmission for elective admissions when compared to the England average;

Surgery

- General surgery patients at Cumberland Infirmary had a higher expected risk of readmission for non-elective admissions when compared to the England average;
- The 95% target was not met for Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards training for medical, dental or qualified nursing and midwifery staff;
- From April 2017 to March 2018, 91% of staff within surgery at the trust received an appraisal compared to a trust target of 95%.

Is the service caring?

Good  → ←

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

- The Friends and Family Test response rate was 28%, the same as the England average;
- National data (NHS England, June 2018) showed 97% of respondents recommended surgical services;
- Patients told us staff were friendly, supportive, compassionate and caring;
- Staff responded promptly to call bells or requests for assistance and had enough time for patients and they introduced themselves;
- The hospital had a multi-faith chaplaincy service and a bereavement service which staff accessed to support patients or carers.

Is the service responsive?

Good  ↑

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

- The average length of stay for all elective patients at Cumberland Infirmary was 3.4 days compared to the England average of 3.9 days;
- The average length of stay for all non-elective patients at Cumberland Infirmary was 4.4 days compared to the England average of 4.9 days;
- There was a seven-day physiotherapy and occupational therapy service on the wards providing further care and support to patients;
- Staff referred patients to a variety of teams at the trust, for example the tissue viability team and the pain team;
- Patients living with dementia were identified to staff by a butterfly symbol to enable them to provide additional support;
- Discharges were managed during daily and weekly ward meetings and multidisciplinary team meetings on wards and staff worked with the discharge liaison team;
- Improving RTTs had been set as a priority within the division and at the time of inspection, national data showed referral to treatment times had improved for all specialities;

Surgery

- The trust investigated and closed all complaints and staff confirmed feedback from complaints was provided at staff meetings;

However:

- Although there was a variety of patient information leaflets available in wards, there were no leaflets available in different languages;
- From April 2017 to March 2018 the trust's referral to treatment time (RTT) for admitted pathways for surgery was consistently worse than the England average.

Is the service well-led?

Good   

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

- The surgical division had a management structure in place with clear lines of responsibility and accountability;
- The senior management team had a clear and comprehensive understanding of the current risks, challenges and pressures impacting on service delivery and patient care;
- Ward sisters said they had constructive and positive relationships with matrons and that they provided clear leadership;
- All staff we spoke with during the inspection told us there was good teamwork, openness and morale was generally good;
- There was an established structure of management and governance meetings in the surgical division;
- The senior management team had identified the risks to the service and had identified actions in response to the risks, e.g. the team was addressing concerns from the foundation school about the training and experience of foundation programme doctors;
- The electronic patient record enabled staff to ask and record patients' information and communication needs.

However:

- Although the senior management team informed us that recruitment had recently been made, they acknowledged the difficulties in covering the anaesthetic rota at West Cumberland Hospital;
- The foundation school had identified concerns about the adequacy of the training and experience of foundation programme doctors in surgery; the trust had developed a comprehensive improvement plan in response.

Areas for improvement

The Trust must:

- Ensure compliance with the completion of the WHO surgical safety checklist for every patient;
- Ensure consistent practice and compliance across wards with trust policies regarding the management of medicines;
- Ensure mandatory training compliance rates meet trust targets;
- Ensure safeguarding training compliance rates meet trust targets and are delivered in accordance with 'Adult Safeguarding Levels and Competencies for Healthcare, Intercollegiate guidance (2016)'.

Surgery

The Trust should:

- Ensure continued improvement in compliance with the overall referral to treatment time (RTT) for admitted pathways target for surgery and particularly for trauma and orthopaedics and ophthalmology surgical specialities;
- Ensure patient information leaflets are available in different languages and formats and staff are aware how to access.

Maternity

Good  

Key facts and figures

The trust provides consultant led maternity care and midwifery led units at both Cumberland Infirmary Hospital and West Cumberland Hospital. This includes a day assessment centre, antenatal and postnatal inpatient beds, maternity theatre, delivery suite and outpatient clinics on each site.

Services available on both sites include:

- Elective and emergency caesarean sections
- Epidural service
- Bereavement service
- Scanning, diabetic clinics and early pregnancy assessment clinics

Antenatal clinics are also undertaken in the community which covers the remote rural areas of North Cumbria. Community midwifery services were provided by midwives employed by the trust.

There are 23 maternity beds at Cumberland Infirmary, all of which are on the Aspen maternity ward.

From January 2017 to December 2017 there were 2,763 deliveries at the trust, 1537 of which were carried out at Cumberland Infirmary. In comparison with previous years, and in line with national figures, there had been a slight decline in the number of deliveries. The number of births varied throughout the year and this had been the trend in previous years.

Maternity services at Cumberland Infirmary were previously inspected in December 2016. All five domains were inspected and an overall rating of requires improvement was given. Safe and well led were rated as requires improvement, while effective, caring and responsive were rated as good.

Our main concerns at the previous inspection were related to medical staffing and governance.

We told the trust it must:

- Review staffing levels; out-of-hours consultant paediatric cover and surgical cover to ensure they meet the Royal College of Obstetricians and Gynaecologists (RCOG) guidelines (including 'safe childbirth: minimum standards for the organisation and delivery of care in labour')
- Ensure that systems are in place so that governance arrangements, risk management and quality measures are effective.

We also said the trust should:

- Ensure that processes are in place for midwives to receive safeguarding supervision in line with national recommendations.
- Continue to improve mandatory training rates to ensure that trust targets are met by the end of March 2017.
- Ensure that there are processes in place so that record-keeping, medicine management, and checking of equipment are consistent across all areas.

Maternity

- Review the culture in obstetrics to ensure there is cohesive working across hospital sites and improved clinical engagement.

During our inspection, we visited all areas of Aspen maternity ward. We spoke with three women, their relatives and partners and 18 staff, which included: midwives, matrons, doctors, consultants, senior managers, receptionists, and support staff. We observed care and treatment and looked at six care records. We also reviewed the trust's performance data.

Summary of this service

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

- The trust had recruited three long term consultant paediatrician locums to meet RCOG guidelines. However, managers had been able to recruit sufficient locum doctors to mitigate risks and meet minimum standards for delivery of safe care.
- Midwives had undertaken training as midwife advocates and provided supervision and support to registered midwives working in the service.
- New leadership was in place with a new clinical director and associate director of midwifery both recruited in early 2018. Leaders were respected by staff at all levels but had not yet been able to fully embed changes in practice.
- There had been some significant improvement in cross site working between medical staff and senior midwife managers. Managers worked across all sites. However, staff continued to work at separate sites with shared processes and functions. Cohesiveness of the team across the two main hospital sites for maternity services was beginning to form. Staff at all levels were confident in reporting any poor practice they came across, although not all staff felt this would be acted upon.
- There was improvement in governance processes with risk and governance leads for clinicians and midwives. There had been improvements in action plans and follow up of actions from audits
- Not all staff in the service felt engaged in the reconfiguration of maternity services and some felt their opinions were not listened to.
- Staff understood their responsibilities to raise concerns, to record safety incidents and near misses. Nursing and midwifery staffing levels were better than the national recommendations for the number of babies delivered on the unit each year. There were sufficient medical staff to cover the obstetric rota.
- Women were positive about their treatment by clinical staff and the standard of care they had received. They were treated with dignity and respect.
- Services were planned, delivered and co-ordinated to take account of women with complex needs, there was access to specialist support and expertise.
- Midwifery and medical staff worked together ensuring women received care which met their needs.

However:

- Mandatory training rates continued to miss the trust target for both midwifery and medical staff.
- Training compliance for safeguarding level three was below the trust target for those required to be trained to that level.

Maternity

- Despite staffing levels being better than the national recommendations we found that 10% of women did not receive one to one care in labour.
- Routine requests for doctors to see women on the ward were not always answered in a timely manner.
- We found some boxes containing drugs were not dated since being removed from refrigerated stock. Therefore, staff did not know how long they had been out of a monitored temperature range.
- There were many maternity guidelines which were not in date, although there was an action plan in place to recover this position.
- There was no formal strategy for the future of maternity services due to the review of the Cumbria wide provision of maternity care. However, managers were working on two possible options for provision of care.

Is the service safe?

Good  

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

- The trust had recruited three long term consultant paediatrician locums to meet RCOG guidelines. However, managers had been able to recruit sufficient locum doctors to mitigate risks and meet minimum standards for delivery of safe care. Staff told us they felt babies received safe care and the service could rely on 24/7 paediatric cover and support. The lead consultant at West Cumberland Infirmary organised weekly education sessions for all staff. These were shared across sites using video link
- Midwives had undertaken training as midwife advocates and provided supervision and support to registered midwives working in the service.
- All maternity staff, including community midwives, completed skills training and emergency drills including birthing pool evacuation and obstetric emergencies.
- There were clear processes with specialist midwives and doctors for vulnerable women and babies. Staff had a good understanding of safeguarding for vulnerable women and babies.
- We reviewed six sets of records and found them to be legible, detailed, signed, and safely stored. Patient records showed staff used appropriate systems to assess the health and wellbeing of women. Staff used the World Health Organisation (WHO) safety checklist, modified for maternity, for all interventional procedures and review of records showed these had been completed correctly.
- We saw evidence the unit used the 'fresh eyes' approach, a system that required two members of staff to review fetal heart tracings.
- Staffing levels were recorded and displayed on noticeboards in ward areas. Most shifts were understaffed. Lead midwives were supernumerary on day shift. However, when the ward was understaffed the lead midwives worked to support the team in providing care. The midwife to birth ratio was lower (better) than the national average.
- There was a trust shortage of anaesthetists and consultant paediatricians but the trust had mitigated this risk by employing long term locums. The maternity service had not experienced any difficulties in accessing anaesthetists for their patients or paediatricians to care for neonates.

Maternity

- From June 2017 to May 2018, the trust reported one incident which was classified as a never event for maternity. This was a retained foreign object post procedure and occurred in May 2018. Incidents, including never events, were discussed at cross-site risk meetings, outcomes were shared and staff received feedback and updates. It was evident in the serious incident investigations we reviewed that the duty of candour had been applied.

However:

- Mandatory training rates continued to miss the trust target for both midwifery and medical staff.
- Training for safeguarding level three was below the trust target for those required to be trained to that level.
- Ten percent of women did not receive one to one care in labour.
- Routine requests for doctors to see women on the ward were not always answered in a timely manner.
- We found some boxes containing drugs were not dated since being removed from refrigerated stock. Therefore, staff did not know how long they had been out of a monitored temperature range.

Is the service effective?

Good ● → ←

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

- Women's care and treatment was delivered mostly in line with, or better than, evidence based practice.
- Care outcomes were meeting expectations in most areas, and where improvements were required the service had acted. The Trust caesarean section rate rose to 27.6% in March 2018 against a target of 22%. It had previously been much lower and the service had an action plan to reduce the risk of it rising again.
- Staff had trained as professional midwifery advocates to support midwives in their clinical role and advocate for women. All staff had received an appraisal.
- There were support systems for new mothers in feeding their baby. The service had achieved stage one of the United Nations Children's Fund (UNICEF) Baby Friendly Initiative (BFI) Accreditation Scheme in October 2017.
- Women were provided with options for pain relief. Anaesthetist response times within 30 minutes for epidural analgesia continued to be 100%.
- Midwifery and medical staff worked together ensuring women received care which met their needs and we saw a range of examples of multidisciplinary team working.
- Staff had received training in the Mental Capacity Act 2005. However, Deprivation of Liberty Safeguards training compliance was at 81%, below the trust target of 95%. Consent processes were effective and followed legislation and guidance.
- There was a practice development midwife in post to cover both main sites and the labour ward lead consultant also led education sessions for all staff once a week. This was carried out via video link to enable staff at Cumberland Infirmary to take part.

However:

Maternity

- We found several maternity guidelines and procedures were out of date and did not meet current guidance. Staff told us there were several reasons for this including professional input and ratification by the trust board.

Is the service caring?

Good  → ←

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

- The NHS Maternity Friends and Family Test for all categories from March 2017 to March 2018 showed the number of women who would recommend the maternity service was similar or better than the national average.
- We observed staff interacted with women and their relatives in a polite, friendly and respectful way. There were arrangements to ensure privacy and dignity in clinical areas.
- We spoke with three women and their partners or relatives. All were positive about their treatment by clinical staff and the standard of care they had received. Women told us they had a named midwife. Partners felt well supported by staff.
- Each main site had a bereavement midwife and they provided a link to the hospital bereavement team. There was a clear bereavement policy in place.
- Women were involved in their choice of birth at booking and throughout the antenatal period. Midwives supported women to make birth choices and produced birth plans to reflect them.

Is the service responsive?

Good  → ←

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

- The trust's bed occupancy rate for maternity ranged between 44.5% and 53.7%, which was lower than the England average.
- The service was working in partnership with commissioners and other organisations to develop local maternity services and develop strategies to continuity of care for women during pregnancy.
- Services were planned, delivered and co-ordinated to take account of women with complex needs, there was access to specialist support and expertise. This included referrals to the perinatal mental health team.
- Women could attend the maternity department with concerns or issues with their pregnancy. They could self-refer, or through their GP, or the emergency department. Midwives took calls and could give an approximate waiting time or a specific time to attend to minimise waiting in the department.
- There were processes in place for women to make complaints or compliments. There had been two complaints in maternity services in the past 12 months. Learning from complaints was used to improve the service and the trust had implemented a maternity afterthoughts service where women discussed with a midwife any aspects of a complex or difficult birth before they left the unit.

Maternity

Is the service well-led?

Good  

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

- New medical and midwifery leads were respected by staff and obstetric consultant engagement had improved. There was increased cross site working in all teams. However, some staff felt locums and middle grade clinicians could work more cohesively with the teams.
- Governance, risk management and quality were the responsibility of medical and midwifery governance leads who worked across both main sites. A second midwife had been appointed to work in risk and quality to ensure actions arising were taken forward and lessons learned.
- The service had a clear governance framework with staff assigned specific roles that ensured quality performance and risks were known about and managed.
- A weekly joint core risk group, across both sites had been developed held where medical and midwifery staff met to discuss individual incidents and cases.
- We saw that staff were open and honest and we saw examples where duty of candour had been used.
- The service was working with a better births model to gain a more sustainable model of care to meet the needs of the population, the geographical difficulties and to ensure women were safe throughout their pregnancy.
- Staff reported positive and negative aspects of culture within the department. Some staff felt supported within their own teams and were confident about raising concerns, although they did not always feel these would be addressed.
- Staff sought feedback and opinions of those who used the service. Friends and family cards were distributed around the unit and staff gave examples of actions taken following comments from users of the service.
- A new programme for staff meetings was scheduled. Staff carried out specific roles and took part in audit production and presentation.
- Staff had raised funds towards a new bereavement suite.

However:

- There remained no formal strategy for the future of maternity services due to the review of maternity provision across Cumbria. Managers confirmed the service vision was to provide the right care at the right time and in the right place.

Areas for improvement

The Trust should ensure:

- Mandatory training rates for all staff meets the trust target.
- Safeguarding level three training for all eligible staff meets the trust target.
- All women receive one to one care in labour.
- Medicines management is standardised across all sites and teams.
- Policies are reviewed by their identified review date and shared with all staff at all sites.

Maternity

- Medical staff review women on the ward in a timely manner.
- Medicines management is standardised across all teams.
- There is a formal strategy for the future of maternity services to reflect the possible options and decisions made regarding provision of care.

Services for children and young people

Good   

Key facts and figures

Services for children and young people at Cumberland Infirmary provide care for children and young people aged 0-16 years, extended to 19 years for patients who have special or more complex needs as well as those with life limiting disease.

The unit provides an on call 24-hour service for emergency admissions via the accident and emergency department and general practitioners catering for paediatric medicine, surgical, orthopaedic, trauma, dental, ENT, ophthalmology, gynaecology and child protection issues.

The children's ward also accommodates day case surgery, medical admissions for further investigations and procedures and diagnostic procedures.

The children's ward is consultant led with a consultant on call system in place 24/7. There are 16 paediatric inpatient beds and eight assessment beds located within one ward.

The special care baby unit is a consultant led service with care being delivered by nurses with extended skills. The unit provides level one care and there are eight neonatal beds.

The service provides an outpatient facility across North Cumbria with clinics in community and hospital sites.

The trust had 6,393 spells from February 2017 to January 2018. Of these, there were 4,272 at Cumberland Infirmary.

Services for children and young people at Cumberland Infirmary was previously inspected in December 2016. All five domains were inspected and an overall rating of 'good' was given. Safe was rated as 'requires improvement', while effective, responsive and well-led were rated 'good'.

Our main concerns at the previous inspection related to medical and nurse staffing. We told the trust it must:

- Ensure children and young people services meet all Royal College of Paediatrics and Child Health (RCPCH) - Facing the Future: Standards for Acute General Paediatric Services (2015 as amended).
- Ensure nurse staffing levels on the special care baby unit (SCBU) adhere to establishment and meet recognised national standards.
-

We also said that the trust should:

- Ensure that staff adhere to and update the cleaning schedule and cleaning log in the children's outpatient department as appropriate.
- Ensure that medical staff sign all signature sheets, and print their names and designations against all entries on all patient notes.
- Ensure that all staff have completed the required mandatory training, and the trust should ensure that its systems accurately reflect this data.

During this inspection, we visited the children's ward, the children's outpatient department and special care baby unit. We spoke with 14 members of staff and seven children, young people and families. We observed care and treatment and looked at five care records.

Services for children and young people

Summary of this service

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

- Services for children people had taken appropriate action in response to issues identified at the previous inspection. There were sufficient medical and nursing staff to ensure children were safe, and appropriate mitigation in place to manage staffing pressures. The service met relevant standards recommended by the Royal College of Paediatrics and Child Health.
- The leadership, governance, and culture promoted the delivery of high quality person-centred care. Medical and nursing staff spoke positively about leadership at ward, service and care group level. There was a good culture and most staff told us they felt valued and respected by peers and managers.
- There was a clear vision and strategy and managers worked collaboratively with stakeholders to develop an integrated model of care. Implementation of the strategy had resulted in the development of short stay paediatric assessment units at both sites, and the service was in the process of developing closer links between maternity and the special care baby unit.
- Staff protected children and young people from avoidable harm and abuse. There were systems and processes to safeguard children and young people. Staff took a proactive approach to safeguarding and focused on early identification.
- Medical and nursing staff delivered compassionate and sensitive care that met the needs of children, young people, and families. Feedback from patient surveys and the NHS Friends and Family Test was positive and staff created a strong patient and family-centred culture.
- Managers and staff planned and delivered services to meet the needs of children and young people, and worked collaboratively with partner organisations and other agencies.
- All areas were visibly clean and hand hygiene audits consistently achieved 100%. There were no cases of *Clostridium difficile* (*C.difficile*), MRSA, or methicillin sensitive Staphylococcus aureus (MSSA) in the previous 12 months prior to the inspection.
- Children's services participated in national audits and there was evidence on ongoing improvement, particularly in relation to diabetes.
- Nursing and medical staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice. Staff had received an annual appraisal and received support and personal development.
- Children and young people were able to access the right care at the right time and referral to treatment times (RTT) were consistently 98% and above.
- There was an open and transparent approach to handling complaints. Information about how to make a formal complaint was available however; families tended to contact the service directly when they had a concern.

However:

- Safeguarding level three training did not meet the standards recommended by Royal Collage of Paediatrics and Child Health intercollegiate document.
- Not all guidelines and policies, which were accessible via the trust internet, were up to date. This included the safeguarding children supervision guideline, and guidelines for hypoglycaemia and meningitis.

Services for children and young people

Is the service safe?

Good  

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

- The trust had taken appropriate action to manage and mitigate risk in relation to medical and nurse staffing. There were 10 whole time equivalent (WTE) consultants in post and consultants were present on site 24 hours a day, seven days a week.
- Evidence from a Royal College of Paediatrics and Child Health (RCPCH) audit showed the unit was achieving the relevant standards. Every child or young person was seen by a consultant within 14 hours and every child with an acute medical problem was seen by a clinician before discharge. In both standards, performance at Cumberland Infirmary was better than the national average.
- At least two consultant-led medical handovers took place every 24 hours on weekdays and once at a weekend.
- The children's ward was fully staffed. We reviewed the children's ward off-duty rota for the previous six weeks and noted there were no gaps.
- There were staffing pressures in SCBU due to sickness absence. However, nursing and medical staff, supported by the matron and clinical director, had good oversight of the issues and had taken appropriate steps to mitigate the risk. The majority of neonatal nurses were qualified in specialty (QIS) and there was a plan in place to train the remaining four staff nurses. Our review of the nurse staffing rota (over a three-month period) showed there was a QIS on every shift, with only one exception.
- A small team of five band 7 nurses were working collaboratively, with support from the matron, to cover the management responsibilities on SCBU. Consultants provided appropriate medical support, for example, when babies required stabilisation or resuscitation.
- The unit met the British Association of Perinatal Medicine (BAPM) recommended staffing ratio (1 nurse for four babies) recommendations. The bed occupancy rate for the previous year was 61.8%.
- Managers regularly reviewed staffing levels to ensure children and young people were safe at all times, and the service had recently revised its escalation procedure.
- Staff protected children and young people from avoidable harm and abuse. There were systems and processes to safeguard children and young people. Staff took a proactive approach to safeguarding and focused on early identification.
- On a day-to-day basis, staff assessed, monitored, and managed risks to children and young people and this included risks to children who had complex health needs, or who were receiving end of life care.
- Although there were ongoing concerns about the availability of Tier 4 beds for children and young people with mental health issues across the region (and nationally), staff had taken appropriate steps to mitigate the environmental risks on the children's ward. Staff worked collaboratively with the child and adolescent mental health service (CAMHS) to ensure all potential hazards were removed such as shower curtains, pull cord and suction equipment before the room was made safe for accommodation.
- All areas were visibly clean and hand hygiene audits consistently achieved 100%. Domestic and nursing staff followed cleaning schedules and updated cleaning logs. We saw an improvement in relation to the concern we identified at the previous inspection in the children's outpatient department. The cleaning rota was completed appropriately.

Services for children and young people

- Records were safely stored, were legible and included appropriate information. At the last inspection we found medical staff did not consistently record their signature, name and designation on all the records we reviewed. At this inspection we saw an improvement and records were signed appropriately.
- There were no cases of *Clostridium difficile* (*C.difficile*), MRSA, or methicillin sensitive *Staphylococcus aureus* (MSSA) in the previous 12 months prior to the inspection.
- Managers and staff had good oversight of mandatory training requirements although compliance was varied across the different modules. Against a target of 95%, the service was currently at 89% overall.
- Managers and staff knew their responsibilities for reporting incidents and raising concerns. Staff discussed incidents regularly at ward and governance meetings, and during daily medical and nursing handovers. Staff took appropriate action to prevent incidents from happening again and lessons were learned. When something went wrong, children, young people and families received a sincere apology.
- Medicines were securely stored and handled safely and staff followed standard procedures. Storage cupboards and fridges were tidy and locked.

However:

- Safeguarding level three training did not meet the standards recommended by Royal Collage of Paediatrics and Child Health intercollegiate document. The trust had recently replaced the interactive face-to-face training with a four-hour online e-learning module. This meant medical and nursing staff did not have the opportunity to participate in scenario-based discussion, draw upon case studies, serious case reviews, or lessons from research and audit, as recommended in the intercollegiate document. Although the safeguarding team told us they could provide bespoke safeguarding training upon request, it was not clear how this would be delivered.
- The safeguarding children supervision guideline was out of date and had not been reviewed since 2014.

Is the service effective?

Good   

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

- Medical and nursing staff adhered to guidelines from the Royal College of Nursing (RCN), the Royal College of Paediatrics and Child Health (RCPCH), the National Institute for Health and Care Excellence (NICE), and other professional guidelines such as the British Association of Perinatal Medicine (BAPM).
- Children's services participated in national audits such as diabetes, seizures and epilepsy in children and young people, and the neonatal audit programme. Outcomes for diabetes demonstrated evidence on ongoing improvement each year. For example, the median HbA1c value recorded amongst the 2014/15 sample was 74.5, which improved to 69.0 in 2015/16 and improved again to 63.0 in 2016/17.
- Results from the national neonatal audit programme (NNAP) highlighted one outcome which was better than the national average – all babies born with a birth weight < 1501g or with a gestational age at birth < 32 weeks who were assigned to the unit for ROP screening were screened on time in accordance with the NNAP extended screening window.
- The neonatal unit had been awarded Stage 2 Baby Friendly accreditation. The unit was also working towards achieving accreditation with the Bliss Baby Charter, a scheme to ensure babies received the best neonatal care and treatment.

Services for children and young people

- There were no emergency readmissions after elective admission for children under one year of age, and there were less than six readmissions within two days of discharge following elective admission for children and young people aged between one and 17 years.
- The trust performed better than the England average for the percentage of patients aged 1-17 years old who had multiple readmissions for asthma and worse for patients who had diabetes or epilepsy. However, the children's ward maintained an 'open door' policy for children with chronic conditions. Families were encouraged to return to hospital if they had further concerns about their child.
- Children and young people had access to effective pain relief and staff used evidence-based pain-scoring and assessment tools to assess the impact of pain. Non-pharmacological methods were also utilised to distract and calm children before, during, and after the administration of treatment.
- There was evidence of positive multidisciplinary working across various disciplines and specialties.
- Nursing and medical staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice. Staff had received an annual appraisal and received support and personal development.
- There were arrangements for young people transitioning to adult services or between services. Needs were assessed early, with the involvement of all necessary staff, teams and services and staff applied Gillick guidelines appropriately in relation to obtaining consent. Arrangements reflected individual circumstances and preferences.

However:

- On the children's ward, staff could access a folder containing paper copies of guidelines, the majority of which were out of date. Although most staff told us they accessed information via the trust intranet, there was a risk someone could access incorrect information if referring to the paper version within the folder. In addition, some trust guidelines on the intranet, such as hypoglycaemia and meningitis, were due for review in 2017 and had not yet been updated.

Is the service caring?

Good   

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

- Children, young people, and families told us they received compassionate care and emotional support from nursing and medical staff.
- Staff created a strong, visible, child and young person-centred culture. Medical and nursing staff were motivated and inspired to offer the best possible care to children, young people, and families, including meeting their emotional needs.
- Parents felt fully informed about their child's condition and treatment, and staff empowered children and young people to be active participants in their own care.
- Feedback from patient surveys and the NHS Friends and Family test was positive. Children, young people and families answered several questions relating to their care. The highest scores across all age groups demonstrated staff were kind, and treated patients and families with dignity and respect.
- Throughout our inspection, we observed staff delivering compassionate and sensitive care that met the needs of children, young people, and families. Medical and nursing staff had a positive and friendly approach towards children and parents. Staff explained what they were doing and took the time to speak with them at an appropriate level of understanding.

Services for children and young people

Is the service responsive?

Good   

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

- Managers and staff planned and delivered services to meet the needs of children and young people, and worked collaboratively with partner organisations and other agencies.
- The facilities and environment in the children's ward and outpatient department were suitable for children and young people, with age appropriate facilities and play activities. There were separate areas for teenagers.
- Care and treatment was coordinated with other services and other providers, and the facilities and premises were appropriate for children and young people. The service also provided facilities for parents to remain with their child during the night.
- Children and young people were able to access the right care at the right time. Ward occupancy rates were not high (52% on the children's ward and 61.8% on SCBU) and consultants reviewed children within 14 hours of admission and before discharge.
- Referral to treatment times (RTT) were consistently above the trust target, ranging from 98% to 99% over the period of a year.
- The service provided appropriate pathways to support young people transitioning to adult services and ensured appropriate provision of care for children with chronic, long-term conditions and those in receipt of end-of-life care.
- There were arrangements to support children and young people with complex needs or who required psychiatric support. Child and adolescent mental health services (CAMHS) were provided by Cumbria Partnership NHS Foundation Trust. Although there were ongoing issues in relation to out-of-hours CAMHS support, managers told us they had seen an improvement since our last inspection, as CAMHS now provided a seven-day service.
- There was an open and transparent approach to handling complaints. Information about how to make a formal complaint was available however; families tended to contact the service directly when they had a concern.
- The service facilitated a hospital and home tuition service, which was provided by Cumbria County Council, for children and young people who were hospitalised for 15 (or more) school days.

Is the service well-led?

Good   

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

- The leadership, governance, and culture promoted the delivery of high quality person-centred care.
- Staff spoke positively about leadership at ward, service and care group level. They felt they had the relevant skills, knowledge, experience, and integrity required. Managers were visible and approachable.

Services for children and young people

- The trust had recently merged with Cumbria Partnership NHS Foundation Trust (CPFT) and senior managers continued to work collaboratively with the Cumbria Clinical Commissioning Group (CCG), Cumbria County Council, North West Ambulance Service, NHS England and neighbouring NHS Foundation Trusts to deliver a business case to remodel services for children and young people. The primary aim was to ensure services were safe by creating a one-team, sustainable, integrated service across both acute sites.
- The trust, in alliance with CPFT, had created a joint operational plan entitled 'This is us'. Core objectives, aims and priorities for services for children and young people receiving acute and community across North Cumbria were included with the strategy. The introduction of a paediatric short stay assessment unit was already in its first phase of development and had introduced a more rapid review of patients. Staff spoke positively about the changes and had felt involved in the process.
- The child health business plan reflected the changing nature of childhood illness which meant fewer children require an inpatient hospital stay, while those who are admitted tend to have a shorter length of stay than in the past. This was reflected in the development of the short stay paediatric assessment units at both sites.
- Managers, clinicians and senior nurses described a governance structure that included regular meetings to discuss the performance, quality, and sustainability of the service.
- Managers and staff understood the key priorities within the unit and developed proposals and action plans to mitigate risk and manage performance.
- Performance was monitored through the paediatrics dashboard and reviewed at monthly governance meetings. In the event of a deterioration in performance an action plan or recovery plan was created and monitored in governance meetings.
- The service proactively engaged with children, young people and their families and sought feedback through patient experience surveys. Feedback was displayed on boards in the children's ward and SCBU. Recognising that some children were too poorly to put their thoughts in writing, staff also engaged with them face-to-face to capture their views.
- Staff told us they were proud to work for the trust and promoted a patient and family-centred culture.
- Although there was a system of clinical and internal audit to monitor quality, the service did not have specific progress reports for audit action plans. However, managers were currently developing a process to monitor and follow-up on action plans and had created an action plan escalation process with the care group governance facilitator.

Areas for improvement

The Trust must ensure:

- Safeguarding level three training meet the standards recommended by Royal Collage of Paediatrics and Child Health intercollegiate document, which states:

"Training, education and learning opportunities should be multi-disciplinary and inter-agency, and delivered internally and externally. It should include personal reflection and scenario-based discussion, drawing on case studies, serious case reviews, lessons from research and audit, as well as communicating with children about what is happening. This should be appropriate to the speciality and roles of the participants."

The Trust should ensure:

- All accessible guidelines (paper and electronic) have been appropriately reviewed, include current evidence-based guidance, and are in date.

West Cumberland Hospital

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Key facts and figures

West Cumberland Hospital (WCH) is part of North Cumbria University Hospitals NHS Trust, which was created in 2001 by the merger of Carlisle Hospitals NHS Trust and West Cumberland NHS Trust and became a University Hospital Trust in September 2008. WCH is a provider of acute hospital services serving mainly the Whitehaven and West Cumbria areas.

It underwent phase one of a £90 million redevelopment, with the new building opening in October 2015. Phase two of the redevelopment is underway. It is a general hospital providing 24-hour A&E, a consultant-led maternity unit and special care baby unit, a range of specialist clinical services and outpatient clinics. It has 239 beds (191 of which are inpatient).

The consultant-led emergency department at West Cumberland Hospital, Whitehaven is open 24 hours a day, seven days a week to provide an accident and emergency service for children and adults. In the year April 2016 to March 2017, 92,105 patients attended the trust's EDs. 37,001 of these patients attended ED at WCH. Paediatric attendances (children age 0 to 16) represented approximately 18% of patients who attended ED across the trust. The hospital was not a designated trauma unit, but accepts trauma patients for stabilisation only prior to transfer to the Cumberland Infirmary. The major's area was comprised of six cubicles and the minor's area of eight cubicles, including an observation area for observation of patients with mental health needs. Three rooms were designated for "see and treat" and one room was situated adjacent to the paediatric area, providing flexibility for both adult and paediatric patients. The paediatric area included a separate waiting room. A spacious resuscitation area contained three bays, one of which was also equipped for paediatric patients. The department also housed a relatives' room, and an ambulatory care area with two beds and seating. Emergency care was situated adjacent to the radiology department.

The medical care service at the trust provided care and treatment at the West Cumberland Hospital (WCH) situated in Whitehaven. The medical care service was managed by a single management team covering both sites under the division for medicine and emergency care ("care group"). The trust provided 111 medical inpatient beds and 50 day-case beds located across 6 wards.

The West Cumberland Hospital (WCH) provided elective surgical services for general surgery, head and neck, ENT, orthopaedics, gynaecology and ophthalmology. There was one large ward, an operating suite, a day-case unit, and recovery area. Patients requiring emergency surgical intervention were transferred to the Cumberland infirmary. In total, the surgical division had 80 day case and 157 inpatient beds.

Summary of findings

The trust has a total of 15 adult critical care beds and the Intensive Care National Audit and Research Centre (ICNARC) data indicates that there are around 1150 admissions a year, with 300 at the WCH site. Across two sites there are eleven 'intensive care' (ITU) beds, for complex level 3 patients, who require advanced respiratory support or at least support for two organ systems; and four 'high dependency' (HDU) beds, for level 2 patients who require very close observation, pre-operative optimisation, extended post-operative care or single organ support and this includes care for those 'stepping down' from level 3 care. Beds are used flexibly with the resources to increase and decrease the numbers of either ITU or HDU admissions.

West Cumberland Hospital (WCH) in Whitehaven provided care and treatment for maternity gynaecology patients in the West Cumbria area. The maternity services comprised outpatient clinics, a day ward, a ward for post-natal and ante-natal care and a delivery suite. Community midwifery services were provided by midwives employed by the trust. For gynaecology patients there was a women's outpatients department, and inpatient beds on a surgical ward.

There were 13 maternity beds located across three wards for antenatal and postnatal care. Services for children and young people at WCH included a 14-bed children's ward and there was a special care baby unit (SCBU) with 9 commissioned cots.

The children's outpatient department was situated within the main outpatient department. The Specialist Palliative Care Team (SPCT) service at NCUH Palliative care is commissioned by Cumbria Clinical Commissioning Group and is delivered in the Trust by staff from Cumbria Partnership Trust. The Specialist Palliative Care Team (SPCT) at WCH comprised of one 0.8 whole time equivalent (WTE) consultant post shared with the community and the Loweswater Suite with two sessions per week of hospital support. One 0.8 WTE staff grade doctor who mainly worked in the Loweswater Suite, and two WTE Macmillan nurse. An End of Life Care team was established at NCUH and consisted of a Lead Bereavement Nurse, chaplain and a bereavement officer.

The outpatient departments held clinics for various specialities throughout the trust across the different hospital sites. Diagnostic imaging was available at Cumberland Infirmary and WCH. Clinics were held in the main outpatient department and departments such as Ophthalmology. WCH had been in the newly built outpatient department for around 12 months at the time of our inspection. Most outpatient clinics had moved to the newly built unit, however there were a small number of clinics still offered in the previous building. Diagnostic imaging services were mainly provided from two locations: Cumberland Infirmary and West Cumberland Hospital with a limited service at Workington Community Hospital, Penrith Hospital and Cockermouth Community Hospital. Diagnostic imaging at WCH provided plain film x-rays, ultrasound, CT, MRI, and interventional treatments. The acute clinical work including fluoroscopy was concentrated at the two main sites; Cumberland Infirmary and West Cumberland Hospital that offered a range of diagnostic imaging, image intensifiers in theatres, and interventional procedures.

Summary of services at West Cumberland Hospital

Requires improvement   

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

Summary of findings

- Registered nurse staffing shortfalls and registered nurse vacancies continued on all wards, however, this was most prevalent in the medical care group. Several registered nurse shifts remained unfilled despite escalation processes. Medical staffing cover remained challenging and locum cover was significant. Additional support was not always available for wards with more complex patient needs, such as one to one support due to behavioural problems or aggressive tendencies.
- There had been several serious incidents where patients had suffered harm as a result of missed diagnosis, late escalation of deterioration or delay in receiving treatment. The emergency department had a designated mental health assessment area that did not meet best practice guidance for a safe mental health assessment room. It contained inappropriate equipment and several ligature risks. We raised this during the core service inspection and the department took action to change the room and make it safer when we returned for the well led inspection. Mental health patients also experienced long waits in the department as they waited to see mental health specialists from the local mental health trust.
- Mandatory training was not always completed by medical or nursing staff in a timely manner and compliance with mandatory training targets was low for both nursing and medical staff.
- Some areas had achieved appraisal target rates, however, staff across the trust reported that the quality of appraisals was poor.
- National and local guidelines were not fully embedded, some departments were not meeting the majority of the audit standards.
- The electronic systems for recording staffing levels and patient acuity was not used consistently throughout the trust.
- Prescribing policies were not followed and on occasions staff had difficulty following controlled drug procedures due to limited staffing. Intravenous fluids were not always secured as per the trust's medicines policy.
- There were a large number of bed moves after 10pm where patients had been moved for non-medical reasons and there remained many medical outliers being cared for on non-medical wards.
- Staff had a variable understanding and awareness of consent issues, the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff morale was variable in each area we visited however we did see some areas where it had improved from our previous inspection.
- We were not assured that safeguarding training was delivered in accordance with Adult and Children Safeguarding Levels and Competencies for healthcare, intercollegiate guidance (2016).
- Governance systems varied from ward to ward in terms of quality. We found that staff on several wards did not know what the risk register was and ward managers were unable to voice what risks were on it.
- Throughout the inspection staff told us that senior leaders lacked visibility in their clinical areas.
- Audits of the WHO surgical safety checklist showed completion of the checklist had been inconsistent and had not been completed for every patient;
- The foundation school had identified concerns about the adequacy of the training and experience of foundation programme doctors within surgery; the trust had developed a comprehensive improvement plan in response.
- There was a large number of guidelines and procedures within the maternity service which were not in date, although there was an action plan in place to recover this position.

However:

Summary of findings

- Staff worked hard to deliver the best care they could for patients. Patients were supported by staff who were kind and compassionate despite being under pressure.
- Patients were positive about the care they received and staff proactively involved patients and their family to consider all aspects of holistic wellbeing.
- Staff confidently reported incidents and the division had made considerable efforts to reduce patient harms from falls and pressure ulcers.
- Ward environments were clean and staff used personal protective equipment appropriately to protect themselves and the patient from infection exposure.
- Patient outcomes in many national audits were good and there had been some reported improvements in others.
- Multidisciplinary team working across the services was integrated, inclusive and progressive.
- The trust had introduced a composite workforce model through the recruitment of trainee advanced clinical practitioners and physician associates to support the medical workforce within surgery;
- Discharges were managed during daily and weekly ward meetings and multidisciplinary team meetings on wards and staff worked with the discharge liaison team;
- Improving referral to treatment times had been set as a priority within the surgical division and at the time of inspection, national data showed referral to treatment times had improved for all surgical specialities;
- Services for children and young people had taken appropriate action in response to issues identified at the previous inspection. There were sufficient medical and nursing staff to ensure children were safe, and appropriate mitigation in place to manage staffing pressures. The service met relevant standards recommended by the Royal College of Paediatrics and Child Health.

Urgent and emergency services

Requires improvement  

Key facts and figures

Urgent and emergency care at the North Cumbria University Hospital NHS Trust operates from two district general hospital sites: West Cumberland Hospital (WCH) in Whitehaven; and Cumberland Infirmary in Carlisle (CIC). Both hospitals operate a 24/7 consultant-led emergency department (ED) for all ages. In the year April 2016 to March 2017, 92,105 patients attended the trust's EDs. 37,001 of these patients attended ED at WCH. Paediatric attendances (children age 0 to 16) represented approximately 18% of patients who attended ED across the trust.

The WCH ED differs from the CIC ED in that it accepts trauma cases for stabilisation only, before transferring these to either CIC or a tertiary centre. There are also a selected number of conditions that follow a high-risk transfer pathway from WCH to CIC. These include:

- Gastro-intestinal bleed
- Respiratory patients assessed as high risk (i.e. those with an initial diagnosis of pneumothorax or potential empyema, cardiac NSTEMI/ACS/endocarditis, or bradycardia requiring urgent cardiac pacing).

Both sites operate emergency assessment units; there is a 29-bedded unit at WCH for medicine and surgical admissions. The unit is supported by acute care physicians (ACPs).

Each site also operates an emergency ambulatory care unit Monday to Friday, supported by the acute medical and surgical consultants and nurse practitioners. The WCH unit operates five chairs, one bed and two examination couches from 8am to 8pm.

The emergency assessment unit and ambulatory care unit were inspected under our Medical Care Core Service Framework. This part of our report focuses on the emergency department (ED).

The WCH ED has a large waiting-room, with a reception station behind transparent screens, a triage room, a 'majors' area comprising six cubicles, a 'minors' area comprising eight cubicles, including one room designed to accommodate patients who present with mental health needs and another designed for ear, nose and throat (ENT) patients, a separate paediatrics area, comprising a waiting room and three cubicles (one of which can be used flexibly as an adult or paediatric room), a spacious resuscitation area containing three bays (one of which is also equipped for paediatric patients), a viewing room, and a relatives' room.

We visited each of these areas during our inspection, and we addressed each of our key questions: Is the service safe? Is it effective? Is it caring? Is it responsive? Is it well-led?

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected this service as part of our ongoing, risk-based inspection programme because, during our 2016 inspection, we had some concerns about the service. We told the trust it must:

- Meet the target to see and treat 95% of emergency patients within four hours of arrival linked to meeting the locally agreed trajectory to see and treat emergency patients within the standard agreed with regulators and commissioners.
- Ensure medical and nursing staff use the computer system fully as intended so that patient real time events are recorded accurately and this is demonstrated through audit.
- Take further steps to resolve the flow of patients into and out of the hospital.

Urgent and emergency services

We further told the trust it should:

- Increase the complement of medical consultant staff as identified in the accident and emergency service review
- Achieve quantified improvements in response to the trauma audit and research network (TARN) audit and the NICE clinical guideline self-harm audit (CG16), and demonstrate progress achieved through audit.
- Take steps to ensure patient confidentiality can be maintained in the accident and emergency reception area.
- Extend the scope and consistency of staff engagement.
-

During our inspection in July 2018 we spoke with 26 members of staff, including managers, doctors, nurses, and non-clinical staff. We also spoke with ambulance crew members who brought people to the ED.

We reviewed 18 sets of patient records (six adults and 12 paediatrics) and spoke with eight patients and two relatives. We observed the interaction of staff with patients and of staff with each other. We reviewed comments from people who contacted us to tell us about their experiences, information from external stakeholders, and performance information about the hospital.

Summary of this service

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

- There had been several serious incidents in which patients had suffered harm as a result of missed diagnosis, late escalation of deterioration, or delay in receiving treatment.
- Staff recording of deterioration and escalation needed to improve to ensure patients received the correct treatment in a timely manner.
- There were gaps in the process for identifying children at risk of harm and safeguarding training compliance rates for both nursing and medical staff were poor.
- The emergency department (ED) had a designated room for mental health assessment that did not meet Psychiatric Liaison Accreditation Network (PLAN) safety standards. Patients with mental health conditions also experienced long waits to see mental health specialists in the ED.
- Mandatory training for both nursing and medical staff was not always completed in a timely manner and compliance with mandatory training targets was poor for both.
- The ED achieved appraisal target rates, but staff across the trust reported that the quality of appraisals was poor.
- Patients experienced long waits in the department once a decision to admit had been made. This was due to bed shortages throughout the trust, but the impact was felt within the ED.
- National and local guidelines were not fully embedded, national audit results were poor, and the department was meeting very few audit standards. Some local work was underway to ensure that audit compliance improved.
- The ED did not have a formal vision or strategy at the time of the inspection.
- Although data was collected and used to manage performance against local and national standards, we had some concerns about the validity and robustness of the data.

However:

Urgent and emergency services

- Staff worked hard to deliver the best care they could for patients.
- Staff who were newly qualified or newly employed by the ED were supported via preceptorships and mentorships during their first six months.
- Patients and families were involved in decision-making about their care in a way that they understood.
- Services were planned to meet individual needs. Patients could access emergency services appropriate for them and their individual needs were supported.
- There was a sense of teamwork within the department and operational staff worked together in partnership to provide care and treatment for patients.

Is the service safe?

Requires improvement  

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

- There had been some serious incidents in the ED relating to delays in treatment for sepsis, diabetic ketoacidosis (DKA) and stroke. The trust was aware of the problems and had implemented new processes, however these were yet to be embedded.
- Compliance with mandatory training targets was poor for both nursing and medical staff.
- Medical staff compliance with safeguarding training was poor and level 3 safeguarding training had been signed-off following e-learning, despite the Royal College of Emergency Medicine (RCEM) guidance's requirement for face-to-face training.
- Clinicians were not following trust safeguarding procedures during assessment; checking of children's previous hospital attendances to discount any safeguarding risks was being missed. Additionally, staff we spoke with at all levels did not routinely question children about Child Sexual Exploitation (CSE) and Female Genital Mutilation (FGM) and were not aware of the tools for identifying CSE that were available on the trust's intranet site. Any safeguarding assessments made were therefore not based on holistic information.
- At the time of our inspection, a gap in the triage process meant that some 'condition, witness, incident, location, time, escort, description' (CWILTED) assessments for identifying potentially vulnerable children were missed, meaning that safeguarding risks to the children concerned were not assessed at all. When we drew this gap to the attention of the safeguarding team and senior ED staff, they told us they would take immediate action to address our concerns.
- The dedicated mental health treatment room did not meet Psychiatric Liaison Accreditation Network (PLAN) safety standards.
- There had been a high number of black breaches at the trust.
- Sepsis-screening and sepsis-management audit results were poor.
- National Early Warning Scores (NEWS) audit results were also poor; escalations and actions had not been recorded consistently.
- Planned medical staffing was low against establishment and we were concerned about the accuracy of the method the department used to set its establishment figures.
- Patient safety checklists were not completed consistently.

Urgent and emergency services

- Medicine fridge temperature checks were not carried out consistently.
- There appeared to be a lack of learning from incidents in the ED, as, often, no meaningful follow-up action was recorded, and similar incidents had occurred repeatedly.

However:

- Sepsis-screening and sepsis-management audit results had showed recent improvement.
- The department was housed in a new, purpose-built building, and was accessible, well-equipped and clean.
- We drew our concerns about the mental health treatment room to the attention of ED managers during our inspection. Following our inspection, the trust told us that it had undertaken significant work to improve the room: door handles and locks were ligature-proof and barricade-proof; taps had been replaced with ligature-free sensor taps; a new panic-alarm system was being added; and new, heavy, missile-proof furniture had been ordered to furnish the room.
- There was sufficient personal protective equipment in the department and staff were observed using it.
- Staff understood their responsibilities in relation to reporting incidents and duty of candour.

Is the service effective?

Requires improvement ● ↓

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

- Evidence-based care guidelines were not fully embedded; there were occasions when staff did not adhere to the timings of pathways, such as the sepsis pathway.
- The trust did not have a sepsis policy for children, although staff told us this was under development.
- There was limited evidence of pain scores being reviewed.
- The emergency department (ED) performed poorly in the 2015/16 Vital Signs in Children audit and again in its own re-audit and there was no evidence that its own recommendations were implemented.
- The department's performance was very varied in the RCEM Procedural Sedation in Adults 2015/16 audit, although the trust's own re-audit found acceptable practice.
- The department did not take part in the 2015/16 Venous thrombo-embolism (VTE) risk in lower limb immobilisation in plaster cast RCEM Audit.
- The ED failed to meet any of the standards in the 2016/17 RCEM Moderate and Acute Severe Asthma report, although it performed similarly to the UK average and demonstrated improved performance in the trust's re-audit.
- The ED failed to meet any of the standards in the 2016/17 RCEM Consultant Sign-off audit, although it performed better than average for all UK standards.
- Although staff we spoke with appeared to have good levels of understanding of the Mental Capacity Act, neither nursing nor medical staff were meeting the trust's standards for both mental capacity training and deprivation of liberty safeguards training, and there was no separate training in consent.
- Understanding of the Mental Health Act was not clearly demonstrated, although staff told us that support was available when needed from the trust's partner mental health trust.

Urgent and emergency services

However:

- The ED performed better than average for two standards and about the same as average for the remaining six standards in the RCEM 2016/17 severe sepsis and septic shock audit, and the trust's re-audit found good/acceptable practice. There was also improving performance against its Commissioning for Quality and Innovation (CQUIN) targets for sepsis in 2017/18, which was more recent than the RCEM audit and re-audit.
- The ED had an action plan for sepsis diagnosis and management. The trust had set up a sepsis group and employed two 'sepsis lead' nurses, and the ED had a sepsis champion.
- Staff had access to a sepsis screening tool and a pathway to support them in identifying and managing patients with sepsis. Information about sepsis was readily available to staff via the electronic patient record.
- There were robust mentorships for new staff, and a departmental induction which included competency-checking. Junior medical staff told us that the support and mentorship that they received from senior doctors was excellent.
- Appraisal rates were better than the trust target for both qualified nursing staff and medical staff, although staff across the trust reported that the quality of appraisals was poor.
- The department worked closely with the frailty team to support patients who had additional health and social care needs. It also worked closely with local care providers such as community health teams to provide a 24/7 team that could support patients in their own homes and so prevent admission and reattendance at the department.

Is the service caring?

Good ● ➡ ➡

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

- Staff in the emergency department (ED) at West Cumberland Hospital (WCH) respected people's dignity. Patients described to us how staff treated them with respect and our observations corroborated this.
- Staff took time to deliver care that was compassionate, and we saw patients being treated with patience and kindness by members of staff at all levels.
- Reception staff took care to afford patients in the waiting areas as much privacy as they could.
- Pastoral support was available for patients of any/no religious belief.
- The trust scored about the same as other trusts for all 24 questions in the ED survey questions relevant to the caring domain.
- Parents of paediatric patients told us that staff involved both them and their children in discussions about treatment options.

Is the service responsive?

Requires improvement ● ➡ ➡

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

Urgent and emergency services

- Senior managers told us that it was not always possible to measure the median time from arrival to treatment accurately, as medical staff did not always write the time that they saw a patient on the paper copy of the patient record form. This meant that the data later input to the Electronic Patient Record (EPR) system could not necessarily be relied upon. This concern had already been raised during our 2016 inspection and did not appear to have been properly addressed.
- From April 2017 to March 2018, the trust failed to meet the four-hour arrival to standard, and its performance followed a deteriorating trend.
- Psychiatry cover for the emergency department (ED) at West Cumberland Hospital (WCH) ended at 8pm each night, meaning that people who were thought to have mental health conditions were often left for long periods of time before being seen by an appropriate doctor or referred to the appropriate service. Staff told us that during the day patients may wait for two or three hours, but after 8pm they would often wait for over eight hours. Young people needing support from child and adolescent mental health services (CAMHS) often waited a long time to be seen, no matter what the time of day.
- Some staff were not aware of the process via which to access information leaflets in other languages or in alternative formats such as large print or Braille.
- Signage to the ED from the main entrance of the hospital was poor, making it difficult for those unfamiliar with the hospital to locate the department.

However:

- The ED was located in a purpose-built building that had been in use since 2015. It was clean, light and spacious. The layout of the building had been well-planned to promote optimum flow of patients into, around, and on from the department.
- There was equipment, including chairs, wheelchairs and trolleys available for use by bariatric patients.
- Chaplaincy services were available to all patients and relatives.
- The ED had access to a telephone interpreting service for people whose first language was not English and to sign language interpreters.
- There was a private, relatives' room and a viewing room. These were somewhat separate from the main areas of activity and so afforded a quiet and comfortable space for those who were bereaved.
- Staff we spoke with were aware of the needs of patients who were living with dementia or learning disabilities.
- Patients could access addiction services, and the department had an alcohol withdrawal pathway.
- The ED had allocated a team to carry out holistic assessments of frail and/or elderly patients and their physical, mental and social needs, so that they could be discharged safely when ready.
- From April 2017 to March 2018, the percentage of patients who left the trust's U&EC services before being seen for treatment was slightly better than the England average.
- Over the same period, the trust's monthly median total time in A&E for all patients was lower, so better, than the England average.

Is the service well-led?

Requires improvement  

Urgent and emergency services

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

- Some staff we spoke with in the West Cumberland Hospital (WCH) emergency department (ED) described the senior leadership team as mostly absent from WCH ED and focused on other parts of the trust.
- Senior departmental managers presented to us as less than confident about the staffing make-up of the department.
- The department did not have a clear vision and strategy for the future, therefore staff were not clear about the future direction of the ED.
- Governance arrangements reported to senior management outside of the department did not always accurately reflect the experience of front-line staff.
- We had concerns that recording and validation of nationally and locally-reported information was not robust; some of the information sent to us by the trust as part of the inspection process showed little variation.
- The risk register did not fully reflect the risks present in the department, although it was monitored and updated regularly.
- We asked for examples of ED involvement in continuous improvement, but the trust did not provide us with any.

However:

- Both nursing and medical staff felt well-led at a local level by their line managers.
- Managerial staff understood the increasing demands and challenges faced by the department.
- Staff spoke of a supportive culture, where colleagues worked together to deliver the best possible care for the patient and support each other through busy or stressful times. Staff knew their hard work was appreciated by colleagues.
- There were appropriate senior-level governance structures to monitor and manage performance against national and local targets.
- The department undertook patient engagement work and participated in national and local surveys to monitor staff and patient satisfaction.

Outstanding practice

We found examples of outstanding practice in this service. The trust's Advanced Care Practitioner (ACP) programme within U&EC was innovative and well-regarded amongst staff and had helped to address the shortage of medical staff the trust had previously experienced.

Areas for improvement

We found areas for improvement in this service.

Specifically, the trust must:

- Improve mandatory training compliance levels for both qualified nursing and medical staff.
- Improve safety in the designated mental health room.
- Ensure patient interactions such as initial assessment, time to treatment and decision to admit are recorded accurately on the electronic administration system and robust validation is carried out.
- Ensure medical cover overnight is always provided by a doctor of ST4 level or above, who is trained in advanced life support (ALS) and advanced paediatric life support (APLS).

Urgent and emergency services

- Ensure sufficient staff are trained in ALS and APLS to ensure the department has the necessary cover 24 hours a day, seven days a week.
- Improve identification and management of patients with time-critical conditions such as sepsis, diabetic ketoacidosis (DKA), and stroke.
- Review nurse staffing numbers using a recognised process to ensure sufficient qualified and experienced staff are deployed to meet the needs of patients.
- Ensure practice around the management and disposal of controlled drugs is in line with trust policy and ensure the dispensing and administration of all drugs is carried out by staff in line with trust policy.
- Continue work to improve patient outcomes where the department failed to meet Royal College of Emergency Medicine (RCEM) audit standards.
- Continue work with other wards and departments to make sure patients are moved to a ward as quickly as possible once a decision to admit has been made.
- Ensure senior staff are fully aware of the staffing position of the department including vacancies and number of staff employed and on duty.
- Ensure there is a department vision and strategy and provide staff with information about the future direction of the department.
- Ensure that the senior management of the trust are fully-sighted on the challenges faced by front-line staff in the department.

Additionally, the trust should:

- Ensure safeguarding children level 3 training meets intercollegiate standards.
- Improve department assurance that staff are correctly recording NEWS and vital signs via robust clinical audit.
- Continue work to improve ambulance handover times.
- Ensure pain scores are reassessed and recorded at suitable intervals.
- Ensure that staff appraisals are of a high standard.
- Ensure regular, robust record-keeping audits take place to identify areas for improvement and action taken.
- Monitor medicines fridge temperatures daily to ensure that medicines are safely stored.
- Consider how to manage patients who have long waits on trolleys in the department, to ensure the risk of pressure damage is minimised, and work with wards and departments to reduce the number of patients waiting more than four hours from a decision to admit to admission to a ward.
- Work towards meeting the 95% four hour waiting target.
- Ensure the risk register for the ED accurately reflects each of the risks faced by the department.

Medical care (including older people's care)

Requires improvement   

Key facts and figures

The medical care service at North Cumbria University Hospitals NHS Trust provides care and treatment for:

- Care of the elderly (including a frailty assessment unit at Cumberland Infirmary)
- Stroke services including thrombolysis
- Neuro rehabilitation (Cumberland Infirmary only)
- Gastroenterology (including endoscopy)
- Renal (including renal dialysis unit)
- Cardiology and Coronary Care Unit (CCU) (Including the Heart Centre and Catheterisation Laboratory (Cath Lab) at Cumberland Infirmary)
- Respiratory care
- Oncology

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

There are 335 medical inpatient beds located across 19 wards trust wide. Cumberland Infirmary is the largest site with 224 inpatient beds. West Cumberland Hospital (WCH) has 109 inpatient beds and is broken down as below:

West Cumberland Hospital

- Coronary Care Unit (CCU) – eight beds
- Emergency Assessment Unit (EAU) – 29 beds
- Ward 2 – 27 beds
- Ward 3 – 15 beds
- Ward 4 – 30 beds

(Source: Routine Provider Information Request (Universal) – Sites tab)

The trust had 35,069 medical admissions from January 2017 to December 2017. Emergency admissions accounted for 20,126 (57%), 587 (2%) were elective, and the remaining 14,356 (41%) were day case.

Admissions for the top three medical specialties were:

- General medicine – 18,266
- Gastroenterology – 5,630
- Clinical oncology – 4,150

(Source: Hospital Episode Statistics)

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

Medical care (including older people's care)

- Ensure systems and processes are established and operated effectively to assess, monitor and improve the quality and safety of the services provided and evaluate and improve practice to meet this requirement.
- Ensure there are sufficient qualified, competent, skilled and experienced staff are deployed across all wards.
- Specifically, improve the management of medical outliers by reducing the number of patients receiving care on a non-designated medical ward, improving repatriation processes and minimising service user moves after 10pm.

The Trust should:

- Continue to progress patient harm reduction initiatives;
- Ensure Infection, prevention and control (IPC) compliance improvement and consistency in standards, regarding catheter and cannula care;
- Ensure best practice guidelines for medicines related documentation is reinforced to all prescribers;
- Ensure oxygen prescribing is recorded and signed for accordingly;
- Ensure medicines management training compliance improves in line with trust target;
- Ensure all relevant clinical observations are recorded at the required frequent, NEWS scores are accurately calculated and trigger levels are adhered to (or document deviation/individual baseline triggers in the clinical records);
- Ensure care and treatment of service users is appropriate, meets their needs and reflects their preferences.
- Specifically, ensure the endoscopy pathway design meets service user preferences and

care or treatment needs.

- Ensure staff are given time to complete all necessary mandatory training modules;
- Ensure all fields within medical and nurse clerking documentation are completed in full, in line with local policy and best practice guidelines;
- Ensure all equipment checks are completed in line with local guidance;
- Progress JAG accreditation application for new endoscopy suite at WCH;
- Continue to proactively recruit nursing and medical staff, considering alternate ways to attract, such as utilising social media;
- Ensure measures are put in place to support units where pending staffing departures will temporarily increase vulnerability;
- Progress the 'Composite Workforce Model' and further embed support from substantive medical colleagues at CIC;
- Ensure food satisfaction standards are maintained and where relevant improved;
- Work with partnership colleagues to address static diabetes patient outcomes;
- Evidence improvements in patient outcomes for respiratory patients around time to senior review and oxygen prescribing;

Medical care (including older people's care)

- Support staff development in line with organisational/staff appraisal objectives protecting/negotiating study time where required;
- Ensure appraisal rate data recorded at trust level coincides with figures at divisional/ward level;
- Ensure patients are given sufficient time to converse with staff regarding care related matters;
- Revisit the patient journey, booking and listing procedures at the endoscopy suite at WCH;
- Ensure where escalation beds are utilised, they are staffed accordingly with due consideration of existing ward staffing requirements;
- Consider local leads for patient flow initiatives and reinforce processes with staff;
- Ensure processes seek to repatriate medical outliers at the earliest opportunity to minimise impact into surgical services.

During our inspection, we spent time at West Cumberland Hospital, visiting all wards and clinical areas managed by the medical team. We spoke with 23 members of staff (including managers, doctors, nurses, therapists, pharmacists and non-clinical staff). Where appropriate we considered care and medication records (including electronically stored information) and completed 14 reviews. Our team met with 14 patients and relatives, observed shift handovers, multi-disciplinary team meetings (MDT), safety huddles, meal times and care being delivered at various times of the day and night.

Summary of this service

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

- Registered nurse staffing shortfalls and registered nurse vacancies persisted on all divisional wards. Several registered nurse shifts remained unfilled despite escalation processes.
- Additional support was not always available for wards with more complex patient need, such as one to one support due to behavioural problems or aggressive tendencies.
- Data has shown that trust wide the medical staffing cover was poor and locum cover was significant.
- The electronic systems for recording staffing levels and patient acuity was not used appropriately or consistently. There were frequent difficulties recording and retrieving patient observations due to fluctuating WiFi signal on the ward.
- Mandatory training figures were below trust target.
- Prescribing policies were not followed and staff had difficulty following controlled drug procedures due to limited staffing. Intravenous fluids were not always secured as per the trusts medicines policy.
- Staff confirmed learning opportunities and access to professional development was variable and appraisal quality was said to be poor at ward level.
- There were excessive numbers of bed moves after 10pm which were without a medical reason for doing so and there remained many medical outliers being cared for on non-medical wards.
- The divisional risk register did not correlate with top risks identified by divisional leads. Risk ratings were confusing and detail of actions taken against the risks were limited.

Medical care (including older people's care)

- Staff morale was variable and junior doctors resented the perceived shift of onus onto them to take responsibility for covering gaps in the junior doctor medical rota.
- We saw that although sepsis screening and the number of patients receiving treatment within one hour had greatly improved, there was room for further improvement.
- Staff had a variable understanding and awareness of consent issues, the Mental Capacity Act and Deprivation of Liberty Safeguards.
- We were not assured that safeguarding training was delivered in accordance with Adult and Children Safeguarding Levels and Competencies for Healthcare, Intercollegiate guidance (2016).
- Governance systems varied from ward to ward in terms of quality and quantity.
- The risk register appeared unreliable, duplicating many common themes and lacking detail in terms of actions taken and progress over the period of time since the risk was identified. There were several examples of wards not knowing what was on the risk register.
- The division had not fully embedded seven day working across all areas.
- Senior leaders lacked visibility.

However:

- Ward environments were clean and staff used personal protective equipment appropriately to protect themselves and the patient from infection exposure.
- Clinical documentation, risk assessments and safety bundles were completed thoroughly.
- Ward environments were clean and staff used personal protective equipment appropriately to protect themselves and the patient from infection exposure.
- Patient outcomes in a number of national audits were good and there had been some reported improvements in others.
- Multidisciplinary team working across the divisional wards was integrated, inclusive and progressive.
- Patients were positive about the care they received. Staff interactions with patients were compassionate, kind and thoughtful.
- The division had developed new services, extending the remit of existing services.
- The division had a clearly defined strategy and vision which was aligned to organisational aims and wider healthcare economy goals.
- Governance processes across the division were clinician driven and quality measures were monitored.
- Cultural improvements had been made.
- We were notified, post inspection, that a recent WiFi upgrade has significantly improved coverage and performance and on 31 July, the e-observations software was upgraded to NEWS2.

Is the service safe?

Requires improvement   

Medical care (including older people's care)

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

- Registered nurse staffing shortfalls and registered nurse vacancies persisted on all divisional wards. Several registered nurse shifts remained unfilled despite escalation processes. Nursing staff sickness was also prevalent across wards with several wards having teams that were described as “burnt out”. The trust used SafeCare to enable coordination of staffing levels and skill mix to the actual patient demand. We saw that patient acuity was not regularly updated when patient complexity changed or updated following patient ward moves.
- Wards also noted that despite having patients with complex needs including those requiring one to one support that additional staff support was not available. The skill mix of healthcare assistant and nurse staffing was raised as an issue with some wards, such as dementia wards, requiring more specialist skills.
- Data has shown that trust wide the medical staffing cover was poor and locum cover was significant. Medical rota shortfalls were managed and reinforced by advanced clinical practitioners on a 24/7 basis. Increased use of advanced clinical practitioners was part of the trust’s strategy for managing the fragile medical workforce. We were advised that this strategy had enabled a reduction of locum medical workforce from 30% to 17% in two years.
- We saw patient observations (blood pressure, pulse, temperature, respirations) were recorded on the new electronic system on two wards. All staff we spoke with told us that there were on-going problems with the WiFi signal and it was not always possible to use the electronic system.
- In all of the charts we looked at we found prescriptions which did not comply with the trust prescribing policy. A prescription audit carried out in August 2017 identified some of the issues we found on inspection, but we could not see evidence of actions taken to improve this. We could not be assured medicines requiring cold storage had been stored at the recommended temperature and were safe to use.
- There was difficulty gaining a second signature for intravenous medicines and controlled drugs. This was due to only having one nurse on a ward. This is not in line with trust policy or Nursing and Midwifery Council(NMC) code of practice.
- We saw that although sepsis screening and the number of patients receiving treatment within one hour had greatly improved, there was room for further improvement.
- The trust submitted data prior to inspection which showed the mandatory target for nursing staff was not met for majority of the 26 mandatory courses, with the worst 34% completion
- We were not assured that safeguarding training was delivered in accordance with Adult Safeguarding Levels and Competencies for healthcare, Intercollegiate guidance (2016).

However:

- Where substantive medical posts remained vacant the division had secured long-term locum contracts to support stability within the service.
- We observed the site co-ordinator in the late evening, assessing and responding to patient risk and deploying staff and patients appropriately.
- We were advised that the SBAR methodology (situation, background, assessment, recommendation) was used to assess which staff transfer to another ward.
- Antibiotic stewardship appeared thorough. The storage of controlled drugs was managed appropriately.

Medical care (including older people's care)

- Records were up-to-date with evidence of on-going review, diagnosis and management plans and patient involvement. All records contained assessments for venous thromboembolism (VTE), nutritional risk, fall risk, and a full nursing assessment. The division had developed several care bundles and specialist care pathway documentation following best practice guidelines.
- All areas we inspected were visibly clean and we saw infection prevention control compliance figures for individual wards displayed on the walls.

Is the service effective?

Good ● ➡ ➡

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

- Staff referred to several National Institute for Health and Care Excellence (NICE) guidelines and quality standards, and Royal College best practice guidelines in support of their provision of care and treatment. Local policies were easily accessible.
- Several evidence-based, condition-specific care pathways had been created to standardise and improve patient care and service flow.
- The trust took part in the quarterly sentinel stroke national audit programme. On a scale of A-E, where A is best, the trust achieved an overall SSNAP level of grade C from August to November 2017.
- The 2017 national diabetes inpatient audit showed improvement from the 2016 audit.
- We found analgesia prescribed on a regular basis and on an as required basis. We observed that staff monitored pain and assess the effectiveness of pain relief.
- We observed well-attended, informal, and structured multidisciplinary team meetings throughout our visit.
- The trust monitored its current working scheme against NHS services, seven days a week clinical standard.
- Access to physiotherapists and occupational therapy service was good with on call night services and a seven-day service. Physiotherapists worked both Saturday and Sunday on the ward with occupational therapists providing services on a Sunday.
- Staff in the emergency assessment unit had a good knowledge of the Mental Capacity Act and were also aware of the Mental Health Act and the fundamental rules in relation to the Act. There were clear internal referral pathways to therapy and psychiatric services.
- 'Reach-Out' was a new delirium service which operated seven days per week and had several key elements; prevention, effective screening, support, treatment, liaising with other services to support discharge and education.

However:

- From April 2017 to March 2018, 93% of staff within medicine at the trust received an appraisal compared to a trust target of 95% for nursing staff and 90% or higher for medical staff.
- In the 2017 staff survey, quality of appraisals was within the worst 25% of trusts nationally for nursing staff.

Medical care (including older people's care)

- The trust participated in the 2017 lung cancer audit and the proportion of patients seen by a Cancer Nurse Specialist was 86.8%, which did not meet the audit minimum standard of 90%. The 2016 figure was 71.8%. Following the inspection, we were advised that the gap to 100% was due to failure to record a pathway outside of the trust at the tertiary referral centre. From January 2017 to December 2017, patients at the trust had a slightly higher than expected risk of readmission for elective admissions when compared to the England average.
- Elective re-admission patients in clinical oncology and clinical haematology had a higher than expected risk of readmission for elective admissions.

Is the service caring?

Good   

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

- The Friends and Family test showed that on average, 93% of those who responded would recommend the West Cumberland Hospital to family and friends.
- The division took part in the national cancer patient experience survey (NCPES) 2016. Eighty-eight percent said that overall, they were always treated with dignity and respect while they were in hospital.
- We spent time observing care interactions between staff and patients. These were polite and compassionate. Patients described feeling safe on the wards.
- Family members were actively encouraged to get involved in any aspect of care they felt able, with consent of the patient.
- Patients stated that they were given time to speak with nurses and doctors about their care and that information was explained clearly.
- Staff assessed patients and used clinical judgment to identify those who may require additional support in understanding care and treatment.
- We observed nurses and therapy staff actively engaging in rehabilitative activities with patients and family members.
- All patient care plans commented on individual patient social, emotional, and spiritual needs and, where relevant, this was integrated into the care plan.
- Staff spent time understanding individual concerns and environmental triggers which could exacerbate emotional stability and wellbeing.
- Staff informed us that patients also received emotional support from chaplaincy and bereavement services, support groups, charity workers, and volunteer staff.

Is the service responsive?

Good   

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

- Divisional management staff attended meetings with local CCG representatives to feed into the local health network and identify service improvements to meet the needs of local people.

Medical care (including older people's care)

- The division had appointed many specialist nurses and developed a number of specialist clinics.
- During the inspection we observed various dementia and learning disability initiatives in place to improve care. Staff informed us that they had ease of access into psychiatric services.
- Staff explained that translation services were available and found the process easy to use. Letters to patients were provided in a larger font for patients with impaired sight. We found that text and telephone calls were used to remind patients about appointments and elective admissions.
- The trust had chaplains who provided access to major faiths within their communities.
- Staff we spoke with explained that they could access bariatric equipment via equipment storage when this was required.
- From February 2017 to January 2018 the average length of stay for medical elective and non-elective patients was better than the England average.
- Referral to treatment times followed a stable trend over the period April 2017 to March 2018.
- The trust held local and cross-site bed meeting teleconferences during the day to address access and flow issues.
- There had been no mixed sex breaches in the division in the previous 12 months.
- We saw that the trust had a complaint policy and staff were aware of it. Staff discussed feedback from complaints and lessons learnt at ward meetings.

However:

- From May 2017 to April 2018, there were 1,750 patients moving wards at night at the across the trust.
- The trust provided us with sight of medical outliers bed occupancy data. Between January 2018 and June 2018, the number of patients classified as being medical outliers was 2,209.

Is the service well-led?

Requires improvement   

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

- We were provided with sight of the divisional risk register dated June 2018. However, we were advised that numerous items had remained on the risk register for several years and still required actioning.
- Whilst detailed in terms of risk description, the register appeared unreliable, duplicating many common themes and lacking detail in terms of actions taken and progress over the period of time since the risk was identified.
- There were several examples of wards not knowing what the risk register was.
- Staff considered the amount and speed of change in the organisation, whilst they recognised this as necessary, felt it added to existing pressures and did not bring about the immediate perceived benefits.
- Staff morale appeared variable across the division and this was said to be due to the staffing shortfall and 'burn-out'.
- At listening events and focus groups prior to the inspection we heard divisional staff describe the culture as having improved but they stated they felt there was room for further improvement in terms of inclusion and communication.

Medical care (including older people's care)

- Several weaknesses in governance and performance exist within the division with respect to medicines use, as stated on the medicines optimisation strategy 2014 to 2019.
- When governance folders were checked on the three of the medical care wards, we found that information was out-of-date, and incomplete.
- There was a disconnect between senior managers and local ward staff in relation to identification of risk.

However:

- The medical care division had a clear management structure defining lines of responsibility and accountability.
- The divisional leads understood the current challenges and pressures impacting on service delivery and patient care.
- All staff we spoke with told us their immediate line managers were professional, supportive and helpful.
- Junior nursing and medical staff described their senior peers to be supportive, approachable and willing to spend time with them when necessary.
- The division had good links with numerous volunteer organisations, charities and national support groups.
- We saw that the trust supported the wider health community agenda with the consultation surrounding the future of healthcare services across the region.

Outstanding practice

- The stroke team were part of the North-West Network which provided telemedicine (Telestroke) services across the region.
- The trust was top in UK for patient reported experience measures survey for kidney care.

Areas for improvement

The Trust must:

- Ensure sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed across all divisional wards. Specifically, registered nurses and physicians to ensure safe staffing levels are maintained;
- Ensure electronic systems which monitor acuity and staffing numbers are updated in a timely manner;
- Ensure patients assessed as requiring one to one support are provided with the appropriate provision of care;
- Ensure safeguarding training levels are delivered in accordance with intercollegiate guidance;
- Ensure mandatory training targets are met by the target date;
- Ensure there are appropriate numbers of qualified staff on the wards to improve second signatory and witness administration of intravenous medicines and controlled drugs procedures;
- Ensure prescriptions comply with the trust prescribing policies;
- Ensure staff record minimum and maximum temperatures for medicines refrigerators; and,
- Ensure actions are implemented following audit findings.

The Trust should:

Medical care (including older people's care)

- Continue to proactively recruit nursing and medical staff;
- Ensure staff are given time to complete all necessary mandatory training modules and an accurate record kept;
- Ensure all staff can access development opportunities in line with organisational/staff appraisal objectives protecting/negotiating study time where required;
- Ensure best practice guidelines for medicines related documentation is reinforced to all prescribers;
- Ensure minimal patient moves after 10pm;
- Continue to progress patient harm reduction initiatives;
- Ensure the risk register is current and reflects actual risks with corresponding accurate risk rating;
- Ensure all staff are aware of the divisional risk register and the associated risks;
- Ensure all actions and reviews of risk ratings are documented;
- Revisit medical rota management processes for junior doctors;
- Revisit modes of communications with staff;
- Ensure staff involved in change management projects are fully informed of the aims and objectives of the proposal and these are implemented and concluded in appropriate timeframes; and,
- Ensure divisional leads and trust leaders promote their visibility when visiting wards and clinical areas.
- Ensure measures are put in place to support units where pending staffing departures will temporarily increase vulnerability;
- Ensure quality of appraisals is improved and maintained.

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Surgery

Good  

Key facts and figures

Cumberland Infirmary and West Cumberland Hospital. Surgical service is split into a number of specialities as listed below:

- General surgery (lower GI, upper GI, breast)
- Urology
- Theatres & anaesthetics
- Critical care
- Trauma & orthopaedics
- Rheumatology
- Head & neck (ENT, oral surgery, orthodontics)
- Ophthalmology
- Vascular
- Radiology

Trauma is carried out at Cumberland Infirmary with the one list of minor trauma procedures carried out weekly at West Cumberland Hospital.

Emergency surgery is provided primarily at Cumberland Infirmary and a clinical pathway is in place for patients presenting at West Cumberland Hospital requiring emergency surgical intervention.

The trust has seven surgical wards with 157 inpatient beds.

(Source: Routine Provider Information Request (Acute RPIR) – Info about service)

The trust had 25,605 surgical admissions from January to December 2017. Emergency admissions accounted for 7,388 (29%), 15,122 (59%) were day case, and the remaining 3,095 (12%) were elective.

(Source: Hospital Episode Statistics)

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

- Ensure the peri-operative improvement plan is thoroughly embedded and debrief sessions are undertaken;
- Improve compliance against 18-week RTT standards for oral surgery, trauma and orthopaedics, urology and ophthalmology;
- Improve rate of short notice cancellations for non-clinical reasons, specifically ENT, orthopaedic and general surgery; and

Must ensure patients whose operations are cancelled are treated within 28 days.

Surgery

Summary of this service

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

- The division had systems and processes in place to support staff in wards and theatres to assess and respond to patient risk;
- Patient observations were recorded appropriately on the electronic system and concerns about deteriorating patients were escalated in accordance with guidance;
- Staffing levels were reviewed across the trust and were based on staffing numbers, the use of an acuity tool and professional judgement;
- The trust had introduced a composite workforce model through the recruitment of trainee advanced clinical practitioners and physician associates to support the medical workforce within surgery;
- All patients had a lower risk of readmission for elective admissions when compared to the England average;
- The trust had introduced a full time orthogeriatrician and the 'consultant of the week' working model which had improved co-ordination, review and consistency of care;
- Mental health colleagues confirmed staff had a good understanding of the Mental Capacity Act;
- National data (NHS England, June 2018) showed 97% of respondents recommended surgical services;
- The average length of stay for all elective patients at West Cumberland Hospital was 2.2 days compared to the England average of 3.9 days;
- The average length of stay for all non-elective patients at Cumberland Infirmary was 0.9 days compared to the England average of 4.9 days;
- Discharges were managed during daily and weekly ward meetings and multidisciplinary team meetings on wards and staff worked with the discharge liaison team;
- Improving RTTs had been set as a priority within the division and at the time of inspection, national data showed referral to treatment times had improved for all specialities;
- The senior management team had a clear and comprehensive understanding of the current risks, challenges and pressures impacting on service delivery and patient care;
- There was an established structure of management and governance meetings in the surgical division;
- The electronic patient record enabled staff to ask and record patients' information and communication needs.

However:

- The trust target (95%) was not met for most mandatory training modules for qualified nursing staff and for medical staff.
- The trust target (95%) was not met for any of the five safeguarding training modules for which qualified nursing staff and for most modules for which medical staff were eligible;
- We were not assured that safeguarding training was delivered in accordance with 'Adult Safeguarding Levels and Competencies for Healthcare, Intercollegiate guidance (2016)';
- Audits of completion of the WHO surgical safety checklist showed completion of the checklist had been 'poor' and had not been completed for every patient;

Surgery

- There was inconsistent practice regarding the management of medicines, maximum and minimum temperatures were not recorded;
- From June 2017 to May 2018, the trust reported one never event at the hospital;
- Trauma and orthopaedics patients had a lower expected risk of readmission for non-elective admissions when compared to the England average;
- Urology patients had a much higher expected risk of readmission for non-elective admissions when compared to the England average;
- There were no patient information leaflets available in different languages on wards;
- The trust's referral to treatment time (RTT) for admitted pathways for surgery was consistently worse than the England average;
- Although the senior management team informed us that recruitment had recently been made, they acknowledged there had been difficulties in covering the anaesthetic rota at West Cumberland Hospital previously;
- The foundation school had identified concerns about the adequacy of the training and experience of foundation programme doctors in surgery; the trust had developed a comprehensive improvement plan in response.

Is the service safe?

Requires improvement   

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

- The 95% target was met for only 12 of the 27 mandatory training modules for which qualified nursing staff were eligible and for only one of the 26 mandatory training modules for which medical staff were eligible;
- The 95% target was met for one of the five safeguarding training modules for which qualified nursing staff were eligible and for none of the three safeguarding training modules for which medical staff were eligible;
- We were not assured that safeguarding training was delivered in accordance with 'Adult Safeguarding Levels and Competencies for Healthcare, Intercollegiate guidance (2016)';
- Audits of completion of the WHO surgical safety checklist showed completion of the checklist had been 'poor' and had not been completed for every patient;
- The foundation school reported concerns about the adequacy of training and experience of foundation programme doctors in surgery; the trust had developed a comprehensive improvement plan in response;
- We found inconsistent practice across wards regarding the management of medicines, maximum and minimum temperatures were not recorded;
- From June 2017 to May 2018, the trust reported one never event at West Cumberland Hospital for surgery.

However:

- The division had systems and processes in place to support staff in wards and theatres to assess and respond to patient risk;
- Information gathered from the electronic patient record was used to assess and respond to patient risks;

Surgery

- Patient observations were recorded appropriately on the electronic system and concerns about deteriorating patients were escalated in accordance with guidance;
- Practice within the trust was for matrons and the operational matron to undertake meetings on a daily basis to identify wards most at risk of running at less than optimal staff numbers;
- Staffing levels were reviewed across the trust as a whole based on staffing numbers, the use of an acuity tool and professional judgement;
- The trust had introduced a composite workforce model through the recruitment of trainee advanced clinical practitioners and physician associates to support the medical workforce within surgery.

Is the service effective?

Good   

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

- Trust policies and clinical pathways were based on guidance from the Royal College of Surgeons and the National Institute for Health and Care Excellence (NICE);
- Electronic and paper care plan documentation and risk assessments were fully completed and fluid, food and rounding charts were completed appropriately;
- Patients we spoke with had no concerns about how their pain was controlled and staff checked that pain relief administered had been effective;
- All patients had a lower risk of readmission for elective admissions when compared to the England average;
- General surgery patients had a lower expected risk of readmission for non-elective admissions when compared to the England average;
- The trust had introduced a full time orthogeriatrician and the 'consultant of the week' working model which had improved co-ordination, review and consistency of care;
- The trust participated in the Northern Region tissue viability collaborative which had increased focus and improvement methodology for the reduction of pressure ulcers;
- The 2016 Oesophago-Gastric Cancer National Audit (OGCNCA) showed the trust was a positive outlier for the age and sex adjusted proportion of patients diagnosed after an emergency admission;
- Patient Reported Outcomes Measures showed performance for varicose veins, was better than the England average;
- From April 2017 to March 2018, 97% of staff within surgery at the trust received an appraisal compared to a trust target of 95%.
- Mental health colleagues confirmed staff had a good understanding of the Mental Capacity Act.

However:

- The 95% target was not met for Mental Capacity Act (MCA) or Deprivation of Liberty Safeguards training for medical and dental staff;
- Urology patients had a much higher expected risk of readmission for non-elective admissions when compared to the England average.

Surgery

Is the service caring?

Good   

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

- National data (NHS England, June 2018) showed 97% of respondents recommended surgical services;
- Patients told us staff were friendly, supportive, compassionate and caring;
- Staff responded promptly to call bells or requests for assistance and had enough time for patients and they introduced themselves;
- A range of clinical nurse specialists provided a high level of emotional support and practical advice, for example, diabetes and respiratory nurse specialists;
- The hospital had a multi-faith chaplaincy service and a bereavement service which staff accessed to support patients or carers.

However:

- The Friends and Family Test response rate was 20%, less than the England average (28%).

Is the service responsive?

Good  

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

- The average length of stay for all elective patients at West Cumberland Hospital was 2.2 days compared to the England average of 3.9 days;
- The average length of stay for all non-elective patients at Cumberland Infirmary was 0.9 days compared to the England average of 4.9 days;
- Staff referred patients to a variety of teams at the trust, for example the tissue viability team and the pain team;
- Patients living with dementia were identified to staff by a butterfly symbol to enable them to provide additional support;
- Discharges were managed during daily and weekly ward meetings and multidisciplinary team meetings on wards and staff worked with the discharge liaison team;
- Improving RTTs had been set as a priority within the division and at the time of inspection, national data showed referral to treatment times had improved for all specialities;
- The trust investigated and closed all complaints and staff confirmed feedback from complaints was provided at staff meetings and displayed as information on staff boards;

However:

- Although there was a variety of patient information leaflets available in wards, there were no leaflets available in different languages;

Surgery

- From April 2017 to March 2018 the trust's referral to treatment time (RTT) for admitted pathways for surgery was consistently worse than the England average.

Is the service well-led?

Good   

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

- The surgical division had a management structure in place with clear lines of responsibility and accountability;
- The senior management team had a clear and comprehensive understanding of the current risks, challenges and pressures impacting on service delivery and patient care;
- Ward sisters said they had constructive and positive relationships with matrons and that they provided clear leadership;
- All staff we spoke with during the inspection told us there was good teamwork, openness and morale was generally good;
- There was an established structure of management and governance meetings in the surgical division;
- The senior management team had identified the risks to the service and had identified actions in response to the risks, e.g. the team was addressing concerns from the foundation school about the training and experience of foundation programme doctors;
- The electronic patient record enabled staff to ask and record patients' information and communication needs.

However:

- Although the senior management team informed us that recruitment had recently been made, they acknowledged the difficulties in covering the anaesthetic rota at West Cumberland Hospital;
- The foundation school had identified concerns about the adequacy of the training and experience of foundation programme doctors in surgery; the trust had developed a comprehensive improvement plan in response.

Areas for improvement

The Trust must:

- Ensure compliance with the completion of the WHO surgical safety checklist for every patient;
- Ensure consistent practice and compliance across wards with trust policies regarding the management of medicines;
- Ensure mandatory training compliance rates meet trust targets.
- Ensure safeguarding training compliance rates meet trust targets and are delivered in accordance with 'Adult Safeguarding Levels and Competencies for Healthcare, Intercollegiate guidance (2016)'.

The Trust should:

- Ensure the continuing cover of the anaesthetic rota at West Cumberland Hospital to deliver the care model through the recruitment and retention of sufficient numbers of appropriately skilled staff;
- Ensure continued improvement in compliance with the overall referral to treatment time (RTT) for admitted pathways target for surgery and particularly for trauma and orthopaedics and ophthalmology surgical specialities;

Surgery

- Ensure patient information leaflets are available in different languages and formats and staff are aware how to access them.

Maternity

Good  

Key facts and figures

The trust provides consultant led maternity care and midwifery led units at both Cumberland Infirmary Hospital and West Cumberland Hospital. This includes a day assessment centre, antenatal and postnatal inpatient beds, maternity theatre, delivery suite and outpatient clinics on each site.

Services available on both sites include:

- Elective and emergency caesarean sections
- Epidural service
- Bereavement service
- Scanning, diabetic clinics and early pregnancy assessment clinics

At West Cumberland Hospital there is a fetal telemedicine clinic with the Royal Victoria Infirmary at Newcastle. Antenatal clinics are also undertaken in the community which covers the remote rural areas of North Cumbria.

Community midwifery services were provided by midwives employed by the trust.

There are 17 maternity beds at West Cumberland Hospital, six of which are on the delivery suite and 11 are on Honister (antenatal and postnatal) ward.

From January 2017 to December 2017 there were 2,763 deliveries at the trust and 1,208 of these took place at West Cumberland Infirmary. In comparison with previous years, and in line with national figures, there had been a slight decline in the number of deliveries. The number of births varied throughout the year and this had been the trend in previous years.

Maternity services at West Cumberland Hospital was previously inspected in December 2016. All five domains were inspected and an overall rating of requires improvement was given. Safe and well led were rated as requires improvement, while effective, caring and responsive were rated as good.

Our main concerns at the previous inspection were related to medical staffing and governance.

At that time, we told the trust it must:

- Review staffing levels; out-of-hours consultant paediatric cover and surgical cover to ensure they meet the Royal College of Obstetricians and Gynaecologists (RCOG) guidelines (including 'safe childbirth: minimum standards for the organisation and delivery of care in labour')
- Ensure that systems are in place so that governance arrangements, risk management and quality measures are effective.

We also said the trust should:

- Ensure that processes are in place for midwives to receive safeguarding supervision in line with national recommendations.
- Continue to improve mandatory training rates to ensure that trust targets are met by the end of March 2017.

Maternity

- Ensure that there are processes in place so that record- keeping, medicine management, and checking of equipment are consistent across all areas.
- Review the culture in obstetrics to ensure there is cohesive working across hospital sites and improved clinical engagement.

During our inspection, we visited the antenatal and postnatal ward, and the labour ward. We spoke with three women and their partner sand 17 staff, which included: midwives, ward sisters, matrons, doctors, consultants, senior managers and support staff. We observed care and treatment and looked at six care records. We also reviewed the trust's performance data.

Summary of this service

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

- The trust had still been unable to recruit to full time, substantive consultant paediatricians to meet RCOG guidelines. However, managers had been able to recruit sufficient locum doctors to mitigate risks and meet minimum standards for delivery of safe care.
- Midwives had undertaken training as midwife advocates and provided supervision and support to registered midwives working in the service.
- New leadership was in place with a new clinical director and associate director of midwifery both recruited in early 2018. Leaders were respected by staff at all levels but had not yet been able to fully embed changes in practice.
- There had been some significant improvement in cross site working between medical staff and senior midwife managers. Managers worked across all sites. However, staff continued to work at separate sites with shared processes and functions. Cohesiveness of the team across the two main hospital sites for maternity services was beginning to form. Staff at all levels were confident in reporting any poor practice they came across, although not all staff felt this would be acted upon.
- There was improvement in governance processes with risk and governance leads for clinicians and midwives. There had been improvements in action plans and follow up of actions from audits
- Not all staff in the service felt engaged in the reconfiguration of maternity services and some felt their opinions were not listened to.
- Staff understood their responsibilities to raise concerns, to record safety incidents and near misses. Nursing and midwifery staffing levels were better than the national recommendations for the number of babies delivered on the unit each year. There were sufficient medical staff to cover the obstetric rota. However, data provided by the trust showed the unit was regularly overstaffed with registered midwives.
- Most women were positive about their treatment by clinical staff and the standard of care they had received. They were treated with dignity and respect.
- Services were planned, delivered and co-ordinated to take account of women with complex needs, there was access to specialist support and expertise.
- Midwifery and medical staff worked together ensuring women received care which met their needs.

However:

Maternity

- Mandatory training rates continued to miss the trust target for both midwifery and medical staff.
- Training compliance for safeguarding level three was below the trust target for those required to be trained to that level.
- Despite staffing levels being better than the national recommendations we found that 10% of women did not receive one to one care in labour.
- Medicines management was not always standardised across all sites and teams.
- There were many maternity guidelines and procedures which were not in date, although there was an action plan in place to recover this position.
- There was no formal strategy for the future of maternity services due to the review of the Cumbria wide provision of maternity care. However, managers were working on two possible options for provision of care.

Is the service safe?

Good  

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

- The trust had still been unable to recruit to full time, substantive consultant paediatricians to meet RCOG guidelines. However, managers had been able to recruit sufficient locum doctors to mitigate risks and meet minimum standards for delivery of safe care. Staff told us they felt babies received safe care and the service could rely on 24/7 paediatric cover and support. The lead consultant at West Cumberland Infirmary organised weekly education sessions for all staff. These were shared across sites using video link
- Midwives had undertaken training as midwife advocates and provided supervision and support to registered midwives working in the service.
- All maternity staff, including community midwives, completed skills training and emergency drills including birthing pool evacuation and obstetric emergencies.
- There were clear processes with specialist midwives and doctors for vulnerable women and babies. Staff had a good understanding of safeguarding for vulnerable women and babies.
- We reviewed six sets of records and found them to be legible, detailed, signed, and safely stored. Patient records showed staff used appropriate systems to assess the health and wellbeing of women. Staff used the World Health Organisation (WHO) safety checklist, modified for maternity, for all interventional procedures and review of records showed these had been completed correctly.
- We saw evidence the unit used the 'fresh eyes' approach, a system that required two members of staff to review fetal heart tracings.
- Staffing levels were recorded and displayed on noticeboards in ward areas. Most shifts were overstaffed. Lead midwives were supernumerary on day shift. However, when the ward was understaffed the lead midwives worked to support the team in providing care. The midwife to birth ratio was lower (better) than the national average.
- There was a trust shortage of anaesthetists and consultant paediatricians but the trust had mitigated this risk by employing long term locums. The maternity service had not experienced any difficulties in accessing anaesthetists for their patients or paediatricians to care for neonates.

Maternity

- From June 2017 to May 2018, the trust reported one incident which was classified as a never event for maternity. This was a retained foreign object post procedure and occurred in May 2018. Incidents, including never events, were discussed at cross-site risk meetings, outcomes were shared and staff received feedback and updates. It was evident in the serious incident investigations we reviewed that the duty of candour had been applied.

However:

- Mandatory training rates continued to miss the trust target for both midwifery and medical staff.
- Training for safeguarding level three was below the trust target for those required to be trained to that level.
- Ten percent of women received one to one care in labour.
- We found boxes containing drugs were not all dated since being removed from refrigerated stock. Therefore, staff did not know how long they had been out of a monitored temperature range.

Is the service effective?

Good   

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

- Women's care and treatment was delivered mostly in line with, or better than, evidence based practice.
- Care outcomes were meeting expectations in most areas, and where improvements were required the service had taken action. The caesarean section rate rose to 27.6% in March 2018 against a target of 22%. It had previously been much lower and the service had an action plan to reduce the risk of it rising again.
- Staff had trained as professional midwifery advocates to support midwives in their clinical role and advocate for women. All staff had received an appraisal.
- There were support systems for new mothers in feeding their baby. The service had achieved stage one of the United Nations Children's Fund (UNICEF) Baby Friendly Initiative (BFI) Accreditation Scheme in October 2017.
- Women were provided with options for pain relief. Anaesthetist response times within 30 minutes for epidural analgesia continued to be 100%.
- Midwifery and medical staff worked together ensuring women received care which met their needs and we saw a range of examples of multidisciplinary team working.
- Staff had received training in the Mental Capacity Act 2005. However, Deprivation of Liberty Safeguards training compliance was at 78% for midwifery staff and 67% for medical staff, below the trust target of 95%. We saw consent processes were effective and followed legislation and guidance.
- There was a practice development midwife in post to cover both main sites and the labour ward lead consultant also led education sessions for all staff once a week. This was carried out via video link to enable staff at Cumberland Infirmary to take part.

However:

- We found several maternity guidelines and procedures were out of date and did not meet current guidance. Staff told us there were several reasons for this including professional input and ratification by the trust board.

Maternity

Is the service caring?

Good  → ←

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

- The NHS Maternity Friends and Family Test for all categories from March 2017 to March 2018 showed the number of women who would recommend the maternity service was similar or better than the national average.
- We observed staff interacted with women and their relatives in a polite, friendly and respectful way. There were arrangements to ensure privacy and dignity in clinical areas. However, bays in the antenatal/postnatal ward were cramped and toilet facilities were limited. Staff had lobbied for funds to improve patient facilities and the service was in the process of completing estates work to expand into an adjacent ward area.
- We spoke with three women and their partners or relatives. All were positive about their treatment by clinical staff and the standard of care they had received. Women told us they had a named midwife. Partners felt well supported by staff.
- Each main site had a bereavement midwife and they provided a link to the hospital bereavement team. There was a clear bereavement policy in place.
- Women were involved in their choice of birth at booking and throughout the antenatal period. Midwives supported women to make birth choices and produced birth plans to reflect them.

Is the service responsive?

Good  → ←

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

- The trust's bed occupancy rate for maternity ranged between 44.5% and 53.7%, which was lower than the England average.
- The service was working in partnership with commissioners and other organisations to develop local maternity services and develop strategies to continuity of care for women during pregnancy.
- Services were planned, delivered and co-ordinated to take account of women with complex needs, there was access to specialist support and expertise. This included referrals to the perinatal mental health team.
- Women could attend the maternity department with concerns or issues with their pregnancy. They could self-refer, or through their GP, or the emergency department. Midwives took calls and could give an approximate waiting time or a specific time to attend to minimise waiting in the department.
- There were processes in place for women to make complaints or compliments. There had been two complaints in maternity services in the past 12 months. Learning from complaints was used to improve the service and the trust had implemented a maternity afterthoughts service where women discussed with a midwife any aspects of a complex or difficult birth before they left the unit.

Maternity

Is the service well-led?

Good  

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

- New medical and midwifery leads were respected by staff and obstetric consultant engagement had improved. There was increased cross site working in all teams.
- Governance, risk management and quality were the responsibility of medical and midwifery governance leads who worked across both main sites. A second midwife had been appointed to work in risk and quality to ensure actions arising were taken forward and lessons learned.
- The service was working with a better births model to gain a more sustainable model of care to meet the needs of the population, the geographical difficulties and to ensure women were safe throughout their pregnancy.
- Staff reported positive aspects of culture within the department. Staff felt supported within their own teams and were confident about raising concerns.
- The service had a clear governance framework with staff assigned specific roles that ensured quality performance and risks were known about and managed.
- A weekly joint core risk group, across both sites, had been developed and held where medical and midwifery staff met to discuss individual incidents and cases.
- We saw that staff were open and honest and we saw examples where duty of candour had been used.
- Staff sought feedback and opinions of those who used the service. Friends and family cards were distributed around the unit and staff gave examples of actions taken following comments from users of the service.
- Regular staff meetings were scheduled. Staff carried out specific roles and took part in education, audit production and presentation.
- Staff had raised funds towards a new bereavement suite.
- The service had a clear governance framework with staff assigned specific roles that ensured quality performance and risks were known about and managed.
- A weekly joint core risk group, across both sites had been developed held where medical and midwifery staff met to discuss individual incidents and cases.
- We saw that staff were open and honest and we saw examples where duty of candour had been used.
- Staff sought feedback and opinions of those who used the service. Friends and family cards were distributed around the unit and staff gave examples of actions taken following comments from users of the service.
- Regular staff meetings were scheduled. Staff carried out specific roles and took part in education, audit production and presentation.
- Staff had raised funds towards a new bereavement suite.

However:

Maternity

- Managers confirmed the service vision was to provide the right care at the right time and in the right place but there remained no formal strategy in place for the future of maternity services. This was due to the review of maternity provision across Cumbria.

Areas for improvement

The Trust should ensure:

- Mandatory training rates for all staff meets the trust target.
- Safeguarding level three training for all eligible staff meets the trust target.
- All women receive one to one care in labour.
- Medicines management is standardised across all sites and teams.
- Policies are reviewed by their identified review date and shared with all staff at all sites.
- Medical staff review women on the ward in a timely manner.
- Medicines management is standardised across all teams.
- There is a formal strategy for the future of maternity services to reflect the possible options and decisions made regarding provision of care.

Services for children and young people

Good   

Key facts and figures

Services for children and young people at West Cumberland Hospital provide care for children and young people aged 0-16 years, extended to 19 years for patients who have special or more complex needs as well as those with life limiting disease.

The unit provides an on call 24 hour service for emergency admissions via the accident and emergency department and general practitioners catering for paediatric medicine, surgical, orthopaedic, trauma, dental, ophthalmology, gynaecology and child protection issues.

The children's ward also accommodates a limited range of day case surgery, medical admissions for further investigations and procedures and diagnostic procedures.

The children's ward and special care baby unit are consultant led with a consultant on call system in place 24/7.

There are seven paediatric inpatient beds and seven assessment beds located within one ward.

The special care baby unit provides level one care and there are nine neonatal beds.

The service provides an outpatient facility across North Cumbria with clinics in community and hospital sites.

The trust had 6,393 spells from February 2017 to January 2018. Of these, there were 2,121 at West Cumberland Hospital.

Services for children and young people at West Cumberland Hospital was previously inspected in December 2016. All five domains were inspected and an overall rating of 'good' was given. Safe was rated as 'requires improvement', while effective, responsive and well-led were rated 'good'.

Our main concerns at the previous inspection related to medical staffing. We told the trust it must:

- Ensure children and young people services meet all Royal College of Paediatrics and Child Health (RCPCH) - Facing the Future: Standards for Acute General Paediatric Services (2015 as amended).

We also said that the trust should:

- Ensure that all staff have completed the required mandatory training, and the trust should ensure that its systems accurately reflect this data.
- Ensure a registered children's nurse (RCN) supports healthcare assistants working in the children's outpatient department.

During this inspection, we visited the children's ward, the children's outpatient department and special care baby unit. We spoke 10 members of staff and seven children, young people and families. We observed care and treatment and looked at five care records.

Summary of this service

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

Services for children and young people

- Services for children people had taken appropriate action in response to issues identified at the previous inspection. There were sufficient medical and nursing staff to ensure children were safe, and appropriate mitigation in place to manage staffing pressures. The service met relevant standards recommended by the Royal College of Paediatrics and Child Health.
- The leadership, governance, and culture promoted the delivery of high quality person-centred care. Medical and nursing staff spoke positively about leadership at ward, service and care group level. There was a good culture and the majority of staff told us they felt valued and respected by peers and managers.
- There was a clear vision and strategy and managers worked collaboratively with stakeholders to develop an integrated model of care. Implementation of the strategy had resulted in the development of short stay paediatric assessment units at both sites, and the service was in the process of developing closer links between maternity and the special care baby unit.
- Staff protected children and young people from avoidable harm and abuse. There were systems and processes to safeguard children and young people. Staff took a proactive approach to safeguarding and focused on early identification.
- Medical and nursing staff delivered compassionate and sensitive care that met the needs of children, young people, and families. Feedback from patient surveys and the NHS Friends and Family Test was positive and staff created a strong patient and family-centred culture.
- Managers and staff planned and delivered services to meet the needs of children and young people, and worked collaboratively with partner organisations and other agencies.
- All areas were visibly clean and hand hygiene audits consistently achieved 100%. There were no cases of *Clostridium difficile* (*C.difficile*), MRSA, or methicillin sensitive Staphylococcus aureus (MSSA) in the previous 12 months prior to the inspection.
- Children's services participated in national audits and there was evidence on ongoing improvement, particularly in relation to diabetes.
- Nursing and medical staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice. Staff had received an annual appraisal and received support and personal development.
- Children and young people were able to access the right care at the right time and referral to treatment times (RTT) were consistently 98% and above.
- There was an open and transparent approach to handling complaints. Information about how to make a formal complaint was available however; families tended to contact the service directly when they had a concern.

However:

- Safeguarding level three training did not meet the standards recommended by Royal Collage of Paediatrics and Child Health intercollegiate document.
- Not all guidelines and procedures, which were accessible via the trust internet, were up to date. This included the safeguarding children supervision guideline, and guidelines for hypoglycaemia and meningitis.

Is the service safe?

Good  

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

Services for children and young people

- The trust had taken appropriate action to manage and mitigate risk in relation to medical staffing. Since the last CQC inspection in December 2016, the service had reduced the number of inpatient beds on the children's ward from 14 to seven and had introduced a seven-bed paediatric short stay assessment unit.
- There were 5.3 whole time equivalent (WTE) consultants in post (of which three were long-term locums). One consultant was on-call with one resident registrar on active duty. Although this meant consultants were not present on site 24 hours a day, seven days a week, managers and medical staff were confident the risk was mitigated due to the proximity of consultants to the hospital. Substantive consultants could (and did) respond to a call within 10 minutes and resident locum consultants remained on site overnight. Recruitment to substantive consultant posts was ongoing.
- Evidence from a Royal College of Paediatrics and Child Health (RCPCH) audit showed the unit was achieving the relevant standards. Every child or young person admitted with an acute medical problem was seen by a health professional with the appropriate competencies within four hours of admission. Sixty percent of children or young people were seen by a consultant within 14 hours, and every child with an acute medical problem was seen by a clinician before discharge. In all three standards, performance at West Cumberland Hospital was better than the national average.
- At least two consultant-led medical handovers took place every 24 hours on weekdays and once at a weekend.
- The children's ward and neonatal unit were fully staffed. However, sickness absence and flexi-retirement in SCBU meant there was not always a qualified in specialty (QIS) nurse on every shift. To mitigate the risk, the unit filled any gaps through overtime and bank nurses. The matron and ward manager provided QIS cover when required, however this impacted upon the amount of non-supernumerary time the ward manager had to fulfil management duties.
- The unit met the British Association of Perinatal Medicine (BAPM) recommended staffing ratio (1 nurse for four babies) recommendations. The bed occupancy rate for the previous year was 39.2%.
- Managers regularly reviewed staffing levels to ensure children and young people were safe at all times, and the service had recently revised its escalation procedure.
- At the previous CQC inspection, we found healthcare assistants worked within the children's outpatient department without support from a registered children's nurse. Although a children's nurse was still not present during clinic time, they were supported by the nurse in charge of the children's ward, with oversight from the ward manager.
- Staff protected children and young people from avoidable harm and abuse. There were systems and processes to safeguard children and young people. Staff took a proactive approach to safeguarding and focused on early identification.
- On a day-to-day basis, staff assessed, monitored, and managed risks to children and young people and this included risks to children who had complex health needs, or who were receiving end of life care.
- Although there were ongoing concerns about the availability of Tier 4 beds for children and young people with mental health issues across the region (and nationally), staff had taken appropriate steps to mitigate the environmental risks on the children's ward. Staff worked collaboratively with the child and adolescent mental health service (CAMHS) to ensure all potential hazards were removed such as shower curtains, pull cord and suction equipment before the room was made safe for accommodation.
- All areas were visibly clean and hand hygiene audits consistently achieved 100%. Domestic and nursing staff followed cleaning schedules and updated cleaning logs.
- Records were safely stored, were legible and included appropriate information.

Services for children and young people

- There were no cases of *Clostridium difficile* (*C.difficile*), MRSA, or methicillin sensitive *Staphylococcus aureus* (MSSA) in the previous 12 months prior to the inspection.
- Managers and staff had good oversight of mandatory training requirements although compliance was varied across the different modules. Against a target of 95%, the service was currently at 89% overall.
- Managers and staff knew their responsibilities for reporting incidents and raising concerns. Staff discussed incidents regularly at ward and governance meetings, and during daily medical and nursing handovers. Staff took appropriate action to prevent incidents from happening again and lessons were learned. When something went wrong, children, young people and families received a sincere apology.
- Medicines were securely stored and handled safely and staff followed standard procedures. Storage cupboards and fridges were tidy and locked.

However:

- Safeguarding level three training did not meet the standards recommended by Royal Collage of Paediatrics and Child Health intercollegiate document. The trust had recently replaced the interactive face-to-face training with a four-hour online e-learning module. This meant medical and nursing staff did not have the opportunity to participate in scenario-based discussion, draw upon case studies, serious case reviews, or lessons from research and audit, as recommended in the intercollegiate document. Although the safeguarding team told us they could provide bespoke safeguarding training upon request, it was not clear how this would be delivered.
- The safeguarding children supervision guideline was out of date and had not been reviewed since 2014.

Is the service effective?

Good   

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

- Medical and nursing staff adhered to guidelines from the Royal College of Nursing (RCN), the Royal College of Paediatrics and Child Health (RCPCH), the National Institute for Health and Care Excellence (NICE), and other professional guidelines such as the British Association of Perinatal Medicine (BAPM).
- Children's services participated in national audits such as diabetes, seizures and epilepsy in children and young people, and the neonatal audit programme. Outcomes for diabetes demonstrated evidence on ongoing improvement each year and were within the expected range.
- Results from the national neonatal audit programme (NNAP) highlighted one outcome which was better than the national average – all babies born with a birth weight < 1501g or with a gestational age at birth < 32 weeks who were assigned to the unit for ROP screening were screened on time in accordance with the NNAP extended screening window.
- The neonatal unit had completed the UNICEF Baby Friendly Initiative stage two assessment. The unit had met almost all of the standards and planned to submit further audit result before the end of the year. The unit was also working towards achieving accreditation with the Bliss Baby Charter, a scheme to ensure babies received the best neonatal care and treatment.
- There were no emergency readmissions after elective admission for children under one year of age, and there were less than six readmissions within two days of discharge following elective admission for children and young people aged between one and 17 years.

Services for children and young people

- The trust performed better than the England average for the percentage of patients aged 1-17 years old who had multiple readmissions for asthma. The children's ward maintained an 'open door' policy for children with chronic conditions. Families were encouraged to return to hospital if they had further concerns about their child.
- Children and young people had access to effective pain relief and staff used evidence-based pain-scoring and assessment tools to assess the impact of pain. Non-pharmacological methods were also utilised to distract and calm children before, during, and after the administration of treatment.
- There was evidence of positive multidisciplinary working across various disciplines and specialties.
- Nursing and medical staff were qualified and had the skills they needed to carry out their roles effectively and in line with best practice. Staff had received an annual appraisal and received support and personal development.
- There were arrangements for young people transitioning to adult services or between services. Needs were assessed early, with the involvement of all necessary staff, teams and services and staff applied Gillick guidelines appropriately in relation to obtaining consent. Arrangements reflected individual circumstances and preferences.

However:

- Policies and guidelines were accessible via the intranet. Some trust guidelines on the intranet, such as hypoglycaemia and meningitis, were due for review in 2017 and had not yet been updated.

Is the service caring?

Good ● → ←

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

- Children, young people, and families told us they received compassionate care and emotional support from nursing and medical staff.
- Staff created a strong, visible, child and young person-centred culture. Medical and nursing staff were motivated and inspired to offer the best possible care to children, young people, and families, including meeting their emotional needs.
- Parents felt fully informed about their child's condition and treatment, and staff empowered children and young people to be active participants in their own care.
- Feedback from patient surveys and the NHS Friends and Family test was positive. Children, young people and families answered several questions relating to their care. The highest scores across all age groups demonstrated staff were kind, and treated patients and families with dignity and respect.
- Throughout our inspection, we observed staff delivering compassionate and sensitive care that met the needs of children, young people, and families. Medical and nursing staff had a positive and friendly approach towards children and parents. Staff explained what they were doing and took the time to speak with them at an appropriate level of understanding.

Is the service responsive?

Good ● → ←

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

Services for children and young people

- Managers and staff planned and delivered services to meet the needs of children and young people, and worked collaboratively with partner organisations and other agencies.
- The facilities and environment in the children's ward and outpatient department were suitable for children and young people, with age appropriate facilities and play activities. There were separate areas for teenagers.
- Care and treatment was coordinated with other services and other providers, and the facilities and premises were appropriate for children and young people. The service also provided facilities for parents to remain with their child during the night.
- Children and young people were able to access the right care at the right time. Ward occupancy rates were not high (36% on the children's ward and 39.2% on SCBU) and consultants reviewed children within 14 hours of admission and before discharge.
- Referral to treatment times (RTT) were consistently above the trust target, ranging from 98% to 99% over the period of a year.
- The service provided appropriate pathways to support young people transitioning to adult services and ensured appropriate provision of care for children with chronic, long-term conditions and those in receipt of end-of-life care.
- There were arrangements to support children and young people with complex needs or who required psychiatric support. Child and adolescent mental health services (CAMHS) were provided by Cumbria Partnership NHS Foundation Trust. Although there were ongoing issues in relation to out-of-hours CAMHS support, managers told us they had seen an improvement since our last inspection, as CAMHS now provided a seven-day service.
- There was an open and transparent approach to handling complaints. Information about how to make a formal complaint was available however; families tended to contact the service directly when they had a concern.
- The service facilitated a hospital and home tuition service, which was provided by Cumbria County Council, for children and young people who were hospitalised for 15 (or more) school days.

Is the service well-led?

Good ● ➡ ➡

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

- The leadership, governance, and culture promoted the delivery of high quality person-centred care.
- Staff spoke positively about leadership at ward, service and care group level. They felt they had the relevant skills, knowledge, experience, and integrity required. Managers were visible and approachable.
- The trust had recently merged with Cumbria Partnership NHS Foundation Trust (CPFT) and senior managers continued to work collaboratively with the Cumbria Clinical Commissioning Group (CCG), Cumbria County Council, North West Ambulance Service, NHS England and neighbouring NHS Foundation Trusts to deliver a business case to remodel services for children and young people. The primary aim was to ensure services were safe by creating a one-team, sustainable, integrated service across both acute sites.
- The trust, in alliance with CPFT, had created a joint operational plan entitled 'This is us'. Core objectives, aims and priorities for services for children and young people receiving acute and community across North Cumbria were included with the strategy. The introduction of a paediatric short stay assessment unit was already in its first phase of development and had introduced a more rapid review of patients. Staff spoke positively about the changes and had felt involved in the process.

Services for children and young people

- The child health business plan reflected the changing nature of childhood illness which meant fewer children require an inpatient hospital stay, while those who are admitted tend to have a shorter length of stay than in the past. This was reflected in the development of the short stay paediatric assessment units at both sites.
- Managers, clinicians and senior nurses described a governance structure that included regular meetings to discuss the performance, quality, and sustainability of the service.
- Managers and staff understood the key priorities within the unit and developed proposals and action plans to mitigate risk and manage performance.
- Performance was monitored through the paediatrics dashboard and reviewed at monthly governance meetings. In the event of a deterioration in performance an action plan or recovery plan was created and monitored in governance meetings.
- The service proactively engaged with children, young people and their families and sought feedback through patient experience surveys. Feedback was displayed on boards in the children's ward and SCBU. Recognising that some children were too poorly to put their thoughts in writing, staff also engaged with them face-to-face to capture their views.
- Staff told us they were proud to work for the trust and promoted a patient and family-centred culture.
- Although there was a system of clinical and internal audit to monitor quality, the service did not have specific progress reports for audit action plans. However, managers were currently developing a process to monitor and follow-up on action plans and had created an action plan escalation process with the care group governance facilitator.

Areas for improvement

The Trust must ensure:

- Safeguarding level three training meet the standards recommended by Royal College of Paediatrics and Child Health intercollegiate document, which states:

“Training, education and learning opportunities should be multi-disciplinary and inter-agency, and delivered internally and externally. It should include personal reflection and scenario-based discussion, drawing on case studies, serious case reviews, lessons from research and audit, as well as communicating with children about what is happening. This should be appropriate to the speciality and roles of the participants.”

The Trust should ensure:

- All accessible policies and guidelines have been appropriately reviewed, include current evidence-based guidance, and are in date.

Penrith Hospital

Bridge Lane
Penrith
Cumbria
CA11 8HX
Tel: 01768245300
www.ncuh.nhs.uk

Key facts and figures

We only inspected the midwifery-led birthing centre at Penrith Community Hospital. This was part of the unannounced inspection of North Cumbria University Hospitals NHS Trust. The midwifery-led birthing centre is part of the Trust maternity service. It is a midwife-led unit and base for community midwives. The birthing centre aims to provide an alternative place to give birth to local mothers deemed as low risk pregnancies. The centre can accommodate one mother in labour and provides a birthing pool and bed room.

The birthing centre was open daily between 08.30 and 17.00 and outside of these hours there was an on call rota for women who chose to deliver at the centre. In the 12 months between May 2017 and June 2018 there were 18 births at the centre. Women were able to have antenatal and postnatal appointments at the centre.

Summary of services at Penrith Hospital

Good   

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

- There was new senior leadership was in place with a new clinical director and associate director of midwifery both recruited in early 2018.
- Cross site working has improved from our previous inspection. Managers worked across all sites. However, staff continued to work at separate sites with shared processes and functions. Some staff from Penrith Birthing Centre were required to work at one of the main sites as part of the escalation policy when those units required additional staff.
- Governance processes with risk and governance leads for clinicians and midwives had improved in the service. There had been improvements in identification of risks, action plans and follow up of actions from audits.
- Nursing and midwifery staffing levels were better than the national recommendations for the number of babies delivered on the unit each year.
- Staff understood their responsibilities to raise concerns, to record safety incidents and near misses.
- Women were positive about their treatment by clinical staff and the standard of care they had received. They were treated with dignity and respect.

Summary of findings

- Policies, systems and processes were in place to protect children and adults from neglect or abuse. There was a clear referral pathway via the community midwives if there were any identified safeguarding issues with expectant mothers.
- Staff followed best practice with infection control and prevention principles, in relation to the management of clinical waste.
- There was a robust midwifery led care policy, which identified the criteria for women being able to deliver within the unit and at home. Midwives completed risk assessments at booking to identify women with any risk factors. High risk women were referred to consultant led antenatal clinics. Women referred by their GP attended the birthing centre for assessment.
- There was a clear protocol to follow should any woman needed to be transferred to hospital. Staff called for an emergency response ambulance immediately.
- The centre was midwifery led and consisted of a lead midwife, community midwives, healthcare assistants and administration staff.
- Community midwife caseloads were managed appropriately. The management team were planning a review of the community midwifery caseloads following our inspection.
- Two further midwives who worked in West Cumbria would attend the centre if a patient needed to access the centre.
- Community midwifery staff were included within the maternity staffing escalation plan. This meant that should the consultant led units in either the Cumberland Infirmary or the West Cumberland Hospital require additional staff to provide safe care; community midwives were required to attend. This meant that the service at the birthing centre could be suspended for that period of time.
- There were no medical staff based at the maternity unit. However, staff were able to contact consultants at the Cumberland Infirmary for advice.
- The trust had a clear policy for the reporting of incidents, near misses and adverse events. Staff reported incidents using the trusts electronic reporting system. There were no serious incidents reported at Penrith Community Hospital. Staff were informed of incidents and learning that had occurred in the acute maternity units.
- Medicines, including those for pain relief, were safely administered. However, we found some medicines were not stored appropriately at the unit and each community midwifery team had a different process for the management and carrying of emergency medicines.

However:

- Managers discussed all transfers from the centre to the Cumberland Infirmary at Carlisle, however there was no formal audit undertaken to identify themes and trends, additionally there was no record of this discussion.
- The birthing centre was under used. Staff had begun some marketing work to raise the profile of the centre and had seen an increase in bookings in the month prior to our inspection.
- The service was not compliant with the Health and Safety Executive guidance to reduce the risk of legionella in the birthing pool. There was no checklist for cleaning of the birthing pool so staff were not aware of what was expected of them.
- There was a lack of evidence of regular audit within the birthing centre.
- We found some medicines were not stored appropriately at the unit and each community midwifery team had a different process for the management and carrying of emergency medicines.

Maternity

Good   

Key facts and figures

Penrith Birthing Centre is a midwifery led unit. Between May 2017 and June 2018 there were 18 births at the birthing centre.

Staff within the unit also provided community based care and were based within the East Cumbria rural community service. The team covered rural areas and were split into geographical areas such as Penrith, Brampton, Appleby and Wigton. Overall the team was known as Eden. The neighbouring midwife team covered Carlisle. Both teams worked across the geographical area out of hours and weekends.

The trust also provides consultant led maternity care and midwifery led units at both Cumberland Infirmary and West Cumberland Hospital. This includes a day assessment centre, antenatal and postnatal inpatient beds, maternity theatre, delivery suite and outpatient clinics on each site.

At West Cumberland Hospital there is a fetal telemedicine clinic with the Royal Victoria Infirmary at Newcastle. Antenatal clinics are undertaken in the community which covers the remote rural areas of North Cumbria.

There is an active maternity voices partnership.

There is one maternity bed at the Penrith birthing centre and two consulting rooms.

From January 2017 to December 2017 there were 2,763 deliveries at all sites across the trust. In comparison with previous years, and in line with national figures, there had been a slight decline in the number of deliveries at the trust. The number of births varied throughout the year and this had been the trend in previous years.

Penrith Birthing Centre was previously inspected in May 2014. All five domains were inspected and an overall rating of good was given. All domains were rated as good.

We spoke with six staff, including one manager, three midwives and two health care assistants. We spoke with three women and observed staff providing advice, care and treatment. We looked at two care records. We also reviewed the trust's performance data.

Summary of this service

At our previous inspection we told the trust it should:

- Ensure the quality of information to improve the support for women who wish to complain. We found that although some complaint leaflets were available, information on both the role and contact details of the Care Quality Commission was out of date and inaccurate, and the leaflets did not clearly direct people to the Public Health Service Ombudsman.
- Ensure there is a service level agreement with the host trust to identify expectations about servicing and access to emergency continuity plans.

Maternity

- Develop a local risk register for the centre to underpin the service risk register and ensure local risks are recorded, mitigated and escalated appropriately.
- Clarify the governance structure, as the Maternity Services Liaison Committee had not met for two years.
- Clarify a leadership role with a clear remit to promote 'normality' in child birth as supported by the Royal College of Midwives Campaign for Normal Birth and the National Childbirth Trust Birth Policy.
- Consider using information technology to improve the effectiveness of data flows. We were informed that the centre had recently received approval to introduce the IT data systems needed to help develop innovation and improvements.

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

- New leadership was in place with a new clinical director and associate director of midwifery both recruited in early 2018. Leaders were respected by staff at all levels but had not yet been able to fully embed changes in practice.
- There had been some significant improvement in cross site working between medical staff and senior midwife managers. Managers worked across all sites. However, staff continued to work at separate sites with shared processes and functions. Some staff from Penrith Birthing Centre were required to work at one of the main sites as part of the escalation policy when those units required additional staff.
- There was improvement in governance processes with risk and governance leads for clinicians and midwives. There had been improvements in identification of risks, action plans and follow up of actions from audits.
- Managers continued to review all transfers from the centre to the Cumberland Infirmary at Carlisle to identify indicators and trends for the reasons why women could not deliver at the centre. Two women required transfer to the Cumberland Infirmary between May 2017 and June 2018. We were told each transfer was discussed, however, there was no formal audit of themes or record of the discussion.
- Nursing and midwifery staffing levels were lower than the national recommendations for the number of babies delivered on the unit each year. The service continued to be under used. However, staff had begun some marketing work to raise the profile of the centre and had seen an increase in bookings in the month prior to our inspection.
- Staff understood their responsibilities to raise concerns, to record safety incidents and near misses.
- Women were positive about their treatment by clinical staff and the standard of care they had received. They were treated with dignity and respect.
- Services were planned, delivered and co-ordinated to take account of women with complex needs, there was access to specialist support and expertise. Midwives worked with medical staff and specialist midwives at the main sites to ensure women received care which met their needs.
- The trust had policies, systems and processes in place to protect children and adults from neglect or abuse. There was a clear referral pathway via the community midwives if there were any identified safeguarding issues with expectant mothers.
- Staff followed best practice with infection control and prevention principles, in relation to the management of clinical waste. However, the service was not compliant with the Health and Safety Executive guidance to reduce the risk of legionella in the birthing pool. There was no checklist for cleaning of the birthing pool so staff were not aware of what was expected of them.
- The premises and facilities at the birth centre were appropriate for the services provided there. The environment was spacious.

Maternity

- There was a robust midwifery led care policy, which identified the criteria for women being able to deliver within the unit and at home. Midwives completed risk assessments at booking to identify women with any risk factors. High risk women were referred to consultant led antenatal clinics. Women referred by their GP or the emergency department attended the ward for assessment.
- If any woman needed to be transferred to hospital staff called for an emergency response ambulance immediately.
- The centre was midwifery led and consisted of a lead midwife, community midwives, healthcare assistants and administration staff.
- Community midwife caseloads were managed appropriately.
- Two further midwives who worked in West Cumbria would attend the centre if a patient needed to access the centre.
- Community midwifery staff were included within the maternity staffing escalation plan. This meant that should the consultant led units in either the Cumberland Infirmary or the West Cumberland Hospital require additional staff to provide safe care; community midwives were required to attend. This meant that the service at the birthing centre would be suspended for that period of time.
- There were no medical staff based at the maternity unit. However, staff were able to contact consultants at the Cumberland Infirmary for advice.
- Patient records were completed appropriately and stored securely.
- The trust had a clear policy for the reporting of incidents, near misses and adverse events. Staff reported incidents using the trusts electronic reporting system. There were no serious incidents reported at Penrith Community Hospital. Staff were informed of incidents and learning that had occurred in the acute maternity units.
- Medicines, including those for pain relief, were safely administered. However, we found some medicines were not stored appropriately at the unit and each community midwifery team had a different process for the management and carrying of emergency medicines.

Is the service safe?

Good   

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

- Nursing and midwifery staffing levels were better than the national recommendations for the number of babies delivered in the trust each year. The service at the Birthing Centre continued to be under used. However, staff had begun some marketing work to raise the profile of the centre and had seen an increase in bookings in the month prior to our inspection.
- Staff understood their responsibilities to raise concerns, to record safety incidents and near misses. Staff shared learning from incidents.
- The trust had policies, systems and processes in place to protect children and adults from neglect or abuse. There was a clear referral pathway via the community midwives if there were any identified safeguarding issues with expectant mothers.
- Staff followed best practice with infection control and prevention principles, in relation to the management of clinical waste.

Maternity

- The environment was spacious, there were two clinic rooms one, which, was used for antenatal and postnatal checks and the other could be used for antenatal classes.
- The premises and facilities at the birth centre were appropriate for the services provided there.
- There was a robust midwifery led care policy, which identified the criteria for women being able to deliver within the unit and at home. Midwives completed risk assessments at booking to identify women with any risk factors. High risk women were referred to consultant led antenatal clinics. Women referred by their GP or the emergency department attended the ward for assessment.
- If any woman needed to be transferred to hospital they called for an emergency response ambulance immediately.
- The birthing centre provided midwifery led care and consisted of a lead midwife, community midwives, healthcare assistants and administration staff.
- The total caseload for the Eden team in January 2018 was 957. This was split into four caseload sizes with the largest in Penrith. Lead midwives reviewed the size of caseloads and supported staff as well as having their own caseloads.
- Two further midwives who worked in West Cumbria would attend the centre if a patient needed to access the centre.
- Community midwifery staff were included within the maternity staffing escalation plan. This meant that should the consultant led units in either the Cumberland Infirmary or the West Cumberland Hospital require additional staff to provide safe care; community midwives were required to attend. This meant that the service at the birthing centre would be suspended for that period of time.
- From April 2017 to March 2018 Penrith the Birthing Centre Vacancy rate centre was 23.3% (underfill) and the centre used bank staff for a total of 41 shifts.
- There were no medical staff based at the maternity unit. However, staff were able to contact consultants at the Cumberland Infirmary for advice.
- Patient records were a mix of electronic and paper patient notes (for instance, inpatient notes and nursing care plans were paper based). Paper records were stored securely away from patient areas and maternity used an electronic record so data could be shared with community services.
- Medicines, including those for pain relief, were safely administered.

However:

- Mandatory training rates continued to miss the trust target of 95% but the overall rate had improved to 81%.
- We did not see evidence of cleaning audits in the unit and results were not displayed.
- We did not find evidence staff complied with the Health and Safety Executive guidance to run the hot water in the birthing pool for five minutes daily to reduce the risk of legionella. There was no checklist for cleaning of the birthing pool so staff were not aware of what was expected of them.
- We found some medicines were not stored appropriately at the unit and each community midwifery team had a different process for the management and carrying of emergency medicines.

Is the service effective?

Good   

Maternity

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

- The trust had systems and processes in place to ensure that care was given by the service according to published national guidance such as that issued by National Institute for Health and Care Excellence (NICE) and Royal College of Obstetricians and Gynaecologists (RCOG). All staff we spoke with could access on the trust's intranet, guidelines, policies and procedures relevant to their role.
- Pain relief medicines for women who chose homebirth were prescribed by the general practitioner and kept at the patient's home.
- Managers continued to review all transfers from the centre to the Cumberland Infirmary at Carlisle to identify indicators and trends for the reasons why women could not deliver at the centre. Two women required transfer to the Cumberland Infirmary between May 2017 and June 2018. We were told each transfer was discussed, however, there was no formal audit of themes or record of the discussion.
- Women were able to choose what pain relief they could use during this included active labour techniques and pharmacological methods. Women who requested additional pain relief were transferred to the Cumberland Infirmary.
- The birth centre had 100% normal vaginal delivery rate, which was better than the national average of 60%.
- Women who were transferred to the consultant led unit were discussed amongst the local midwifery leadership to identify themes and trends. We were told each transfer was discussed,
- Staff completed specific training for maternity included training on obstetric emergency situations. Staff felt competent in completing these procedures.
- Staff who managed the antenatal classes attended regional antenatal seminars to ensure they were providing up to date information. Staff told us of examples where they had changed the classes to reflect the learning from the courses.
- Community midwives were required at times to attend the labour suite as part of Cumberland Infirmary midwifery staffing escalation plan.
- Staff provided breastfeeding and health promotion information. The service provided smoking cessation programme advice, treatment and therapy at the same time as women's consultations. Women could access free referrals to local slimming groups if they met certain criteria.
- Staff had received training on mental capacity and asked women for consent for any investigations or procedures they were completing.

However:

- There was limited evidence of audit activity undertaken within the Birthing Centre itself.
- There was no formal audit of themes or record of the discussion regarding women who were transferred to the consultant led units. There remained a potential risk to labouring women if they had to transfer to another location for medical assistance.
- The trust mandatory training completion target was 95%. However maternity staff across the trust achieved an overall average of 81%. There were no separate mandatory training figures available for Penrith Birthing Centre staff. All staff had received an appraisal.

Maternity

Is the service caring?

Good  → ←

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

- Women were positive about their treatment by clinical staff and the standard of care they had received. They were treated with dignity and respect.
- The NHS Maternity Friends and Family Test for all categories from March 2017 to March 2018 showed the number of women who would recommend the maternity service was similar or better than the national average.
- Women told us that staff were friendly and provided compassionate care. They felt that they were treated with respect and their privacy was maintained.
- Information was displayed regarding myths in pregnancy and birth. Information identified if these were correct and provided the correct information to women and their families.
- Women told us that they felt the midwives had provided them with emotional support.
- Staff supported women with breastfeeding.
- The service provided an Afterthoughts service, a listening service for women or families experiencing difficulties following any birth.
- Perinatal mental health risk assessments took place at the booking appointment, throughout pregnancy and during the post-natal period. Women with a suspected mental health illness were cared for in partnership with the perinatal mental health team for further assessment and treatment

Is the service responsive?

Good  → ←

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

- The service was working in partnership with commissioners and other organisations to develop local maternity services and develop strategies to continuity of care for women during pregnancy.
- Services were planned, delivered and co-ordinated to take account of women with complex needs, there was access to specialist support and expertise. This included referrals to the perinatal mental health team.
- There were processes in place for women to make complaints or compliments. There had been two complaints in maternity services in the past 12 months. Learning from complaints was used to improve the service and the trust had implemented a maternity afterthoughts service where women discussed with a midwife any aspects of a complex or difficult birth before they left the unit.
- The centre was accessible to women who lived in the local area, however women from other areas could also access the centre. Women from outside the local area had attended the centre to see if they would prefer to use the birthing suite.
- The community staff worked out of local GP surgeries and a community hospital which helped women to receive antenatal and postnatal care closer to home. Community midwife teams were organised around geographical areas to ensure women had a responsive local service.

Maternity

- Women had options of where to deliver and staff provided information to women on what they might want to know about concerning their pregnancy. Specific criteria needed to be met to allow women to give birth at the centre. A review and a risk assessment were completed at 36 weeks to identify if they still met the criteria. Staff had devised a leaflet about the centre and why women may need to be transferred and the support they would receive.
- Midwives worked with medical staff and specialist midwives at the main sites to ensure women received care which met their needs.
- Staff could offer longer appointment times for women with additional needs.
- Community staff supported women with healthy living and could signpost women to aqua aerobics.
- Patient could access antenatal clinics on weekdays with some weekend and evening sessions. Post-natal checks were normally undertaken in the woman's home; however, community midwives were unable to give appointment slots when the midwife would visit.
- Although the birthing centre was under used we saw that the numbers of births was slowly increasing with more women wishing to deliver there in the future.
- There were no complaints received regarding the centre.

However:

- There were occasions when women who had chosen to deliver at the birthing centre were unable to do so. This was because the on-call community midwife was required to support the consultant led units as part of the maternity staffing escalation plan.

Is the service well-led?

Requires improvement  

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

- The service incorporated teams of community midwives from different geographical areas and each team worked in different ways with no coordination or standardisation of processes for cleanliness or medicines management.
- Managers did not ensure processes and practices were adhered to through audit or checklists.
- Staff reported positive and negative aspects of culture within the department. Some staff felt supported within their own teams and were confident about raising concerns, although they did not always feel these would be addressed.
- Staff told us they had meetings with their manager but these were informal and were not recorded.
- There was no formal strategy for the future of maternity services due to the review of maternity provision across Cumbria. However, managers confirmed the service would follow the Better Births plan developed by the Local Maternity System Board and incorporating the concept of community hubs.

However:

- New leadership was in place with a new clinical director and associate director of midwifery both recruited in early 2018. Leaders were respected by staff at all levels but had not yet been able to fully embed changes in practice.

Maternity

- There was improvement in governance processes with risk and governance leads for clinicians and midwives. There had been improvements in action plans and follow up of actions from trust wide audits. A weekly joint core risk group, across all sites had been developed held where medical and midwifery staff met to discuss individual incidents and cases.
- Staff felt involved in plans for the future of the service and recognised the birthing centre was underutilised. The birthing centre collated data which included the number of women planned to deliver in the birthing centre, and the number of women who actually delivered at the centre and the themes identified.
- Staff sought feedback and opinions of those who used the service. Friends and family cards were distributed around the unit and staff gave examples of actions taken following comments from users of the service.

Areas for improvement

The Trust should:

- Ensure mandatory training rates for all staff meet the trust target of 95%.
- Ensure regular cleaning audits are carried out and results are displayed.
- Ensure systems and processes for the storage of medicines are standardised following best practice and adhered to across all sites and throughout the community teams.
- Comply with Health and Safety Executive best practice guidance to reduce the risk of legionella in the birthing pool.
- Ensure regular audits are undertaken within the Birthing Centre in line with maternity service audits and results displayed and shared with all staff.
- Ensure a formal audit and records of themes regarding transfers to the consultant led units and record risk assessments and decisions made for all transfers.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

Sarah Dronsfield, Head of Hospital Inspection, chaired this inspection and Victoria Head, Inspection Manager, led it. There were two executive reviewers, Suzanne Tracey, Chief Executive at Northern Devon Healthcare NHS Trust and Therèsa Moyes, Director of Quality and Clinical Performance at Midlands Partnership NHS Foundation Trust, supported our inspection of well-led for the trust overall.

The team included 11 [further] inspectors, 2 executive reviewers and 9 specialist advisers.

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.