

# North Cumbria University Hospitals NHS Trust

## Quality Report

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

## Ratings

<b>Overall rating for this trust</b>	<b>Requires improvement</b> 
Are services at this trust safe?	<b>Requires improvement</b> 
Are services at this trust effective?	<b>Requires improvement</b> 
Are services at this trust caring?	<b>Good</b> 
Are services at this trust responsive?	<b>Requires improvement</b> 
Are services at this trust well-led?	<b>Requires improvement</b> 

# Summary of findings

## Letter from the Chief Inspector of Hospitals

North Cumbria University Hospitals NHS Trust serves a population of 340,000 people living in Carlisle, Whitehaven and the surrounding areas of West and North Cumbria. In total the trust employs 4,272 staff and has 629 inpatient beds across the Cumberland Infirmary in Carlisle, the West Cumberland Hospital in Whitehaven and the Penrith Birthing Centre.

The trust was also one of 11 trusts placed into special measures in July 2013 after Sir Bruce Keogh's review into hospitals with higher than average mortality rates. Immediately before the Keogh review and since that time there have been significant changes to the senior team including a new Chief Executive, Chief Operating Officer, Medical Director and Director of Nursing. A new chair and new non-executive directors have also been appointed. The Board and senior team have been supported by both the Trust Development Authority and Northumbria Healthcare Foundation Trust as a 'buddy' organisation.

At that time the trust faced significant challenges, the range and nature of the improvements required within a geographically challenging environment added to the complexity of the challenges faced

Since that time the new senior team have worked well together to address the issues identified in both the Keogh Review and the issues highlighted in our last inspection of the trust on May 30 – 2 June and June 12 2014.

### **Key Findings from the 2014 inspection were as follows:**

We found that the trust was continuing to make progress in improving services and mortality rates. Importantly, mortality rates were within expected limits and the trust had made good progress against the delivery of the action plan developed in relation to the Keogh review findings, however, despite the progress made in mortality rates and improved governance, there remained many issues of serious concern. The trust was experiencing major difficulties in recruiting doctors – particularly consultants. The shortfall in consultant cover was posing a significant challenge in maintaining safe and timely standards of care and treatment for patients.

Nurse staffing had improved overall, but still remained a challenge in terms of staffing all wards and departments appropriately and consistently.

In addition we found that governance and risk management systems required improvement, Care and treatment was not always robustly supported by evidence-based policies and procedures. The trust could not give assurance that all care and treatment was in line with NICE guidelines as monitoring systems were incomplete and inconsistently applied.

We also found that clinical audit was not fully supported, although the trust was trying to improve this situation across all services. (Clinical audit is an important element of monitoring, managing and improving care and treatment for patients).

Despite actions taken to improve responses to serious incidents and promote a culture that supported openness, transparency and learning, the trust had reported 10 never events since November 2012. (Never events are very serious, largely preventable patient safety incidents that should not occur if the relevant preventative measures have been put in place). At that time the recurring themes emerging from the never events indicated that the actions taken and the sharing of lessons learned were not systematically embedded or applied.

At this inspection it was evident that the trust had worked hard to sustain and secure further improvement as well as continue its efforts to include and engage staff in service development and improvement. However, it was also evident that despite vigorous efforts to address some longstanding recruitment issues and managerial challenges there was still much for the trust to do.

### **Our key findings from this inspection were as follows;**

The main areas of concern remained the recruitment and retention of Medical and Nursing staff and the impact that these difficulties were having on the quality and timeliness of services provided to patients.

#### **Medical staffing**

# Summary of findings

Despite efforts by the trust to improve the numbers of medical consultants employed, there were numerous vacant consultant posts. At the time of our inspection there was a deficit of 55.8 wte posts.

Vacancies were covered by locum doctors in some areas; however the high vacancy rate was having an adverse effect on the timeliness of treatment for patients and meant support for junior doctors was not robust or effective in a number of core services.

In Cumberland Infirmary we had concerns regarding the out of hour's anaesthetic cover; we raised this with the trust at the time of our inspection. The trust took immediate action to improve the cover provided.

## **Nurse staffing**

Nurse staffing levels were calculated using a recognised dependency tool and regularly reviewed. There were minimum staffing levels set for wards and departments.

The trust had been actively recruiting nursing staff and although the numbers of nurses had improved, there were still vacancies in some key areas. This was a particular issue on the medical wards.

Nursing vacancies were often covered by bank staff, overtime and agency nurses and there was a trust wide escalation process in place to report staffing shortages, however, there were occasions when managers could not respond appropriately and secure the additional resources required. There were times when wards and departments were not adequately staffed.

The trust acknowledged that the current position was inappropriate and presented a risk to patient safety. In response the trust was seeking new and innovative ways of maximising its nursing resources and of attracting and appointing nursing staff. There was evidence of ongoing recruitment during our inspection.

## **Midwifery staffing**

The midwife to birth ratio was 1 to 25 at Cumberland infirmary and 1 to 24 at West Cumberland hospital. This was better than the England average which was 1 to 28. 100% of patients had one to one care from a midwife during labour.

## **Mortality and morbidity**

The trust has sustained the improvement in its mortality rates. There were no risks identified with Dr Foster Hospital Standardised Mortality Ratios (HMSR). The Summary Hospital Mortality Indicator (SHMI) was 0.98 and within the expected range.

The trust continued to review its mortality data each week as part of its Safety Panel at a corporate level. The safety panel provided a monthly report to the Safety & Quality Committee.

## **Incident reporting**

The Trust has reported 3 Never Events since March 2014. All events were subject to an investigation and remedial actions and learning points identified and shared with staff via a Safety Newsletter that shared findings, discussed new initiatives and encouraged learning.

The trust had a comprehensive process for investigating serious incidents. All the incident reports we reviewed had comprehensive timelines, clear methodology descriptions and varied use of root cause analysis tools. The investigation reports we viewed were of a good standard.

Although staff were aware of the incident reporting system and how to use it, the NRLS report indicates that the trust has a patient safety incident reporting ratio of 6.80 per 100 admissions. This is at the lower end of performance for a trust of this size and indicates a poor level of incident reporting.

## **Safeguarding**

Policies and procedures were in place that outlined the trust's processes for safeguarding adults and children. Safeguarding policy and procedures were supported by staff training and the numbers of staff who had received training had increased, particularly in services for children and young people. 95% staff requiring Level 3 Safeguarding & Protecting Children Training having received it at 31/03/2014. The areas for improvement were noted as medical staff within obstetrics and gynaecology, A&E and Dermatology.

There was evidence of the appropriate referral and escalation of safeguarding concerns for both adults and children.

## **Mandatory training**

# Summary of findings

The trust provided a good range of mandatory training and had set itself a target of 80% of staff completing all mandatory training in the year. However performance was varied and improvements in the numbers of staff completing mandatory training required improvement across both a number of core services and professional groups.

## Cleanliness and infection control

Both hospitals were visibly clean and there were ample supplies of hand washing facilities and personal protective clothing (such as aprons and gloves) to support good hygiene and infection control practice.

Staff in the main followed good practice guidance and monthly hygiene audits demonstrated good levels of compliance.

Infection rates were within acceptable limits. The infection rates for *Clostridium difficile* (C.diff), including the wards within the medical unit, had been below the England average, with only one case reported between April 2013 to November 2014. However, the trust saw significant increases in the numbers of C.diff cases in September and December. The cases related to two areas; an elderly care ward and general surgery. The cases had been investigated and the trust was taking remedial action to address these issues at the time of our inspection.

There had been an outbreak of Norovirus that had resulted in a number of beds being closed. The outbreak had been subject to a root cause analysis and remedial action planning.

## Nutrition and hydration

Patients had a choice of nutritious food and an ample supply of drinks during their stay in hospital. Patients with specialist needs in relation to eating and drinking were supported by dieticians and the speech and language therapy team. There was a system in place that identified patients who needed assistance with eating and drinking. Support with eating and drinking was given to patients in a sensitive and discreet way.

## Case Note Availability

As a result of targeted work there had been a significant improvement in the availability of patient records in the outpatients department. Performance had improved by over 20% with 95% of patient case notes available for their outpatient consultation.

## Patient Outcomes

Good patient outcomes were demonstrated through patient reported outcomes measures (PROMs) data between April 2013 and March 2014 which showed that the percentage of patients with improved outcomes following groin hernia, hip replacement, knee replacement and varicose vein procedures was either similar to or better than the England average.

The average length of stay for elective and non-elective patients across all specialties was better than the England average. The rate of normal births was in line with the England average and maternal readmission rates were in line with the England average.

A local audit of End of Life Care had taken place as a baseline for the pilot of the new End of Life Care plans. This showed that patients had access to anticipatory medications for pain and distress at the end of life.

Due to there being only one consultant for TOP, patients could wait up to three weeks for an appointment following referral by their GP against a recommendation of five working days and actions to develop the service further in order to reduce the waiting times were ongoing.

## Access and flow

The trust remained under pressure from the numbers of emergency admissions through its accident and emergency (A&E) departments.

In 2014/15, Cumberland Infirmary only met the Department of Health target for emergency departments to admit, transfer or discharge patients within four hours of arrival, once in July 2014 with a range over the year between 69.1% to 96.6%. Over the year, 12 patients waited for more than 12 hours from the decision to admit to being admitted. Individual breaches of the four hour target were investigated and the majority were due to patients waiting for a bed in the ward areas. The trust's position had not improved since our last inspection and remained an area of concern.

# Summary of findings

The A&E department at West Cumberland Hospital had also struggled to meet the Department of Health target, over the second half of the year, performance between October 2014 and March 2015 was poor with only 86.3% compliance in February 2015. There were a number of four hour target breaches with patients in the department for over seven hours. The breach reports indicated the majority of delays were due to patients waiting for a bed in the ward areas.

Emergency admissions affected the number of available beds particularly in medicine. Patients were often placed in wards and areas that were not best suited to their needs.

Although the trust had systems in place to make sure that patients placed in areas away from the relevant specialist area were seen regularly by an appropriate doctor, this was not always carried out in timely way. In addition, patients often experienced a number of moves from ward to ward, sometimes during the night. This was not a positive experience for patients.

Surgical patients were also affected because operations were cancelled if inpatient beds were not available.

## **Providing responsive services**

The Trust was consistently failing to achieve the majority of access targets. These include the A&E 4 hour waiting target, 18 week referral target for treatment for admitted and non-admitted pathways, the urgent referral 2-week targets and the cancer 62-day referral and screening targets. The cancer 31-day target was generally achieved.

This meant that patients were not receiving care and treatment in a timely way and performance in these key areas required significant improvement.

## **Vision and Strategy**

It was evident that the leadership team were committed to service improvement for the benefit of patients and were keen to include staff in the improvement journey. The trust had made significant improvements in the risk management and governance processes. The trust had demonstrated improvement to 6.5 by June 2014 against the Monitor Quality Governance framework although did not yet meet the requirements.

However, whilst the Trust has clearly articulated a clinical strategy including its preferred options for its most fragile

services, these had not yet been agreed as part of the required system wide transformation programme by the CCG. Detailed planning and implementation work expected to address some of the key operational challenges had not therefore been possible.

## **Duty of Candour**

The trust was aware of its role and responsibilities in relation to the Duty of Candour requirements and had begun to embed processes that were supported by a Duty of Candour checklist. The Trust updated its Being Open process following the introduction of Duty of Candour regulation in November 2014. Monitoring arrangements indicated that in 100% of serious harm incidents; the Trust has met the Duty of Candour requirements. This was less so for moderate harm incidents, with the December 2014 compliance being as low as 40%.

## **Fit and Proper Persons**

The trust was prepared to meet the requirements of the Fit and Proper Persons regulation (FPPR). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role. The trust policy on pre-employment checks covered criminal record, financial background, identity, employment history, professional registration and qualification checks. It was already part of the trust's approach to conduct a check with all relevant professional bodies (for example, medical, financial and legal) and undertake due diligence checks for senior appointments.

Importantly, the trust must:

- Ensure that medical staffing is sufficient to provide appropriate and timely treatment and review of patients at all times including out of hours.
- Ensure that medical staffing is appropriate at all times including medical trainees, long-term locums, middle-grade doctors and consultants.
- Ensure that nursing staffing levels and skill mix are appropriate particularly in medical care services
- Take action to improve the levels of mandatory training compliance.
- Take action to improve the rate of appraisals completion.

# Summary of findings

- Improve patient flow throughout both hospital's to ensure patients are cared for on the appropriate ward for their needs and reduce the number of patient bed moves, particularly in the medical division.

- Improve the rate of incident reporting

**Professor Sir Mike Richards**

Chief Inspector of Hospitals

# Summary of findings

## Background to North Cumbria University Hospitals NHS Trust

North Cumbria University Hospitals NHS Trust serves a population of 340,000 people living in Carlisle, Whitehaven and the surrounding areas of West and North Cumbria. In total the trust employs 4,272 staff and has 675 inpatient beds across the Cumberland Infirmary in Carlisle, the West Cumberland Hospital in Whitehaven and the Penrith Birthing Centre.

The Trust was created in 2001 following the merger of Carlisle Hospitals NHS Trust and West Cumberland NHS Trust. It is based primarily over two acute medical sites: Cumberland Infirmary at Carlisle and the West Cumberland Hospital at Whitehaven. In February 2011, the trust board concluded that the best option to secure high quality and safe services for the people of North Cumbria was to merge with another NHS trust. In January 2012, Northumbria Healthcare NHS Foundation Trust was named as the preferred bidder. Currently, the trust is in a period of appropriate detailed negotiations surrounding the acquisition with Northumbria, local health commissioners and NHS North of England (the strategic health authority). The trust's main commissioner is Cumbria CCG.

The trust was selected for the Keogh review as a result of its Hospital Standardised Mortality Rate (HSMR) results for 2011 and 2012 (the HSMR is a calculation used to monitor death rates in a trust). In both years, its HSMR was statistically above the expected level. It was during this time that the trust board decided to be acquired because it determined that this was the best way forward to secure long term sustainability and improve quality. The trust is not a foundation trust.

The trust serves a population of 340,000 people, and in 2012-13 was in a financial deficit of £15.3m. This is a rural community spread over a large geographical area. Deprivation levels vary from relatively low to high. Ethnic diversity is low. However, homelessness and youth drinking is significantly more common in North Cumbria than in the rest of England. Over 65s make up a larger proportion of the population than the national average.

The Cumberland Infirmary, Carlisle provides a 24-hour A&E service with Trauma Unit status, a consultant-led maternity service and special care baby unit, a wide range of clinical services, including delivering complex vascular and general specialist services, and outpatient clinics. It has 412 inpatient beds and serves the local people around Carlisle and in North Cumbria.

West Cumberland Hospital 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 an outpatient's service. It has 217 inpatient beds and serves the local people around rural Whitehaven and West Cumbria. The West Cumberland Hospital building no longer meets modern needs and a £97 million phase 1 redevelopment of the hospital is now complete with transition plans in place.

The trust also runs a small birthing centre from Penrith Community Hospital to support delivery closer to home.

## Our inspection team

Our inspection team was led by:

**Chair: Ellen Armistead Deputy Chief Inspector of Hospitals**

**Head of Hospital Inspections: Ann Ford, Care Quality Commission**

The team included an inspection manager, nine CQC inspectors, two Experts by Experience and a variety of specialist advisors including consultant medical staff, senior nurses, allied health professionals and governance experts.

# Summary of findings

## How we carried out this inspection

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

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

The inspection team inspected the following eight core services at North Cumbria University Hospitals NHS Trust:

- Accident and emergency
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and family planning

- Services for children and young people
- End of life care
- Outpatients.

Prior to the announced inspection, we reviewed a range of information we held and asked other organisations to share what they knew about the hospital.

We interviewed staff and talked with patients and staff from all the ward areas and outpatient services.

We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We would like to thank all staff, patients, carers and other stakeholders for sharing their balanced views and experiences of the quality of care and treatment at both the Cumberland Infirmary, Carlisle and the West Cumberland Hospital in Whitehaven.

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

- The trust scored "about the same" as other trusts in all 12 indicators and areas of questioning in the CQC inpatient survey 2013.
- The trust had a mixed performance in the Cancer Patient Experience Survey 2013/14.
- The trust scored worse than the England average in the friends and family test (% recommended) between Dec 13 to Mar 14 and Aug 14 to Oct 14. However they were better than the average from Apr 14 to Jul 14 and as of Nov 14. However, response rates remain low.
- PLACE assessment results for 2014 had improved for cleanliness but were slightly below the England average. Food had remained unchanged and privacy, dignity and respect and facilities were both slightly lower than in 2013 and remained below the England average.

## Facts and data about this trust

The Cumberland Infirmary, Carlisle provides a 24-hour A&E service with Trauma Unit status, a consultant-led maternity service and special care baby unit, a wide range of clinical services, including delivering complex vascular and general specialist services, and outpatient clinics. It has 412 inpatient beds and serves the local people around Carlisle and North Cumbria.

West Cumberland Hospital is a general hospital providing a 24-hour A&E, a consultant-led maternity unit and special care baby unit, a range of specialist clinical services and an outpatient's service. It has 217 inpatient beds and serves the local people around rural Whitehaven and West Cumbria. The West Cumberland Hospital structure no longer meets modern needs and there is currently a £97 million phase 1 redevelopment of the hospital underway.




# Summary of findings

The Penrith Birthing Centre was not visited as part of this inspection.

Between January 2014 and December 2014 the trust had 91,679 inpatient admissions; 456,665 total outpatient attendances and 78,769 accident and emergency attendances.

# Summary of findings

## Our judgements about each of our five key questions

	Rating
<p><b>Are services at this trust safe?</b></p> <p>Patients received their care in a clean and suitably maintained environment. There was a good standard of cleanliness throughout the trust. Staff were aware of current infection prevention and control guidelines and were supported by staff training and the adequate provision of facilities and equipment to manage infection risks.</p> <p>Infection rates were within acceptable limits The infection rates for Clostridium difficile (C.diff), including the wards within the medical unit, had been below the England average, with only one case reported between April 2013 to November 2014. The performance report to the Trust Board in January 2015 stated that there have been no MRSA cases to date for 2014/15 and 24 cases of C.Diff. Methicillin Resistant Staphylococcus Aureus (MRSA) infection rates had met the England average since May 2013.</p> <p>There had been an outbreak of Norovirus in both hospitals that had resulted in a number of beds being closed. The outbreak had been subject to a root cause analysis and remedial action planning.</p> <p>Despite efforts by the trust to improve the numbers of medical consultants employed, there were numerous vacant consultant posts. At the time of our inspection there was a deficit of 55.8 wte posts.</p> <p>Vacancies were covered by locum doctors in some areas; however the high vacancy rate was having an adverse effect on the timeliness of treatment for patients and meant support for junior doctors was not robust or effective in a number of core services.</p> <p>The recruitment of nursing staff also remained an on-going challenge. At the time of our inspection nurse staffing levels, although improved, were still of concern and there was a heavy reliance on staff working extra shifts and on bank and agency staff to maintain staffing levels. There were times when the wards were not appropriately staffed to meet the needs of patients. This was a particular issue in medicine.</p> <p>The September 2014 NRLS report has the trust with a patient safety incident reporting ratio of 6.80 per 100 admissions. This is right at the lower end of performance for a trust of this size and indicates a</p>	<p><b>Requires improvement</b> </p>

# Summary of findings

poor level of reporting. This is of concern as the reporting and analysis of incidents provides the trust with opportunities for learning and improvement and failure to report incidents meant those opportunities are lost.

Safeguarding policy and procedures were robust and supported by improved levels of staff training.

Patients were involved in their care and treatment, and risks were appropriately assessed, managed and recorded. Staff recognised and responded to any deterioration in a patient's health correctly.

## **Cleanliness and infection control**

- Patients received their care in a clean and suitably maintained environment. There was a good standard of cleanliness throughout the trust. Staff were aware of current infection prevention and control guidelines and were supported by staff training and the adequate provision of facilities and equipment to manage infection risks.
- Infection rates were within acceptable limits The infection rates for Clostridium difficile (C.diff), including the wards within the medical unit, had been below the England average, with only one case reported between April 2013 to November 2014. The performance report to the Trust Board in January 2015 stated that there have been no MRSA cases to date for 2014/15 and 24 cases of C.Diff. However, the trust saw significant increases in the numbers of C.diff cases in September and December. The cases related to two areas; an elderly care ward and general surgery. Both areas were subject to a deep clean , issues identified through the investigation of these cases included staffing, storage, bed occupancy on elderly care and antibiotic use on surgery. The trust was taking remedial action to address these issues at the time of our inspection.
- Methicillin Resistant Staphylococcus Aureus (MRSA) infection rates had met the England average since May 2013.
- There had been an outbreak of Norovirus that had resulted in a number of beds being closed. The outbreak had been subject to a root cause analysis and remedial action planning.

## **Duty of candour**

- The trust was aware of its role and responsibilities in relation to the Duty of Candour requirements and had begun to embed processes that were supported by a Duty of Candour checklist.
- The purpose of the checklist was to prompt and audit the proper application of the trust's responsibilities in this regard.
- The Trust updated its Being Open process following the introduction of Duty of Candour regulation in November

# Summary of findings

2014. Monitoring arrangements indicated that in 100% of serious harm incidents; the Trust has met the Duty of Candour requirements. This was less so for moderate harm incidents, with the December 2014 compliance being as low as 40%.

## Safeguarding

- Policies and procedures were in place that outlined the trust's processes for safeguarding adults and children.
- A safeguarding team worked with staff to promote and support good practice and escalate risks of neglect or abuse appropriately.
- Safeguarding policy and procedures were supported by staff training.

## Incident reporting

- The trust has reported 3 Never Events since March 2014; the last of which was in May 2014. There has been one further never event reported since the inspection.
- The trust had a comprehensive process for investigating serious incidents. The standard of the investigation reports we reviewed was good. All of the investigations reviewed had comprehensive timelines, clear methodology descriptions and use of root cause analysis tools including the 5 whys, fishbone analysis and barrier analysis.
- The September 2014 NRLS report has the Trust with a patient safety incident reporting ratio of 6.80 per 100 admissions. This is at the lower end of performance for a trust this size and indicates a poor level of reporting. The median for the cluster group of medium acute organisations is 7.82.
- The trust's own data shows a continuing decrease in patient safety incident reporting. In its Q3 Safety and Quality report the trust explained that some of the reasons for this were improvements in complete beds and use of appropriate mattresses.
- In light of our earlier findings regarding the culture in the trust where staff felt unable to raise concerns. It may have been helpful that as part of the trusts analysis of incident reporting to have asked staff if they feel comfortable reporting incidents. This may have given a (partial) explanation of low reporting and identify cultural causes for the reduced rate, as a high patient safety incident reporting culture is seen as a positive indicator, especially when the majority of incidents reported do not cause harm.

## Nurse staffing

# Summary of findings

- Nurse staffing levels were calculated using a recognised dependency tool and regularly reviewed. There were minimum staffing levels set for wards and departments. Required and actual staffing numbers were displayed outside each ward and department.
- The trust had been actively recruiting nursing staff nationally and internationally and although the numbers of nurses had improved there were still vacancies in many areas.
- Nursing vacancies were covered by bank staff, overtime and agency nurses. The trust acknowledged that the current position was not sustainable in the longer term and was seeking new and innovative ways of attracting and appointing nursing staff. We saw evidence of on-going recruitment during our inspection.

## Midwifery staffing

- The midwife to birth ratio was 1 to 25 at Cumberland infirmary and 1-24 at West Cumberland hospital. This was better than the England average which was 1 to 28. 100% of patients had one to one care from a midwife during labour.

## Medical staffing

- There was not always enough medical staff to provide timely treatment and review of patients,
- The trust was continuing to recruit medical staff and was committed to securing additional doctors as a priority.

## Competent staff

- The trust had a comprehensive mandatory training programme in place and annual appraisal process to support staff development.
- Staff take up of mandatory training was below the trusts target of 80% in some areas.

## Are services at this trust effective?

The Trust had continued to improve its mortality rates and both the HSMR and SHMI mortality indicators remain within the expected range.

Compliance with the use of National Institute of Clinical Excellence (NICE) guidance for the delivery of care and treatment for patients was an area of concern at our last inspection. At this inspection we found that there was significant improvement in the assurance of the use of national guidance. In addition, the trusts use of clinical

Requires improvement



# Summary of findings

audit and remedial action planning had also significantly improved. There had clearly been better clinical engagement with 21 audits being undertaken in the last 12 months and a significant increase in clinicians stating compliance.

This meant that there was better evidence that care and treatment was delivered in accordance with best practice guidance.

Patient outcomes varied across the specialities with elective surgery outcomes and treatment of myocardial infarction (heart attack) in line or better than the England average. Although it was noted that improvements had been made in a number of areas since the date of the last inspection, there was still work to do to secure improvements in outcomes for patients that had suffered a stroke and patients with diabetes.

Patient care and treatment was delivered by a multi-disciplinary care team that worked well together for the benefit of patients.

Staff sought appropriate consent from patients before delivering care and treatment.

Staff understood the legal requirements of the Mental Capacity Act 2005 and deprivation of liberties safeguards. Practice was supported by staff training.

## **Mortality and Morbidity**

- A review system, using the Hogan score, was implemented by the Trust in January 2014. Any cases reviewed with a score of 4, 5 or 6 (could potentially have been prevented) are escalated to the weekly Patient Safety Panel which decided if a more detailed review was required. This process was working well in supporting the trust learning and understanding its mortality data to improve outcomes and reduce avoidable mortality.

## **Evidence-based care and treatment**

- At the end of Q3 2014/15 the trust's own data confirmed that the trust was compliant with 77% of NICE guidance compared to 66% at the end of Q2 and 42.5% for the same time last year. Guidance that required a response or where compliance was unknown has decreased from 109 to 82. This indicated on-going improvement being made in this area.
- Out of the 354 applicable guidelines, the trust was compliant with 272. 60 areas had been audited and 212 remained outstanding (stated as compliant, but no audit evidence to date). 82 guidelines are either non-compliant or their status is unknown which is a priority area of work for the Business Unit Teams.

# Summary of findings

- A NICE Action Day took place on the 9th of December 2014 with the intention of supporting the Business Units to develop risk assessments at speciality level on guidelines which are applicable and stated as non-compliant. Business Units will develop an audit programme and prioritise NICE guidance which has been confirmed as applicable.
- The delivery of these improvements was monitored by the Medical Director and Director of Nursing.
- The trust was continuing its development and use of care bundles development of new 'care bundles' that were (and to be) underpinned by an evidence based clinical guideline to promote improved clinical governance in the implementation of standardised care.
- Two of the care bundles (CAP and COPD) had been reviewed and amended slightly as part of on-going improvements. A further two bundles are currently under review (Diarrhoea & Vomiting and Sepsis). Bundles that were introduced in Quarter 4 included Dementia and Stroke.

## Patient outcomes

- Performance reported outcomes measures (PROMs) data between April 2013 and March 2014 showed that the percentage of patients with improved outcomes following groin hernia, hip replacement, knee replacement and varicose vein procedures was either similar to or better than the England average.
- The average length of stay for elective and non-elective patients across all specialties was better the England average.
- Outcomes for stroke patients between April to September 2014 had improved with the Sentinel Stroke National Audit Programme (SSNAP) showing the trust's stroke services moved from an 'E' rating to a 'D' on a scale of A to E, with A being the best.
- The latest National Diabetes Inpatient Audit (NADIA) 2013 showed that the hospital was performing below the England average in 10 of the 21 indicators and was unchanged from the previous inspection.
- Submission of data to the Intensive Care National Audit and Research Centre (ICNARC) was now consistent. The data showed that patient outcomes and mortality were within the expected ranges when compared with similar units nationally.
- Myocardial Ischaemia National Audit Project (MINAP) demonstrated a similar or better performance than England averages.

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- The national joint registry data up to July 2014 indicated that hip and knee mortality rates were in line with the national average.
- The lung cancer audit 2014 showed the trust performed better than the England and Wales average for the number of cases discussed at multidisciplinary meetings and the percentage of patients having a CT scan before bronchoscopy. The trust performed worse than the England and Wales average for the percentage of patients receiving surgery in all cases (9.8% compared with the average of 15%).
- The national bowel cancer audit of 2014 showed that the trust was performing better than the England average for the number of patients that had a CT scan, the number of patients for whom laparoscopic surgery was attempted and length of stay above five days.
- The Trust had not participated in the Care of the Dying National Audit. However, we were given assurances that the Trust would participate in 2015.
- High risk clinical pathways within the trust had been reviewed, including the stroke pathway. A business case was in the final stages of development.

## Multidisciplinary working

- Multidisciplinary teams (MDTs) worked well together to ensure coordinated care for patients. Staff across all disciplines genuinely respected and valued the work of other members of the team.

## Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- Staff were confident and competent in the seeking and supporting patients to give informed consent.
- Staff understood the legal requirements of the Mental Capacity Act 2005 and deprivation of liberties safeguards. Practice was supported by staff training.

## Are services at this trust caring?

Services were delivered by caring and compassionate staff. Staff treated patients with dignity and respect. Care was planned and delivered in a way that took into account the wishes of the patients. Staff were mindful of patient's individual fears and anxieties and offered appropriate emotional and psychological support to patients who were anxious or worried.

## Compassionate care

Good





# Summary of findings

- Services were delivered by caring and compassionate staff. Staff treated patients with dignity and respect. At the time of our inspection Patients were positive about the way staff engaged with them, although indicated that staff were rushed and could not always stay with them as long as some patients would have wished.
- The trust scored “about the same” as other trusts in all 12 indicators and areas of questioning in the CQC inpatient survey 2013.
- The trust had a mixed performance in the Cancer Patient Experience Survey 2013/14.
- The trust scored worse than the England average in the friends and family test (% recommended) between Dec 13 to Mar 14 and Aug 14 to Oct 14. However they were better than the average from Apr 14 to Jul 14 and as of Nov 14. However, response rates remained low.

## **Understanding and involvement of patients and those close to them**

- Patients and those close to them felt involved in their care.
- They had opportunities to speak with their consultant and other members of the multi-disciplinary team regarding their treatment goals.
- Patients confirmed that if they did not understand any aspects of their care that the medical, nursing or allied health professional staff would explain to them in a way that they could understand.
- Patients and those close to them were involved in decisions regarding care and treatment.
- We saw some good examples of inclusive care as part of this inspection.
- Family centred care was the philosophy in children and young people’s services and there was parental involvement with care under appropriate supervision. Families were actively included and involved in the care and treatment of their sick children.

## **Emotional support**

- Staff understood and were sensitive to patients and those close to them who may need additional support due to emotional and stressful circumstances.
- Parents and carers of children who were ill were supported emotionally by staff who understood that having sick child was very anxious and worrying time for them.
- Staff also referred patients to national and local support groups to help them secure emotional and psychological support where required.

# Summary of findings

## Are services at this trust responsive?

The trust continued to face difficulties in responding to the needs of the people in a timely way. There were consistent failures in respect of the trust meeting the national referral to treatment times in almost all specialities.

People also continued to wait for long periods of time to see their doctor in the outpatient departments and patients accepted long waits as inevitable.

This position had not improved significantly since our last inspection and was related to difficulties in recruiting medical staff particularly consultants.

However, there were some good examples of initiatives to meet the needs of patients whose circumstances or illness made them vulnerable for example the adults' hospital passport was used across for patients with a learning disability and provided vital information to ward and departmental staff regarding the individual, their support requirements and any adjustments that may be required.

The trust had also recently developed and introduced an easy read comments/complaints leaflet.

The Butterfly Scheme had been introduced for patients living with dementia, but the scheme was not yet fully embedded.

Interpreters were available on demand for patients whose first language was not English. British Sign Language interpreters were available for patients who were deaf.

## Service planning and delivery to meet the needs of local people

- Services were planned to meet the needs of the local population, however the Trust was aware that in the longer term changes would be required to the configuration of a number of core services particularly at West Cumberland. The Trust was currently in the process of agreeing with commissioners, as part of a system wide transformation programme, the future of service provision that would meet the needs of the local population in a safe and timely way.

## Meeting people's individual needs

- Services were provided to meet the needs of individual patients, particularly those in more vulnerable circumstances, for example patients with dementia or learning disabilities.

Requires improvement



# Summary of findings

- The adults' hospital passport was used across the trust for patients with a learning disability and provided vital information to ward and departmental staff regarding the individual, their support requirements and any adjustments that may be required.
- The trust has also recently developed and introduced an easy read comments/complaints leaflet.
- The Butterfly scheme had been introduced for patients with a diagnosis of living with dementia, but the scheme was not yet fully embedded.
- Interpreters were available on demand for patients whose first language was not English. British Sign Language interpreters were available for patients who were deaf.

## Access and flow

- The trust remained under pressure from the numbers of emergency admissions through its accident and emergency (A&E) departments.
- In 2014/15, The A&E department at Cumberland Infirmary only met the Department of Health target for emergency departments to admit, transfer or discharge patients within four hours of arrival, once in July 2014 with a range over the year between 69.1% to 96.6%. Over the year, 12 patients waited for more than 12 hours from the decision to admit to being admitted. Individual breaches of the four hour target were investigated and the majority were due to patients waiting for a bed in the ward areas. The trusts position had not improved since our last inspection and remained an area of concern.
- The A&E department at West Cumberland Hospital had also struggled to meet the Department of Health target, over the second half of the year, performance between October 2014 and March 2015 was poor with only 86.3% compliance in February 2015. There were a number of four hour target breaches with patients in the department for over seven hours. The breach reports indicated the majority of delays were due to patients waiting for a bed in the ward areas.
- Emergency admissions affected the number of available beds particularly in medicine. Patients were often placed in wards and areas that were not best suited to their needs.
- Although the trust had systems in place to make sure that patients placed in areas away from the relevant specialist area were seen regularly by an appropriate doctor, patients often experienced a number of moves from ward to ward, sometimes during the night. This was not a positive experience for patients.

# Summary of findings

- Surgical patients were also affected because operations were cancelled if inpatient beds were not available.
- There were occasions when patients were in hospital longer than they needed to be, this was often due to patients waiting for care packages in the community or places in a long term care
- The trust was consistently failing to achieve the majority of access targets.
- Continued non-achievement of the 18 week admitted and non-admitted target. At the end of December 2014, the Q3 to date percentage for admitted was 71.6% against a target of 90% and for non-admitted 89.9% against a target of 95%.
- The cancer 2-week wait target (all cancers) has not been met in any month during 2014/15 with a Q3 to date percentage of 88.7% against the 93% target.
- The cancer 2-week wait target (breast symptomatic) of 93% has only been achieved once. This was in October with 98.1%.
- The cancer 62-day referral and screening targets are both consistently not achieved.
- Achievement of the cancer 31-day wait targets is generally met.
- This meant that patients were not receiving care and treatment in a timely way and performance in these key areas required significant improvement.

## Learning from complaints and concerns

- The trust had a complaints process in place that was available to staff electronically. The performance report presented in January 2015 stated that complaints resolved within 25 days ranged from 18.61% to 34.15% during 2014/15 whilst the Q3 Safety & Quality Report states that 100% of complaints in the latest quarter met the agreed timeframe. However it was difficult to determine if complaints were dealt with within the 25 day timeframe as the process indicated that agreed timeframes should be renegotiated with the complainant if it becomes apparent that they will not be achieved.
- Nevertheless there had been an improvement in the timeliness of complaint responses; however there were a number of complaints that were over 50 days old. These complaints were now being managed by the Director of Nursing who was seeking to resolve them as quickly as possible.
- Learning from complaints was shared with staff for implementation with a focus on improving practice and patient

# Summary of findings

experience. Further work was planned to expand the patient safety walk round programme to include following a complaint through the organisation to see if learning from complaints had been implemented This was scheduled to begin in March 2015.

## Are services at this trust well-led?

The leadership team were regular visitors to the wards and departments and the 'Walkabouts' were seen as positive by staff. It was evident that the leadership team were committed to service improvement for the benefit of patients and were keen to include staff in the improvement journey. They had implemented a leadership development programme to support staff with management responsibilities in their development as organisational leaders.

However, whilst the Trust had clearly articulated a clinical strategy including its preferred options for the future of safe and sustainable services, these had not yet been agreed as part of the necessary system wide transformation programme. The lack of an agreed system wide strategy was having an impact on the quality of care provided at West Cumberland Hospital that the local leadership team was unable to address in the absence of a clear system-wide strategic framework. At the time of our inspection the Trust was actively engaged in discussion with strategic partners with a view to expediting resolution of this important issue.

They had developed a new Quality Strategy; 'Building a caring future' 2015-2018 however it did not yet clearly identify the metrics that will be used to determine success of the strategy.

The nursing and midwifery strategy had been launched in December 2014. All the nursing staff we spoke with was aware of the strategy and could tell us about the impact this might have on them in the future.

It was evident that the trust had made good improvements to its governance and risk management systems since our last inspection.

Work had also been undertaken to improve the risk registers and the Board Assurance Framework. The trust acknowledged that although risk management and mitigation had improved, there was still work to do to strengthen its recording and monitoring of risk.

The trust was prepared to meet the requirements of the Fit and Proper Persons regulation (FPPR). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.

**Requires improvement**



# Summary of findings

Staff were more positive about the senior team and the support given by their line managers. However prior to our inspection we received a significant number of contacts from staff highlighting their concerns. Many of the concerns could and should have been addressed directly by managers. This indicated that there was not as yet a fully open and transparent culture and further work was required to encourage and enable staff to raise concerns without fear of recrimination.

## Vision and strategy

- Staff were sighted on the trusts vision and values and were aware that work regarding the longer term clinical strategy for service provision was underway. There were mixed feelings amongst staff regarding the future of services, particularly at West Cumberland Hospital. Staff understood that change was inevitable but were anxious as to the impact of the changes on both the range and nature of the services to be provided and what the changes meant for them as individuals.
- However, whilst the Trust had clearly articulated a clinical strategy including its preferred options for the future of safe and sustainable services, these had not yet been agreed as part of the necessary system wide transformation programme. The lack of an agreed system wide strategy was having an impact on the quality of care provided at West Cumberland Hospital that the local leadership team was unable to address in the absence of a clear system-wide strategic framework. At the time of our inspection the Trust was actively engaged in discussion with strategic partners with a view to expediting resolution of this important issue
- The trust had developed a new Quality Strategy, 'Building a caring future' 2015-2018. The strategy refers to 'measurement' and what should be in place and identified the generic metrics that will be used to determine success of the strategy.
- The nursing and midwifery strategy had been launched in December 2014. All the nursing staff we spoke with was aware of the strategy and could tell us about the impact this might have on them in the future.
- Information relating to core objectives and performance targets were visibly displayed in all of the areas. Staff at all levels now understood the purpose of the performance boards and felt they could directly contribute to setting of specific ward based objectives.
- We were provided with an 'Organisation Development Strategy'. Agreement across the health economy of the clinical strategy was crucial to the sustainability of trust service provision.

# Summary of findings

- There were five work streams included but there were no milestones, or measurable outcomes in the document rather a narrative under each heading. We requested evidence of monitoring the implementation of the OD strategy and were provided with a 'Workforce & Organisational Development Report' presented to the Board on the 24th March 2015. However the report was not clearly linked to the work streams mentioned in the document.

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

- It was evident that the trust had made good improvements to its governance and risk management systems since our last inspection. However, the trust acknowledged that there was further work required.
- The trust had commissioned an external review of its Quality Governance Framework in June 2014. (Aspirant foundation trusts are required to achieve a score of 3.5 or below to progress with the application process. Foundation trusts are expected to maintain a score of 3.5 or below, and have action plans for improvement). The trust's demonstrated a significant improvement from its May 2013 score of 9.5 to 6.5 but did not meet the requirements at the time of the review (June 2014). The Trust had self-assessed in May 2014 as having a score of 5.5; the discrepancies between the self-assessment and external assessment were in relation to the Board creating a quality focussed culture throughout the organisation (2B) and the Board actively engaging patients, staff and stakeholders regarding quality. The Trust had self-assessed that it was meeting both of these requirements in full whereas the external assessment identified further improvements to be made. Work was on-going to address the identified shortfall.
- The trust produced a quarterly Safety and Quality report for presentation at the Trust Board. This comprehensive report provided an robust overview to the board on a range of key quality and safety topics, including incidents, serious incidents, complaints, pressure ulcers, falls, infection prevention and control, CQC compliance and CQC intelligent monitoring report indicators. It provided a concise summary of the quarterly position and a brief description of actions that are being taken. This was a significant improvement from our last inspection.
- At our last inspection, the risk register was reviewed in detail. The majority of risks that staff told us about were recorded on the risk register were not always easily identifiable due to poor risk description (no condition, cause & consequence). We also found inconsistency in risk ratings and a lack of understanding on how to use the risk register. For example, the initial and

# Summary of findings

current risk rating were often the same because the risk owners had not realised that the initial risk rating was inherent risk (pre-existing controls) in line with the Trust's policy (Risk Assessment policy, p17).

- At this inspection we found that work had been undertaken to improve the risk registers.
- The Board Assurance Framework had 15 risks in total, presented under nine different titles.
- Each section had a Lead Executive and Monitoring Committee recorded. There was also a column for all risks that indicated alignment with strategic priorities.
- There was a risk cause and effect for each risk but not a risk condition (basic description of the risk). There inherent risk ratings were not always in line with the Trust's Risk Assessment Policy. Some of the controls could have been interpreted as planned actions. Actions were detailed at the end of each reference section with clear dates for completion.
- The trust acknowledged that although risk management and mitigation had improved, there was still work to do to strengthen its recording and monitoring of risk.

## Leadership of the trust

- The leadership team were visible and accessible. They were regular visitors to the wards and departments and the 'Walkabouts' were seen as positive by staff. It was evident that the leadership team were committed to service improvement for the benefit of patients and were keen to include staff in the improvement journey.
- The trust had implemented a leadership development programme to support staff with management responsibilities in their development as organisation leaders. This initiative had been welcomed and was seen as the senior team positively investing in its staff
- Work had also been undertaken to support the development of nurses at Band 6 and above, again this was seen positively by staff in terms of their professional development.

## Culture within the trust

- There were examples of very positive cultures in some wards and departments. Staff worked well together as a team for the benefit of patients and were proud of the work they did.
- There were examples where morale was low, this was a particular issue in those services that struggled to maintain



# Summary of findings

appropriate staffing levels. Staff were critical of the volume of work and the relocation of staff to other areas at short notice to cover staffing shortfalls. This was a particular issue in medical services.

- Staff were more positive about the senior team and the support given by their line managers, However prior to our inspection we received a significant number of contacts from staff highlighting their concerns regarding staffing levels, equipment availability and the attitude of middle managers when concerns were raised. Many of the concerns could and should have been addressed directly by managers with staff. Staff should be comfortable and confident in raising these concerns however it was evident that some staff did not feel comfortable in doing so. This indicated that there was not as yet an open and transparent culture in the trust and further work was required to encourage and enable staff to raise concerns without fear of recrimination from their managers.

## Fit and Proper Persons

- The trust was prepared to meet the requirements of the Fit and Proper Persons regulation (FPPR). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.
- The trust policy on pre-employment checks covered criminal record, financial background, identity, employment history, professional registration and qualification checks.
- It was already part of the trust's approach to conduct a check with any and all relevant professional bodies (for example, medical, financial and legal) and undertake due diligence checks for senior appointments.

## Staff engagement

- Communication with and the inclusion of staff continued to improve. The senior team were visible in the wards and departments and did regular 'walkabouts'. There were regular briefings and newsletters issued to staff and opportunities to share their views at regular team meetings and engagement events.
- Nursing staff were positive about the accessibility of the senior team and the impact made by of the Director of Nursing.
- Staff in Cumberland Infirmary were, in the main, positive about the future, however, some staff expressed concern about the capacity of the hospital to support the transfer of services from the West Cumberland site. Staff at the West Cumberland

# Summary of findings

hospital felt less positive and medical staff raised with us their concerns regarding the reliance on locum doctors to support service delivery and were critical of the new proposals for services on the site.

- There were also concerns expressed about the level of engagement and influence they had in determining the future of the hospital.
- It was evident that the trust still had work to do to ensure that staff fully understood and were able to be positive about the change proposals.
- The trust was aware of this issue and was committed to meeting with staff to hear their concerns and where possible address them.

## **Public engagement**

- The trust had worked hard to engage and include local people in the development of future service provision. This was particularly evident in West Cumberland where the trust had actively sought local involvement in planning and decision making about the range and nature of the services provided in the area.
- Work to engage and enable local people to understand and contribute service developments remained on going.

## **Innovation, improvement and sustainability**

- Sustainability and continuous improvement were recognised as key priorities for the trust. The plans for the future of services were underpinned by a deep commitment to achieving and sustaining a range of high performing services within a demographically and geographically challenging environment.
- The agreement of a clinical strategy was crucial to the sustainability of service provision.
- The trust was well aware of the challenges associated with delivering its future plans within a financially testing environment.

# Overview of ratings

## Our ratings for West Cumberland Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Requires improvement	Requires improvement	Requires improvement
Medical care	Inadequate	Requires improvement	Good	Inadequate	Requires improvement	Inadequate
Surgery	Good	Good	Good	Requires improvement	Good	Good
Critical care	Good	Good	Good	Good	Good	Good
Maternity and gynaecology	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Services for children and young people	Good	Good	Good	Good	Good	Good
End of life care	Good	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good
<b>Overall</b>	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

## Our ratings for Cumberland Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Requires improvement	Good	Requires improvement
Surgery	Good	Good	Good	Requires improvement	Good	Good
Critical care	Requires improvement	Good	Good	Good	Good	Good
Maternity and gynaecology	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Services for children and young people	Good	Good	Good	Good	Good	Good

# Overview of ratings

<b>End of life care</b>	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
<b>Outpatients and diagnostic imaging</b>	Requires improvement	Not rated	Good	Requires improvement	Good	Requires improvement
<b>Overall</b>	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

## Our ratings for North Cumbria University Hospitals NHS Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
<b>Overall</b>	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

# Outstanding practice and areas for improvement

## Areas for improvement

### Action the trust MUST take to improve

Importantly, the trust MUST:

- Ensure that medical staffing is sufficient to provide appropriate and timely treatment and review of patients at all times including out of hours.
- Ensure that medical staffing is appropriate at all times including medical trainees, long-term locums, middle-grade doctors and consultants.

- Ensure that nursing staffing levels and skill mix are appropriate particularly in medical care services
- Improve patient flow throughout both hospital's to ensure patients are cared for on the appropriate ward for their needs and reduce the number of patient bed moves, particularly in the medical division.
- Improve the rate of incident reporting.

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

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 were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Maternity and midwifery services Nursing care Surgical procedures Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing <b>Medical, nursing and Allied Health Professional numbers were not sufficient. (Regulation 18(1))</b>
Accommodation for persons who require nursing or personal care Surgical procedures Treatment of disease, disorder or injury	Regulation 9 HSCA (RA) Regulations 2014 Person-centred care <b>The care and treatment of service users was not always appropriate, meeting their needs or reflective of their preferences. (Regulation 9(1))</b>