

# Northumbria Healthcare NHS Foundation Trust

## Inspection report

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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

Outstanding 

Are services safe?

Good 

Are services effective?

Outstanding 

Are services caring?

Outstanding 

Are services responsive?

Outstanding 

Are services well-led?

Good 

Are resources used productively?

Outstanding 

Combined quality and resource rating

Outstanding 

# 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

Northumbria Healthcare NHS Foundation Trust was authorised as a foundation trust in August 2006. The trust provides community care, mental health services and secondary care for around 500,000 people across Northumberland and North Tyneside. The trust also provides some adult social care services in Northumberland.

Services provided include:

- Emergency and urgent care services including emergency surgery;
- Planned and on-going care and rehabilitation;
- Outpatient clinics in a range of conditions;
- Elective surgery;
- Diagnostic services;
- Maternity services;
- Children's services;
- End of life care;
- Therapies including physiotherapy, occupational and speech and language therapy;
- Community services such as district nursing and health promotion; and
- Adult social care in Northumberland.

The trust has four acute hospital sites, Northumbria Specialist Emergency Care Hospital (NSECH), North Tyneside General Hospital, Wansbeck General Hospital and Hexham General Hospital. All these sites provide a full range of acute hospital services. NSECH opened on 16 June 2015, providing specialist emergency care for seriously ill and injured patients from across Northumberland and North Tyneside. It is England's first purpose-built specialist emergency care hospital, with emergency consultants on site 24 hours a day, seven days a week, as well as consultants in a range of specialties working seven days a week.

The trust also provides a full range of community services, including community hospitals throughout Northumberland and North Tyneside. The trust manages adult social care services on behalf of Northumberland County Council manages seven practices with around 40,000 registered patients in Northumberland and North Tyneside.

During 2017/18, the trust provided services for 114,000 inpatients, 3,100 deliveries and 477,000 outpatients and 203,000 accident and emergency attendances. The trust has 911 beds (861 general and acute, 35 Maternity and 15 critical care) and employs 6,900 staff, of which 594 are medical and dental and 1,885 nursing, midwifery and health visiting.

The trust is expected to report a surplus for the last financial year of £25.1million from an overall budget of £526 million.

# Summary of findings

## Overall summary

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

## What this trust does

Northumbria Healthcare NHS Foundation Trust provides acute services, community care, mental health services and specialised services for people in Northumberland and North Tyneside.

The trust operates from four acute hospital sites, Northumbria Specialist Emergency Care Hospital (NSECH), North Tyneside General Hospital, Wansbeck General Hospital and Hexham General Hospital. Services provided include urgent and emergency services, medical care, surgery, critical care, neonatal services, end of life care, outpatients and diagnostics.

The trust also provides a full range of community services, including community hospitals and specialist community mental health services throughout Northumberland and North Tyneside.

## 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.

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

## What we inspected and why

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

Between 21 and 23 May 2019, we carried out an unannounced inspection of urgent and emergency services (NSECH), medicine (NSECH and North Tyneside General Hospital) and maternity services (NSECH, Alnwick Infirmary and Berwick Infirmary).

We inspected urgent and emergency services because the Northumbria Specialist Emergency Care Hospital had recently opened before our comprehensive inspection in 2015. At that time the trust was in the process of configuring urgent and emergency care services between the new hospital and the base hospitals of Hexham General Hospital, North Tyneside General Hospital and Wansbeck General Hospital.

We inspected medicine because the safe domain had been rated as requires improvement at NSECH in our last inspection and there had been several incidents reported recently, including never events. Never events are serious incidents that are entirely preventable as guidance, or safety recommendations providing strong systemic protective barriers, are available at a national level, and should have been implemented by all healthcare providers. Each never event type has the potential to cause serious patient harm or death.

We inspected maternity services because the safe domain had been rated as requires improvement at our last inspection well led domain had been rated as requires improvement at our last inspection.

# Summary of findings

## What we found

### Overall trust

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

- We rated effective, caring and responsive as outstanding and safe and well-led were rated as good. Four ratings stayed the same as our previous inspection in 2016.
- In rating the trust, we took in to account the current ratings of the services that we did not inspect during this inspection but that we had rated in our previous inspection.
- We rated well led for the trust overall as good. This was not an aggregation of the core service ratings for well led.
- Our full inspection report summarising what we found and the supporting evidence appendix containing detailed evidence and data about the trust is available on our website.

### Are services safe?

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

- At our last inspection we were concerned about the risk of child abduction on Ward 16 at NSECH. At this inspection this had been addressed across the trust and risks mitigated with security measures were in place at the MLUs.
- Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- At our last inspection we found some inconsistencies in infection control procedures in maternity services. At this inspection there were no inconsistencies and all infection control procedures and practices were in line with guidance.
- At our last inspection we found the storage of emergency drugs on the birthing centre and ward 16 was not in line with the trust's pharmacy risk assessment. At this inspection we found all emergency medicines and equipment were in place and were checked as part of the routine daily checks.
- At our previous inspection we found inconsistencies in the completion of records and which pregnancy pathway women were following. At this inspection records showed pregnancy pathways were clear and risk assessments were completed at each stage of pregnancy.
- At our last inspection we noted medical and midwifery staffing figures were worse than national recommendations for the number of babies delivered on the unit. At this inspection there were sufficient medical staff following a number of new appointments, and a successful ongoing recruitment process for midwives.
- At our previous inspection we found some non-clinical items stored inappropriately. At this inspection we found all clinical waste was stored and disposed of according to Trust policy.
- The emergency department was well staffed for both nursing and medical staff against their planned staffing levels.
- The emergency department had robust triage in place to ensure patients were seen by the correct clinician as quickly as possible and diagnostic tests ordered in a timely way.

However:

# Summary of findings

- Review dates for Patient Group Directions (PGDs) had been exceeded. This meant that medicines were being administered or supplied without an appropriately reviewed authority document. This was not in line with regulation or NICE guidance. Following feedback to the trust after the inspection the pharmacy reviewed PGDs and expedited their approval.
- At our last inspection we found there were inconsistencies in the checking of equipment. This had improved but we found the emergency resuscitation trolley had not been checked regularly with several dates missing from checklists in maternity services.
- At our last inspection we found incomplete fluid balance charts. At this inspection fluid balance information had been recorded on charts although totals were missing on most charts we viewed.
- Although the service made plans for staff to complete mandatory training, training compliance rates failed to meet the trust target.
- Although patient records contained comprehensive information, patient identifiers were not consistently used, entries were not always signed and dated, alterations to records were not appropriately made with a single line, countersigned, timed or dated.
- Although the electronic track and trigger system indicated when patients should be observed, we found that patient observations were not consistently monitored according to the flag alert on the system.
- The policy surrounding non-invasive ventilation (NIV) did not adequately describe the process for initiation of NIV on base sites.
- Used blood transfusion bags were stored inappropriately in an unlocked room in the emergency department, with unsheathed needles exposed.
- We found incidences where oxygen for patients had not been prescribed. This is against trust policy and British Thoracic Society (BTS) best practice guidelines.
- During our inspection, the emergency department had surges of ambulances arriving together. This posed a challenge for the department to receive handover of patients in a timely way.

## Are services effective?

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

- At our previous inspection we found improvements were required regarding the use of the maternity dashboard. At this inspection we found staff monitored the effectiveness of care and treatment using an electronic maternity dashboard. They used the findings to make improvements and achieved good outcomes for women.
- The continuing development of the staff skills, competence and knowledge is recognised as being integral to ensuring high-quality care in maternity services. Staff are proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty where it was in the patient's best interest.
- Key services were available seven days a week to support timely patient care.
- The service achieved grade B overall in the Sentinel Stroke National Audit Programme (SSNAP).

However:

# Summary of findings

- Mental Capacity Act Level 2 and Deprivation of Liberty Safeguards training did not meet the trust target for both medical and nursing staff. Staff were not given protected time to complete this training.
- NSECH ED did not meet RCEM audit standards including Severe asthma, Consultant sign off and Severe sepsis and septic shock. The department had not undertaken any further audits for consultant sign off or severe asthma to assure themselves that practice had improved. Action plans were in place however these were not detailed and there was little assurance that actions were robust or that re-audit was required.

## Are services caring?

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

- Feedback from patients and families was positive with good patient survey results.
- People who used the service and those close to them were active partners in their care. Staff were fully committed to working in partnership with people. They supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff always empowered people who used the service to have a voice. They showed determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs were reflected in how care was delivered.
- Feedback from people who used the service, those who were close to them, and stakeholders, was continually positive about the way staff treated people. People told us that staff went the extra mile and their care and support exceeded their expectations.
- Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account, and found innovative ways to meet them. People's emotional and social needs were seen as being as important as their physical needs.
- Staff recognised that people need to have access to, and links with, their advocacy and support networks in the community and they supported people to do this.

However:

- Staff did not always ensure people's dignity was preserved.

## Are services responsive?

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

- At our previous inspection in 2015, the maternity service had gone through a significant reconfiguration to a new model of care, which saw delivery services amalgamated and all high risk deliveries provided at the NSECH site. At this inspection we found there were clear and robust policies in place to ensure that patients were risk assessed and then seen at the right place at the right time.
- At our previous inspection there was no pregnancy assessment unit (PAU) on site and women were triaged on the birthing centre. Staff had been concerned at that time there was a reduced capacity on the birthing centre for labouring women and the number of staff able to look after them. At this inspection there was a formal PAU available from 8am to 10pm daily with plans to open the unit 24 hours a day.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

# Summary of findings

- Midwives had developed good relationships with the homeless community, travellers and women living with addictions. Staff were able to visit traveller's sites and care for women in their own homes and within their own community. We saw safeguarding records of women and families living with addiction involving multiple teams who put the woman and baby's needs to the fore.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- We saw that information leaflets and advice posters were available on the units we visited. These included discharge information, specialist services and general advice about nutrition and hydration.
- The emergency department met the standard for median time to treatment for patients for all 12 months from March 2018 to February 2019 and was better than the England average. There were no patients who had waited in the department for more than 12 hours from decision to admit over the same time period.
- The emergency department had met the four hour target for eight of the 12 months from March 2018 to February 2019.

However:

- Patients under the specialties of general medicine and geriatric medicine attending in an emergency stayed longer in hospital than the national average.
- During our last inspection we were assured that patients were not transferred between wards at night. However, at this inspection, from January to December 2018, 927 patients moved wards at night. Senior management told us patients were moved to other wards within the hospital due to bed pressures.
- The access and flow through the emergency department was a challenge. Senior staff worked to improve flow via access to other wards however there were often bottle necks at ambulance triage and finding patients beds on wards.

## Are services well-led?

The overall well-led rating comes from the trust-wide well-led inspection. It takes into account leadership at service level to the most senior level.

We rated well led as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Most were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. There was a positive culture throughout the organisation. Staff told us they were proud to work for the organisation.
- The roles of the non-executive directors were clear and effective. Non-executive directors chaired board sub committees and they also sat on other committees.
- Financial performance had remained consistently strong with the trust delivering over and above plan in 2017/18 & 2018/19.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.

# Summary of findings

- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- We found gaps in assurance processes for programmes and strategy between the business units and board.
- Across the trust compliance with mandatory training rates were not met, action on this was inconsistent across core services.
- We did not see evidence of learning from incidents was consistent throughout the organisation and over 50% of action plans for SIs and SLEs were overdue.
- We did not see that all relevant risks were monitored, escalated and mitigated.
- The trust did not have oversight of certain assurances around staffing for level 2 patients and the frequency of observations on the electronic track and trigger system.
- Mortality reviews did not provide a large enough sample to be assured that all learning would be captured.
- Complaints were not investigated within timescales set by the trust.

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice across the trust.

For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including 26 breaches of legal requirements that the trust must put right. We found 25 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 service quality.

## Action we have taken

Following our inspection, we wrote formally to the trust to inform them of our concerns regarding oxygen prescribing, reviewing of PGDs and medical records completeness. The trust responded to our letter to outline their plans to address these areas.

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Outstanding practice

### Medicine



# Summary of findings

- The trust had created a tool called 'Avoiding Falls Level of Observation Assessment Tool' (AFLOAT). This tool determined how often and how closely each patient needed to be observed to avoid potential falls while in hospital. Audits showed use of the tool improved patient safety by reducing falls risk compared to when nurses used clinical judgement without the tool. AFLOAT had been accepted for publication in the British Journal of Nursing and was a finalist in the upcoming Health Service Journal awards. It had also generated interest from several trusts across the country.
- The trust had introduced a multidisciplinary chronic cough service across three sites within the trust. This was the only chronic cough service in the North East. They provided speech and language therapy delivered cough suppression therapy. Patient outcomes indicated a high success rate. They provided access for patients to clinical trials of novel cough medicines.
- The trust had an academic COPD research programme and carried out commercial respiratory research studies around COPD, cough, bronchiectasis, lung cancer and sleep. The programme was the sole respiratory project identified by the Newcastle University Impact team for inclusion as a case study in the next Research Excellence Framework submission.
- The trust had reorganised its provision of stroke services, directing all stroke patients to NSECH rather than to the base sites. The research paper outlining this work was used to inform the reorganisation of stroke services within the national stroke plan as part of the NHS Long Term Plan for the next 10 years

## Maternity

- Staff were aware of the trust's vision and were committed to embedding the changes and improvements in maternity services and as part of the trust as a whole.
- We saw encouragement and recognition were given to staff for fostering innovation or improvements to the service across different levels within the teams.
- MLU staff had developed the innovation to deliver a continuity of care model. This involved an integrated midwifery team working across MLU and the community to improve continuity of care. The team aspired to deliver the 'Better Births' continuity of care model. Staff were nominated for Northumbria Staff Awards 2018 and the Chief Executive Innovation Award.
- Alnwick MLU staff had developed and implemented a Community and MLU Midwifery Rotation into the Consultant Led Unit. MLU midwives developed a 'Rotation Toolkit' to demonstrate and document maintenance of competency working on a supernumerary basis at the birthing centre and taking part in midwifery teamwork in an acute setting. Staff reported the toolkit promoted improvements including; highlighting areas for individual development, improved staff satisfaction, improved patient safety, compliance with Kirkup report recommendations and an improved appraisal process.
- The service had introduced teaching clinics. Three clinics every week were provided with reduced patient numbers to improve undergraduate and postgraduate teaching and training. The trust had received positive feedback from medical students and trainees as well as patients
- The NSECH matron told us they had improved their visibility and accessibility to staff by organising a weekly "coffee round", and with the operational service manager (OSM), they visited each area of the unit to offer drinks and their time to staff. They reported this had been very successful and staff confirmed they found managers visible and accessible
- All staff we spoke with told us the HOM was approachable and easily contactable when necessary. The HOM worked a late shift once a week to improve visibility and engagement with staff at NSECH.

# Summary of findings

- The trust had implemented a 'Listening Buddies' system and organised a monthly midwife led drop in session for staff to discuss challenging and distressing cases.
- The trust had implemented Sharing of Information Regarding Safeguarding Including Partners (SIRS), Information sharing of information from GPs regarding potential risk factors of partners of women entering the service. Staff reported; implementation of learning following serious case review, increased identification of risk factors to the new born and there had been no repeated incidents.
- The trust had implemented antenatal fetal DNA testing for Rhesus negative mothers; a new test for early identification of the rhesus status of the baby. The trust reported reduced unnecessary administration of anti-D injection, cost improvement due to reduction of number of injections administered and an improved patient experience.

## Areas for improvement

### Trust-wide

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

- The trust must ensure that mandatory training compliance meets the trust target. **(Regulation 12: Safe care and treatment)**
- The trust must implement and monitor timescales for the investigation of incidents and monitor reporting behaviour within the trust. **(Regulation 17: Good governance)**
- The trust must ensure that risks are consistently monitored, escalated and mitigated. **(Regulation 17: Good governance)**
- The trust must ensure that SI /SLE action plans are completed in a timely way. **(Regulation 17: Good governance)**
- The trust must ensure that the electronic track and trigger system is audited and that the timeliness of patient observations is improved. **(Regulation 17: Good governance)**
- The trust must ensure it has oversight of all patients requiring level 2 care and that these patients receive the level of nursing care they require. **(Regulation 18: Staffing)**
- The trust must increase the sample size of mortality reviews and ensure learning is disseminated throughout the organisation. **(Regulation 17: Good governance)**
- The trust must ensure it has day to day oversight of the effectiveness of the medicines reconciliation process. **(Regulation 12: Safe care and treatment)**
- The trust must ensure that complaints are investigated within timescales set by the trust. **(Regulation 17: Good governance)**
- The trust must ensure mechanisms are in place to monitor oxygen prescribing. **(Regulation 12: Safe care and treatment)**
- The trust must ensure that PGDs are reviewed and updated to provide continuity of safe care. **(Regulation 12: Safe care and treatment)**
- The trust must ensure medical records meet national requirements. **(Regulation 17: Good governance)**

#### Action the trust **SHOULD** take to improve:

- The trust should continue to develop its capacity and sustainability in IT.

# Summary of findings

- The trust should develop and broaden its capacity within community services to support the flow through acute services.
- The trust should ensure all business unit strategies are up to date and progress is monitored adequately.
- The trust should review its mechanisms of assurance to ensure that programmes of work being delivered at business unit level have oversight at board level.
- The trust should ensure that quality improvement projects are sustainable and quantify the impact upon the trust.

## Medicine

### Action the service MUST take to improve:

- The service must ensure that mandatory training compliance, including safeguarding training, Mental Capacity Act and Deprivation of Liberty Safeguards training, meets the trust target. **(Regulation 12: Safe care and treatment)**
- The service must ensure oxygen for patients is prescribed, in line with national guidance. **(Regulation 12: Safe care and treatment)**
- The service must ensure that patient group directions do not exceed their respective expiry dates through adherence to trust policy and national guidelines. **(Regulation 17: Good governance)**
- The service must ensure that patient observations are completed in line with the electronic track and trigger system. **(Regulation 12: Safe care and treatment)**

### Action the service SHOULD take to improve:

- The service should ensure that all staff receive an appraisal.
- The service should ensure that risk registers are updated to evidence risk review and target dates.
- The service should ensure that records are completed in line with trust policy ensuring all entries are signed, dated, errors clearly amended and patient identifiers used on every page.
- The service should ensure business unit management are sighted on and taking action on specialties experiencing a longer than average length of stay or higher than average risk of readmission.
- The service should continue to monitor and explore the drivers behind readmission rates for non-elective admissions to improve performance compared to the national average.
- The service should review the process of clinical governance dissemination surrounding weekly ward level safety huddles to evidence information sharing.
- The service should review the non-invasive ventilation (NIV) policy to reflect the initiation of NIV on base sites.

## Urgent and emergency care

### Actions the department MUST take to improve:

- The department must ensure all staff are up to date with all mandatory training. **(Regulation 12: Safe care and treatment)**
- The department must ensure all clinical records are correctly labelled with patient identifiers and loose sheets are attached to the clinical record. **(Regulation 12: Safe care and treatment)**
- Staff must follow the trust policy for oxygen prescribing. **(Regulation 12: Safe care and treatment)**

# Summary of findings

- The trust must ensure there is a robust process in place for reviewing PGDs to ensure they do not expire. **(Regulation 17: Good governance)**
- The department must have a robust process in place to addressing RCEM audit results where audit standards are not met and be able to demonstrate actions to improve compliance and improvement in compliance over time. **(Regulation 17: Good governance)**
- The department must continue to monitor flow and work towards improving flow through the department especially at times of surge. **(Regulation 12: Safe care and treatment)**

## Actions the department SHOULD take to improve:

- The department should ensure all staff have up to date safeguarding training.
- All staff should ensure they are following the trust's infection control policy of being bare below the elbows, including not wearing nail varnish.
- All blood transfusion waste products including sharps should be stored securely and disposed of appropriately in a timely manner in line with transfusion guidance.
- Staff should ensure the privacy and dignity of patients is maintained particularly in busy, thoroughfares.
- The trust should continue to work to improve time to initial assessment and ambulance handover times.
- Staff should ensure information contained within patient records is consistent across both paper and electronic records.
- Staff should ensure patient comfort rounds are documented and evidenced within patient records.
- The department should ensure that all staff, including administrative staff receive annual appraisals.
- The department should ensure all staff are confident about mental capacity assessment and are aware of tools available to support them carrying out assessments.
- The department should work closely with the complaints department to ensure complaints are managed in line with the trust policy.

## Maternity

### Actions the service MUST take to improve:

- The service must ensure all staff complete mandatory training to meet the Trust compliance target of 95% for all modules. **(Regulation 18: Staffing)**
- The service must ensure staff receive an appraisal and meet the trust compliance target of 95%. **(Regulation 18: Staffing)**
- The service must ensure emergency resuscitation trolley equipment checks are carried out consistently. **(Regulation 17: Good governance)**
- The service must ensure review dates for Patient Group Directions (PGDs) used by midwives are checked regularly in line with regulation and NICE guidance. **(Regulation 17: Good governance)**

### Actions the service SHOULD take to improve:

- The service should continue to monitor the sickness rate for nursing and midwifery staff in maternity and continue to follow the trust sickness policy to support and manage staff appropriately and meet the trust target of 4.0%.

# Summary of findings

- The service should ensure all fluid balance charts are completed and totals are recorded.

## 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.

The overall well-led rating comes from the trust-wide well-led inspection. It takes into account leadership at service level to the most senior level.

We rated well led as good because:

- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues the service faced. Most were visible and approachable in the service for patients and staff.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. There was a positive culture throughout the organisation. Staff told us they were proud to work for the organisation.
- The roles of the non-executive directors were clear and effective. Non-executive directors chaired board sub committees and they also sat on other committees.
- Financial performance had remained consistently strong with the trust delivering over and above plan in 2017/18 & 2018/19.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- Staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- We found gaps in assurance processes for programmes and strategy between the business units and board.
- Across the trust compliance with mandatory training rates were not met, action on this was inconsistent across core services.
- We did not see evidence of learning from incidents was consistent throughout the organisation and over 50% of action plans for SIs and SLEs were overdue.
- We did not see that all relevant risks were monitored, escalated and mitigated.
- The trust did not have oversight of certain assurances around staffing for level 2 patients and the frequency of observations on the electronic track and trigger system.
- Mortality reviews did not provide a large enough sample to be assured that all learning would be captured.
- Complaints were not investigated within timescales set by the trust.

# Summary of findings

## Use of resources

Please see the separate use of resources report for details of the assessment and the combined rating. The report is published on our website at [www.cqc.org.uk/provider/RFT/Reports](http://www.cqc.org.uk/provider/RFT/Reports)

## 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
Good ↔ Sept 2019	Outstanding ↔ Sept 2019	Outstanding ↔ Sept 2019	Outstanding ↔ Sept 2019	Good Sept 2019	Outstanding ↔ Sept 2019

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
Northumbria Specialist Emergency Care Hospital	Requires improvement ↔ Sept 2019	Good ↓ Sept 2019	Outstanding ↔ Sept 2019	Outstanding ↔ Sept 2019	Good ↓ Sept 2019	Good ↓ Sept 2019
North Tyneside General Hospital	Good ↔ Sept 2019	Good ↔ Sept 2019	Outstanding ↔ Sept 2019	Outstanding ↔ Sept 2019	Requires improvement ↓↓ Sept 2019	Good ↓ Sept 2019
Wansbeck General Hospital	Good May 2016	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
Hexham General Hospital	Good May 2016	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
Alnwick Infirmary	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↑ Sept 2019	Good ↔ Sept 2019
Berwick Infirmary	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↑ Sept 2019	Good ↔ Sept 2019
<b>Overall trust</b>	Good ↔ Sept 2019	Outstanding ↔ Sept 2019	Outstanding ↔ Sept 2019	Outstanding ↔ Sept 2019	Good Sept 2019	Outstanding ↔ Sept 2019

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 a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Good ↔ Sept 2019	Outstanding ↔ Sept 2019	Outstanding ↔ Sept 2019	Outstanding ↔ Sept 2019	Good Sept 2019	Outstanding ↔ Sept 2019
Community	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
Mental health	Outstanding ↑ Sept 2019	Outstanding ↑ Sept 2019	Outstanding ↑ Sept 2019	Good ↔ Sept 2019	Outstanding ↑ Sept 2019	Outstanding ↑ Sept 2019
<b>Overall trust</b>	Good ↔ Sept 2019	Outstanding ↔ Sept 2019	Outstanding ↔ Sept 2019	Outstanding ↔ Sept 2019	Good Sept 2019	Outstanding ↔ Sept 2019

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. 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 Northumbria Specialist Emergency Care Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Requires improvement ↓ Sept 2019
Medical care (including older people's care)	Requires improvement ↔ Sept 2019	Good ↔ Sept 2019	Outstanding ↔ Sept 2019	Good ↓ Sept 2019	Requires improvement ↓ Sept 2019	Requires improvement ↓ Sept 2019
Surgery	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
Critical care	Good May 2016	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
Maternity	Good ↑ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↔ Sept 2019	Good ↑ Sept 2019	Good ↑ Sept 2019
Services for children and young people	Good May 2016	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
End of life care	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
Outpatients and diagnostic imaging	Good May 2016	N/A	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
<b>Overall*</b>	Requires improvement ↔ Sept 2019	Good ↓ Sept 2019	Outstanding ↔ Sept 2019	Outstanding ↔ Sept 2019	Good ↓ Sept 2019	Good ↓ Sept 2019

\*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 North Tyneside General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Medical care (including older people's care)	Requires improvement ↓ Sept 2019	Good ↔↔ Sept 2019	Outstanding ↔↔ Sept 2019	Good ↔↔ Sept 2019	Requires improvement ↓↓ Sept 2019	Requires improvement ↓↓ Sept 2019
Surgery	Good May 2016	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
End of life care	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
Outpatients and diagnostic imaging	Good May 2016	N/A	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
Maternity and gynaecology	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Requires improvement May 2016	Good May 2016
<b>Overall*</b>	Good ↔↔ Sept 2019	Good ↔↔ Sept 2019	Outstanding ↔↔ Sept 2019	Outstanding ↔↔ Sept 2019	Requires improvement ↓↓ Sept 2019	Good ↓ Sept 2019

\*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 Wansbeck General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Medical care (including older people's care)	Good May 2016	Good May 2016	Outstanding May 2016	Good May 2016	Outstanding May 2016	Outstanding May 2016
Surgery	Good May 2016	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
End of life care	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
Outpatients and diagnostic imaging	Good May 2016	N/A	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
Maternity and gynaecology	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Requires improvement May 2016	Good May 2016
<b>Overall*</b>	Good May 2016	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016

\*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 Hexham General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good May 2016	Good May 2016	Outstanding May 2016	Good May 2016	Good May 2016	Good May 2016
Medical care (including older people's care)	Good May 2016	Good May 2016	Outstanding May 2016	Good May 2016	Outstanding May 2016	Outstanding May 2016
Surgery	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
Outpatients and diagnostic imaging	Good May 2016	N/A	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
Maternity and gynaecology	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Requires improvement May 2016	Good May 2016
<b>Overall*</b>	Good May 2016	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016

\*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 Alnwick Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good ↑ Sept 2019	Good →← Sept 2019
<b>Overall*</b>	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good ↑ Sept 2019	Good →← Sept 2019

\*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 Berwick Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Maternity	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good ↑ Sept 2019	Good →← Sept 2019
<b>Overall*</b>	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good →← Sept 2019	Good ↑ Sept 2019	Good →← Sept 2019

\*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 community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good May 2016	Outstanding May 2016	Outstanding May 2016	Good May 2016	Outstanding May 2016	Outstanding May 2016
Community health services for children and young people	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
Community health inpatient services	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Community end of life care	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
Community dental services	Good May 2016	Outstanding May 2016	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016
Community urgent care service	Good May 2016	Outstanding May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016
<b>Overall*</b>	Good May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016	Outstanding May 2016

\*Overall ratings for community health services 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 mental health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Wards for older people with mental health problems	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016	Good May 2016
Specialist community mental health services for children and young people	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017	Good Feb 2017
Community mental health services for people with a learning disability or autism	Outstanding Aug 2017	Outstanding Aug 2017	Outstanding Aug 2017	Good Aug 2017	Outstanding Aug 2017	Outstanding Aug 2017
<b>Overall</b>	Outstanding ↑ Sept 2019	Outstanding ↑ Sept 2019	Outstanding ↑ Sept 2019	Good ↔ Sept 2019	Outstanding ↑ Sept 2019	Outstanding ↑ Sept 2019

Overall ratings for mental health services 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.

# Alnwick Infirmary

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Alnwick  
Northumberland  
NE66 2NS  
Tel: 0344 811 8111  
[www.northumbria.nhs.uk](http://www.northumbria.nhs.uk)

## Key facts and figures

Alnwick Infirmary is a community hospital, situated in Alnwick, Northumberland and is managed by Northumbria Healthcare NHS Foundation Trust. Geographically there are 30 miles between the Infirmary and the Northumbria Specialist Emergency Care Hospital (NSECH) and 23 miles between the Infirmary and the Wansbeck General Hospital.

Alnwick Infirmary is one of the hospitals providing care as part of Northumbria Healthcare NHS Foundation Trust. The hospital provides a minor injuries unit (open 8am-5pm), oncology unit, diagnostics including x-ray, endoscopy and ultrasound, theatres with day surgery, a rehabilitation ward and midwifery led maternity service, as well as a range of outpatient clinics. We inspected maternity services at this hospital.

Northumbria Healthcare NHS Foundation trust provides services for around 500,000 across Northumberland and North Tyneside with 999 beds. The trust has operated as a foundation trust since 1 August 2006.

We inspected Alnwick Infirmary as part of the comprehensive inspection of Northumbria Healthcare NHS Foundation Trust, which included this hospital, Northumbria Specialist Emergency Care Hospital, North Tyneside General Hospital, and community services. We inspected maternity services at Alnwick Infirmary on 21 May 2019.

For women expecting to have an uncomplicated delivery, there is a midwifery-led service at Hillcrest Maternity Unit which provides a single delivery room and birthing pool.

Obstetric services at Northumbria Healthcare NHS Trust are provided at The Northumbria Specialist Emergency Care Hospital (NSECH) for high and low risk women. There are three midwifery led units (MLUs) at Alnwick Infirmary, Berwick Infirmary and Hexham General Hospital which provide care for low risk women.

Antenatal services are provided on the base sites at Wansbeck and North Tyneside hospitals with outreach antenatal clinics to Hexham and Alnwick. Community midwifery is provided across the whole geographical area of the trust catchment area. There are five teams within North Tyneside and central Northumberland with community midwives working an integrated model of care in the three MLUs.

The maternity service provides antenatal and postnatal care to mothers who live locally but choose to deliver elsewhere, including over the Scottish border. Further to this some mothers may choose to give birth in Northumberland but are residents of neighbouring CCGs and have their community midwifery care at other trusts.

There is provision for antenatal education on preparation for labour, birth and infant feeding.

From January 2018 to December 2018 there were 3,050 deliveries at the trust with 26 deliveries at Alnwick MLU.

# Summary of findings

The unit was open from 8.30am to 6pm Monday to Friday and 9am to 2.30pm on Saturdays and Sundays. The Unit had one delivery room which had a birthing pool and active birth equipment. There was one home from home room and an antenatal clinic.

During our inspection we reviewed all services based at the Alnwick site. We spoke with one woman and one partner, as well as four staff which included midwives, a breast feeding support worker and a health care assistant. We observed care and treatment and looked at the storage of care records. We also reviewed the trust's performance data.

## Summary of services at Alnwick Infirmary

Good   

We inspected the maternity service at Alnwick Infirmary.

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

- We inspected maternity services at Northumbria Healthcare NHS Foundation Trust in May 2019. Our inspection included Alnwick midwifery led unit (MLU). Several areas for improvement had been identified at our previous inspection in 2015 and at this inspection we found each of these had been addressed.
- There were systems for reporting, investigating, acting and learning from adverse events and there were clear safeguarding processes in place. Records and risk assessments were completed at each stage of pregnancy. There was consistent communication between teams.
- The risk of child abduction had been mitigated across all maternity services by security arrangements including staff challenging all visitors and staff stationed at ward entrances, monthly drills, a CCTV system and routine security guard attendance on the ward. The same mitigations had been implemented at Alnwick MLU.
- Infection control procedures and practices were in line with guidance and equipment checks were completed consistently. Drugs, including emergency medicines were prescribed, stored securely and administered appropriately.
- The service provided care and treatment based on national guidance and best practice. Outcomes were good and harm free care at Alnwick MLU was 100%. There were sufficient midwifery staff, competent for their roles. Staff met most trust mandatory training and all safeguarding training compliance targets. Staff supported women to make informed decisions about their care and treatment, assessed and monitored pain and gave pain relief in an appropriate and timely way. Staff gave women enough food and drink to meet their needs and improve their health.
- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from women and families was positive with good patient survey results. Staff provided emotional support to women, families and carers to minimise distress. Staff supported women to understand their condition and make decisions about their care and treatment. Staff gave women practical support and advice to lead healthier lives.
- Key services were available seven days a week to support timely care. The service had considered its staffing and the care it provided and amended its provision to provide safe care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. There were clear and robust policies in place to ensure that patients were seen at the right place at the right time. The service was inclusive and took account of women's individual needs. They treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

# Summary of findings

- Leaders had a clear strategy and plans for the future of the service and supported staff to achieve the service priorities. Staff at all levels were committed to embedding the changes and improvements in maternity services. Managers and staff worked together to identify and manage risks, information, and to share lessons learned.
- Staff supported each other and felt very positive about leadership within the service. The senior team were visible and approachable and staff valued the vision, support and leadership of matrons and the clinical lead. Line managers worked as role models and were part of the team. Staff were offered opportunities for training and progression.
- There was a clear governance framework and quality performance and risks were recognised and managed. Staff followed duty of candour appropriately.
- Staff felt very engaged and involved in the development of the service and its aims to provide good quality care for women. We saw encouragement and recognition were given to staff for fostering innovation or improvements to the service across different levels within the teams.
- There was evidence of innovative practice throughout the service and by staff at all levels including:
  - A health psychology team which supported women who had experienced a previous traumatic birth.
  - A continuity of care model in MLUs
  - Sharing of information regarding safeguarding including partners (SIRS)
  - A monthly skill drill for all staff in all clinical areas
  - A 'Listening Buddies' system
  - Quarterly staff away days for multidisciplinary team (MDT) development.

However:

- Review dates for Patient Group Directions (PGDs) used by midwives had been exceeded. This meant that medicines were being administered or supplied without an appropriately reviewed authority document. This is not in line with regulation or NICE guidance. Following feedback to the trust after the inspection the pharmacy reviewed PGDs and expedited their approval.
- Staff sickness rates were higher than the trust target of 4%.



# Maternity

Good   

## Key facts and figures

Obstetric services at Northumbria Healthcare NHS Trust are provided at The Northumbria Specialist Emergency Care Hospital (NSECH) for high and low risk women. There are 17 antenatal and postnatal beds, a pregnancy assessment unit and a 14-bedded birthing centre. This includes two birthing pool rooms. All rooms are single occupancy and ensuite although there are some additional bathrooms if a woman wishes to use a bath rather than a shower. The unit enables provision of elective and emergency caesarean sections in association with a consultant anaesthetic team.

There are three midwifery led units (MLUs) at Alnwick Infirmary, Berwick Infirmary and Hexham General Hospital which provide care for low risk women.

Antenatal services are provided on the base sites at Wansbeck and North Tyneside hospitals with outreach antenatal clinics to Hexham and Alnwick. Community midwifery is provided across the whole geographical area of the trust catchment area. There are five teams within North Tyneside and central Northumberland with community midwives working an integrated model of care in the three MLUs.

The maternity service provides antenatal and postnatal care to mothers who live locally but choose to deliver elsewhere, including over the Scottish border. Further to this some mothers may choose to give birth in Northumberland but are residents of neighbouring CCGs and have their community midwifery care at other trusts.

There is provision for antenatal education on preparation for labour, birth and infant feeding.

From January 2018 to December 2018 there were 3,050 deliveries at the trust.

Following an inspection in November 2015, we stated that the hospital must take action to:

- Ensure that there is a formal strategy for the maternity service
- Complete a review of Kirkup report recommendations
- Make improvements regarding; use of the maternity dashboard, reduce the risk of infant abduction, safe storage of emergency drugs and consistent completion of risk assessments.

We also told the hospital it should take action to:

- Embed the clinical strategy within maternity services and set out priorities for the service
- Ensure patient group directions are signed by staff
- Ensure consistent record keeping
- Review midwifery staffing levels to reduce midwife from 1:36 to 1:28 as recommended at that time.

At this inspection we found all of these actions had been undertaken and completed in full or in part.

During this inspection, we visited the birthing centre and joint antenatal and postnatal ward, Alnwick and Berwick midwifery led units (MLUs). This inspection was unannounced to enable us to observe routine activity.

# Maternity

We observed care being given in all areas visited and witnessed multidisciplinary meetings, a ward round and incident meeting. We reviewed eight complete patient records and looked at specific information, including consent, safeguarding records, maternity pathways, risk assessments and surgical checklists. We spoke with one woman and one partner, as well as four members of staff, including a healthcare assistant (HCA), two midwives and a breast feeding support worker.

We also reviewed the trust's performance data.

## Summary of this service

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

- We inspected maternity services at Northumbria Healthcare NHS Foundation Trust in May 2019. Our inspection included Alnwick midwifery led unit (MLU).
- Several areas for improvement had been identified at our previous inspection in 2015. At this inspection we found each of these had been addressed.
- There were systems for reporting, investigating, acting and learning from adverse events and there were clear safeguarding processes in place. Records showed pregnancy pathways were clear and risk assessments were completed at each stage of pregnancy. There was consistent communication and handover between teams.
- The risk of child abduction had been mitigated across all maternity services by security arrangements including staff challenging all visitors and a ward clerk stationed immediately outside the ward, monthly drills, a CCTV system and routine security guard attendance on the ward. The same mitigations had been implemented at Alnwick MLU.
- Infection control procedures and practices were in line with guidance and most equipment checks were completed consistently.
- Drugs, including emergency medicines were prescribed, stored securely and administered appropriately.
- We found patient records were made up of a mix of paper and electronic records which staff mostly completed accurately and completely.
- The service provided care and treatment based on national guidance and best practice. Staff monitored the effectiveness of care and treatment using an electronic maternity dashboard. The service also used the maternity safety thermometer. Outcomes were good and harm free care at Alnwick MLU was 100%.
- Equipment including the adult emergency resuscitation trolley and resuscitaire had been checked regularly with no dates missing from checklists.
- There were sufficient midwifery staff for the number of babies delivered on the unit. Midwives and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care. Staff were competent for their roles. Managers appraised staff and held supervision meetings to provide support and development.
- Alnwick MLU staff had developed and used a 'Rotation Toolkit' to demonstrate and document maintenance of community midwives' competency in line with recommendations of the Kirkup report.
- Midwifery staff met most trust mandatory training compliance targets of 95% and all safeguarding training compliance targets of 95%.

# Maternity

- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They supported women experiencing mental ill health and used measures that limit women's liberty appropriately. Staff assessed and monitored pain and gave pain relief in an appropriate and timely way. Staff gave women enough food and drink to meet their needs and improve their health.
- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from women and families was positive with good patient survey results. Staff provided emotional support to women, families and carers to minimise distress. They understood patient's personal, cultural and religious needs. Staff supported women, families and carers to understand their condition and make decisions about their care and treatment. Staff gave women practical support and advice to lead healthier lives.
- Key services were available seven days a week to support timely care. The service had considered its staffing and the care it provided and amended its provision to provide safe care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. There were clear and robust policies in place to ensure that patients were seen at the right place at the right time.
- Women could access the service during opening times or the on-call service and received the right care promptly. The service was inclusive and took account of women's individual needs and preferences and coordinated care with other services and providers.
- Women and their families provided feedback and raised concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders had a clear strategy and plans for the future of the service. Leaders supported staff to achieve the service priorities. Staff were aware of the trust's vision and were committed to embedding the changes and improvements in maternity services and as part of the trust as a whole. Senior managers and operational team worked together to identify and manage risks, information, and to share lessons learned.
- Staff worked together, supported each other and felt very positive about leadership within the service. The senior team were visible and approachable and staff valued the vision, support and leadership of matrons and the clinical lead. Line managers worked as role models and were part of the team. Staff were offered opportunities for training and progression.
- There was a clear governance framework and quality performance and risks were recognised and managed. The service used the maternity dashboard as a clinical performance and governance scorecard and helped to identify patient safety issues in advance. Staff followed duty of candour appropriately.
- Women and staff had access to information and informative literature. Copies of the delivery summary were sent to the GP and health visitor.
- Staff sought opinions of those who used the service and feedback was positive. There was a maternity services user forum to gather experiences from women and improve standards of maternity care.
- Staff felt very engaged and involved in the development of the service and its aims to provide good quality care for women. Staff took part in fundraising initiatives. We saw encouragement and recognition were given to staff for fostering innovation or improvements to the service across different levels within the teams.
- There was evidence of innovative practice throughout the service and by staff at all levels including:
  - A health psychology team which supported women who had experienced a previous traumatic birth
  - A continuity of care model in MLUs
  - Sharing of information regarding safeguarding including partners (SIRS)
  - A monthly skill drill for all staff in all clinical areas

# Maternity

- A 'Listening Buddies' system
- Quarterly staff away days for multidisciplinary team (MDT) development.

However:

- Review dates for Patient Group Directions (PGDs) used by midwives had been exceeded. This meant that medicines were being administered or supplied without an appropriately reviewed authority document. This is not in line with regulation or NICE guidance. Following feedback to the trust after the inspection the pharmacy reviewed PGDs and expedited their approval.

## Is the service safe?

**Good** ● → ←

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

- At our last inspection we were concerned about the risk of child abduction on Ward 16 at NSECH, as patients and visitors were able to leave the ward unseen, and unchecked. At this inspection this had been addressed across the trust and risks mitigated with security measures were in place at the MLUs.
- At our last inspection we noted medical and midwifery staffing figures were worse than national recommendations for the number of babies delivered on the unit. At this inspection the service had been reconfigured to offer a seven days a week MLU with on-call community midwifery at night. There were sufficient staff to provide safe care for women.
- There were systems for reporting, investigating, acting and learning from adverse events.
- Staff kept detailed records of women' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Staff completed and updated risk assessments, identified and quickly acted upon any risk of deterioration.
- A proactive approach to anticipating and managing risks to people who use services is embedded and is recognised as the responsibility of all staff.
- Staff were able to discuss risk effectively with people using the service.
- There were clear safeguarding processes in place and staff knew their responsibilities in protecting women from abuse and reporting and monitoring safeguarding concerns. Staff could access psychology and psychiatric teams as necessary.
- Innovative practice supported accurate and personalised information sharing. The trust had implemented Sharing of Information Regarding Safeguarding Including Partners (SIRS), Information sharing of information from GPs regarding potential risk factors of partners of women entering the service. Staff reported; implementation of learning following serious case review, increased identification of risk factors to the new born and there had been no repeated incidents.
- The service provided mandatory training in key skills to all staff and made plans to ensure everyone completed it. Staff met the trust compliance target for almost all mandatory training modules.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. The service controlled infection risk well. They kept equipment and the premises visibly clean.
- The service followed best practice when giving, recording and storing medicines. Women received the right medication at the right dose at the right time.

# Maternity

- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, women and visitors.

However:

- Review dates for Patient Group Directions (PGDs) used by midwives had been exceeded. This meant that medicines were being administered or supplied without an appropriately reviewed authority document. This was not in line with regulation or NICE guidance. Following feedback to the trust after the inspection the pharmacy reviewed PGDs and expedited their approval.

## Is the service effective?

Good   

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

- At our previous inspection we found improvements were required regarding the use of the maternity dashboard. At this inspection we found staff monitored the effectiveness of care and treatment using an electronic maternity dashboard. They used the findings to make improvements and achieved good outcomes for women.
- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.
- Staff gave women enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff work performance and held supervision meetings with them to provide support and development.
- The continuing development of the staff skills, competence and knowledge is recognised as being integral to ensuring high-quality care. Staff are proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.
- Midwives and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.
- Key services were available seven days a week to support timely care.
- Staff gave women practical support and advice to lead healthier lives.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit apply DoLS appropriately.

# Maternity

## Is the service caring?

Good ● → ←

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

- During our inspection we spoke with one woman and one partner.
- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported women, families and carers to understand their condition and make decisions about their care and treatment.
- Feedback from women and families was positive with good patient survey results.

## Is the service responsive?

Good ● → ←

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

- At our previous inspection in 2015, the service had gone through a significant reconfiguration to a new model of care, which saw delivery services amalgamated and all high risk deliveries provided at the NSECH site. At this inspection we found there were clear and robust policies in place to ensure that patients were risk assessed and then seen at the right place at the right time.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The service was part of a regional network for maternity services and engaged with a small number of service users to inform developments within the service.
- The service provided informed choice and ensured continuity of care.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service according to risk and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and promoted equality. This included people with protected characteristics under the Equality Act and people who are in vulnerable circumstances or who have complex needs.

# Maternity

## Is the service well-led?

Good  

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

- At our last inspection we found very minimal references to maternity within the annual plan for the surgical business unit. However, at this inspection leaders had a clear strategy and plans for the future of the service. Leaders supported staff to achieve the service priorities. Staff were aware of the trust's vision and were committed to embedding the changes and improvements in maternity services and as part of the trust as a whole.
- At our previous inspection we found there was no alignment between the risk register and the senior team worry list. At this inspection MLU managers, senior managers and operational team worked together to identify and manage risks, information and share lessons learned.
- The team of midwives and support staff who worked together and supported each other. Staff we spoke with told us that the trust was a 'good place to work'. We saw commitment to patient care and treatment.
- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service.
- Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act.
- Staff felt very positive about leadership within the service, supported and able to escalate and discuss concerns. The senior team were visible and approachable.
- New staff had been appointed to senior roles and staff valued the vision, support and leadership of matrons and clinical lead.
- Line managers worked as role models and were part of the team. Staff were offered opportunities for training and progression.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns.
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There was a strong record of sharing work locally and regionally.
- There was a clear governance framework and quality performance and risks were recognised and managed. The service used the maternity dashboard as a clinical performance and governance scorecard and helped to identify patient safety issues in advance. Staff followed duty of candour appropriately.
- There was a maternity area on the trust website and women had access to informative literature.
- Copies of the delivery summary were sent to the GP and health visitor.
- Staff sought opinions of those who used the service and feedback was positive. There was a maternity services user forum to gather experiences from women and improve standards of maternity care.

# Maternity

- Staff felt very engaged and involved in the development of the service and its aims to provide good quality care for women. Staff took part in fundraising initiatives.
- We saw encouragement and recognition were given to staff for fostering innovation or improvements to the service across different levels within the teams.

There was evidence of innovative practice throughout the service and by staff at all levels including:

- A health psychology team supported women who had experienced a previous traumatic birth.
- A continuity of care model devised by staff at Hexham MLU
- Sharing of information regarding safeguarding including partners (SIRS)
- A 'Rotation Toolkit' to demonstrate and document maintenance of competency to comply with Kirkup report recommendations
- A monthly skill drill for all staff in all clinical areas
- A 'Listening Buddies' system
- Quarterly staff away days for MDT development

## Outstanding practice

See the outstanding practice section above.

## Areas for improvement

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



# North Tyneside General Hospital

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## Key facts and figures

North Tyneside General Hospital is situated in North Shields, east of the city of Newcastle upon Tyne. The hospital provides a full range of diagnostic testing, medical and surgical services, outpatient clinics covering a range of specialties, as well as facilities for care of the elderly. The hospital has over 21,000 inpatient and 186,000 outpatient attendances annually.

Services had been reconfigured in June 2015 when the Northumbria Specialist Emergency Care Hospital (NSECH) opened. This had resulted in a new model of care and different patient pathways in emergency, medical and surgical care and maternity services.

During this inspection we inspected medicine services.

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

Before this inspection we reviewed information about the service and after the inspection we requested further information from the trust.

## Summary of services at North Tyneside General Hospital

**Good** ● ↓

Our rating of services went down. We rated them as good because at our previous comprehensive inspection the hospital achieved an overall outstanding rating, this combined with the current rating gave an aggregation.

At that inspection in 2015 we rated the core services of outpatients and diagnostic imaging, medical care, surgery and end of life care all as outstanding. Urgent and emergency care services and maternity and gynaecology services were rated as good.

On this inspection, we inspected medical care only at this hospital and rated it as requires improvement. The overall deterioration was due to issues we found in the oversight of clinical governance and assurance.

See below for further information about our inspection of medical care.

# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

North Tyneside General Hospital is an acute hospital providing care as part of Northumbria Healthcare NHS Foundation Trust. It is the largest of the trust's three general hospitals. Most medical admissions come from Northumbria Specialist Emergency Care Hospital and patients are transferred from there out to base sites, which includes this hospital.

The medical care service at the trust provides inpatient beds located across 26 wards and teams.

*(Source: Routine Provider Information Request AC1 - Acute context)*

There are currently six medical wards open at North Tyneside General Hospital, plus a medical day case unit and oncology day unit. The medical wards cover various specialties, including elderly medicine, elderly rehabilitation, ortho-geriatrics, gastroenterology, respiratory medicine and stroke.

The trust had 74,342 medical admissions from January 2018 to December 2018. Emergency admissions accounted for 49,222 (66%), 473 (1%) were elective, and the remaining 24,657 (33%) were day case.

Admissions for the top three medical specialties were:

- General medicine (38,303 admissions)
- Clinical oncology (10,750 admissions)
- Gastroenterology (9,282 admissions)

*(Source: Hospital Episode Statistics)*

At our last inspection medicine services at North Tyneside General Hospital received an overall rating of outstanding, with the key domains rated as good in safe, effective and responsive and outstanding in caring and well led.

Following an inspection in November 2015, we stated that the hospital should take action to ensure that levels of staff training continued to improve in order to meet the trust target.

During this inspection, we visited wards 12 (acute elderly medicine), 15 (gastroenterology), 18 (respiratory medicine), 22 (stroke), 23 (ortho-geriatrics) and 24 (medicine and rehabilitation) and the endoscopy unit. This inspection was unannounced to enable us to observe routine activity.

We observed care being given in all areas visited and witnessed multidisciplinary meetings, handovers and incident meetings. We reviewed eight complete patient records and looked at specific information in four other records, including consent, mental capacity, deprivation of liberty safeguards and handovers from Northumbria Specialist Emergency Care Hospital to North Tyneside General Hospital. We spoke with 15 patients and visitors, and 18 members of staff, including the management team, consultants, doctors, nurses, therapy staff, healthcare assistants and administration staff.

## Summary of this service

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

- We found a number of issues surrounding patient safety, risk of re-admission, access and flow, and the governance, oversight and quality monitoring of the medical care service.

# Medical care (including older people's care)

- The service did not monitor nurse staffing levels for patients receiving acute non-invasive ventilation and could not assure us that patients were nursed according to British Thoracic Society guidelines surrounding one nurse to two patients.
- The policy surrounding non-invasive ventilation (NIV) did not adequately describe the process for initiation of NIV on base sites.
- Patients were not continuously monitored when patients were moved between clinical areas while receiving non-invasive ventilation. We escalated this to the business unit management team. As a result, they assured us a business case would be submitted to purchase additional monitoring equipment.
- Although the electronic track and trigger system indicated when patients should be observed, we found that patient observations were not consistently monitored according to the flag alert on the system. In the four weeks prior to inspection, out of 77,350 observations recorded only 44,610 had been completed within 15 minutes of need.
- Although patient records contained comprehensive information, patient identifiers were not consistently used, entries were not always signed and dated, alterations to records were not appropriately made with a single line, countersigned, timed or dated, and fluid balance charts were not always totalled.
- We lacked assurance surrounding clinical governance dissemination in some instances due to the use of wipe clean boards for weekly ward meetings. There was no record of staff attendance at these meetings.
- The risk register did not evidence a robust process surrounding review dates or target dates.
- The model of care separated emergencies from planned care at base sites, however access and flow were impacted due to bed pressures at Northumbria Specialist Emergency Care Hospital and ward closures at base sites.
- The service had a higher than expected risk of readmission for elective admissions in gastroenterology and respiratory medicine and a higher than expected risk of readmission for non-elective admissions in general and respiratory medicine compared to the England average.
- Two specialties were below the England average for admitted referral to treatment times within gastroenterology and rheumatology.
- The service used systems and processes to prescribe, administer, record and store medicines. However, patient group directions had not been reviewed in line with the review date set by the trust and oxygen was not prescribed or recorded in line with national guidance on all wards that we inspected. Medicines had been administered to patients in an emergency without a clear or retrospective record.
- Overall mandatory training compliance, including safeguarding training, Mental Capacity and Deprivation of Liberty Safeguards training did not meet the trust target. Staff were not given protected time to complete mandatory and safeguard training.
- Although senior leadership were aware of training non-compliance surrounding mandatory, safeguarding and Mental Capacity Act & Deprivation of Liberty Safeguards. We lacked assurance of how the service would improve upon this.
- Not all staff received appraisals to assess their work performance and promote their professional development. Appraisal compliance did not meet the trust target.

However:

- The service-controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.

# Medical care (including older people's care)

- Nurse staffing was managed using recognised tools and professional judgment. To maintain safe staffing levels, the service monitored staffing levels and reviewed these daily using nationally recognised tools alongside clinical judgment.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff identified patients at risk of nutritional and dehydration risk or requiring extra assistance at pre-assessment stage. Patients were offered support when required.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed positive, kind and caring interactions on the day units and between staff and patients.
- The service had stable management structures in place, with clear lines of responsibility and accountability. We saw evidence of learning, continuous improvement and innovation within medical services at the location.
- Patients we spoke to felt involved in their care and had been provided with information to allow them to make informed decisions.
- The trust had systems and processes in place to ensure that the needs of local people were considered when planning the service delivery.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

## Is the service safe?

**Requires improvement** ● ↓

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

- Although the service provided care and treatment based on national guidance and evidence-based practice, the policy surrounding non-invasive ventilation (NIV) did not adequately describe the process for initiation of NIV on base sites.
- Patients were not continuously monitored when patients were moved between clinical areas while receiving non-invasive ventilation. We escalated this to the business unit management team. As a result, they assured us a business case would be submitted to purchase additional monitoring equipment.
- Although the electronic track and trigger system indicated when patients should be observed, we found that patient observations were not consistently monitored according to the flag alert on the system. In the four weeks prior to inspection, out of 77,350 observations recorded only 44,610 had been completed within 15 minutes of need.
- Although patient records contained comprehensive information, patient identifiers were not consistently used, entries were not always signed and dated, alterations to records were not appropriately made with a single line, countersigned, timed or dated, and fluid balance charts were not always totalled.
- The service used systems and processes to prescribe, administer, record and store medicines. However, patient group directions had not been reviewed in line with the review date set by the trust and oxygen was not prescribed or recorded in line with national guidance on all wards that we inspected. Medicines had been administered to patients in an emergency without a clear or retrospective record.

# Medical care (including older people's care)

- Overall mandatory training compliance, including safeguarding training, Mental Capacity and Deprivation of Liberty Safeguards training did not meet the trust target. Staff were not given protected time to complete mandatory and safeguard training. We lacked assurance of how the service would improve upon this.

However:

- The service had enough staff with the right qualifications, skills and experience to keep people safe from avoidable harm and to provide the right care and treatment. Nurse staffing was managed using daily monitoring, acuity tools and professional judgment. This was an improvement since the last inspection.
- The service had suitable premises and equipment and looked after them well. We found the hospital was accessible to wheelchair users, with clear signage.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Good** ● → ←

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

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other needs.
- Staff assessed and monitored patients regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes. For example, they had achieved Joint Advisory Group accreditation for their endoscopy services.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty where it was in the patient's best interest.

However:

# Medical care (including older people's care)

- The service had a higher risk of readmission for emergency admissions in general medicine and clinical haematology compared to the England average. We did not receive assurance that readmissions in these specialties were being addressed.
- Mental Capacity Act Level 2 and Deprivation of Liberty Safeguards training did not meet the trust target for both medical and nursing staff. Staff were not given protected time to complete this training.
- Not all staff received appraisals to assess their work performance and promote their professional development. Appraisal compliance did not meet the trust target.

## Is the service caring?

**Outstanding**   

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

- People were treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity was embedded in everything that staff did, including awareness of any specific needs as these were recorded and communicated.
- People who used the service and those close to them were active partners in their care. Staff were fully committed to working in partnership with people. They supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff always empowered people who used the service to have a voice. They showed determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs were reflected in how care was delivered.
- Feedback from people who used the service, those who were close to them, and stakeholders, was continually positive about the way staff treated people. People told us that staff went the extra mile and their care and support exceeded their expectations.
- Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account, and found innovative ways to meet them. People's emotional and social needs were seen as being as important as their physical needs.
- Staff recognised that people need to have access to, and links with, their advocacy and support networks in the community and they supported people to do this.

## Is the service responsive?

**Good**   

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.

# Medical care (including older people's care)

- We saw that information leaflets and advice posters were available on the units we visited. These included discharge information, specialist services and general advice about nutrition and hydration.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However:

- The model of care separated emergencies from planned care at base sites, however access and flow were impacted due to bed pressures at Northumbria Specialist Emergency Care Hospital and ward closures at base sites.
- Patients under the specialties of general medicine and geriatric medicine attending in an emergency stayed longer in hospital than the national average.
- Two specialties were below the England average for admitted referral to treatment times within gastroenterology and rheumatology.

## Is the service well-led?

**Requires improvement** ● ↓↓

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

- The business unit management team lacked oversight of the safety of patients receiving non-invasive ventilation during transfer from the accident and emergency department to medical wards. We escalated this to the business unit management team. As a result, they assured us a business case would be submitted to purchase additional monitoring equipment.
- The service did not monitor nurse staffing levels for patients receiving acute non-invasive ventilation and could not assure us that patients were nursed according to British Thoracic Society guidelines surrounding one nurse to two patients.
- We lacked assurance surrounding clinical governance dissemination in some instances due to the use of wipe clean boards for weekly ward meetings. There was no record of staff attendance at these meetings
- We lacked assurance surrounding the governance of the electronic track & trigger system to ensure that patient observations were completed on time. In the four weeks prior to inspection, out of 77,350 observations recorded only 44,610 had been completed within 15 minutes of need.
- We lacked assurance surrounding the business unit's oversight of current policy surrounding non-invasive ventilation (NIV). The policy did not adequately describe the process for initiation of NIV on base sites. We escalated this during our inspection.
- Senior leadership were aware of training non-compliance surrounding mandatory, safeguarding and Mental Capacity Act & Deprivation of Liberty Safeguards. We lacked assurance of how the service would improve upon this.
- The risk register did not evidence a robust process surrounding review dates or target dates.
- We lacked assurance that senior management were taking action to address the risk of re-admission for elective patients within gastroenterology and respiratory medicine, and non-elective patients within general medicine and respiratory medicine.

# Medical care (including older people's care)

- The service did not adhere to national guidance surrounding the prescribing of oxygen and the governance surrounding review dates of patient group directions was not robust.

However:

- Leaders had the integrity, skills and abilities to run the service. Staff spoke positively about their leaders and felt respected.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders understood and knew how to apply them and monitor progress.
- Managers at service level promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff reported a positive culture and good team working.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

## Outstanding practice

The trust had created a tool called 'Avoiding Falls Level of Observation Assessment Tool' (AFLOAT). This tool determined how often and how closely each patient needed to be observed to avoid potential falls while in hospital. Audits showed use of the tool improved patient safety by reducing falls risk compared to when nurses used clinical judgement without the tool. AFLOAT had been accepted for publication in the British Journal of Nursing and was a finalist in the upcoming Health Service Journal awards. It had also generated interest from several trusts across the country.

## Areas for improvement

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



# Northumbria Specialist Emergency Care Hospital

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## Key facts and figures

NSECH is England's first purpose-built specialist emergency care hospital, with emergency consultants on site 24 hours a day, seven days a week, as well as consultants in a range of specialties working seven days a week.

The hospital has over 58,000 inpatient and 40,000 outpatient attendances annually and treats serious emergencies such as suspected stroke, loss of consciousness, persistent and severe chest pain, sudden shortness of breath, severe abdominal pain and severe blood loss.

Planned surgery considered to be high-risk is also carried out at NSECH as patients will be surrounded by relevant experts and support services such as critical care which may be needed in an emergency. NSECH also has a birthing centre with midwifery and consultant-led care.

The hospital has an emergency department with individual treatment rooms, diagnostics (including x-ray, MRI, ultrasound and CT scanners, endoscopy room and cardiac catheter lab) and a critical care unit. An ambulatory care unit has recently been opened for the rapid assessment of patients with specific conditions, without the need for emergency admission.

The hospital has beds for emergency admissions across seven specialty wards – critical care, care of the elderly, surgery, trauma, cardiology, respiratory, stroke, gastrointestinal and an acute medical unit.

During this inspection we inspected medicine services, urgent and emergency care services and maternity services.

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

Before this inspection we reviewed information about the service and after the inspection we requested further information from the trust.

## Summary of services at Northumbria Specialist Emergency Care Hospital

Good  

Our rating of services went down. We rated them as good because:

# Summary of findings

- Patients and families were involved in decision making of their care, staff cared for patients with compassion and we observed positive, kind and caring interactions between staff and patients.
- There were systems for reporting, investigating, acting and learning from adverse events and there were clear safeguarding processes in place.
- Patients with a learning disability, those living with dementia, and bariatric patients accessed appropriate emergency services and patients needing care and treatment for mental health needs accessed co-ordinated services.
- The emergency department had designated mental health assessment rooms that met best practice guidance for a safe mental health assessment room.
- Staff identified patients at risk of nutritional and dehydration risk or requiring extra assistance and patients were offered support when required. Staff assessed and monitored pain and gave pain relief in an appropriate and timely way.
- Nurse staffing was managed using recognised tools and professional judgment to maintain safe staffing levels.
- Leadership teams had a clear vision for the future of the hospital and staff were fully engaged in improving services. The hospital vision continued to develop with involvement from staff patients, and key groups representing the local community.
- The hospital had stable management structures in place, with clear lines of responsibility and accountability. Managers at all levels in the hospital had the right skills and abilities to run a service providing high-quality sustainable care.
- Senior managers and operational teams worked together to identify and manage risks, information and lessons learned.
- Within urgent and emergency care there was a robust triage process in place that used qualified and experienced staff to carry out initial assessment.
- There was a clear governance framework within maternity services and quality performance and risks were recognised and managed.
- The risk of child abduction had been mitigated within maternity services through robust security arrangements.
- Maternity services planned and provided care in a way that met the needs of local people and the communities served and worked well with others to plan care. There were clear and robust policies in place to ensure that patients were seen at the right place at the right time.
- We saw evidence of learning, continuous improvement and innovation.

However:

- Mandatory training was not always completed by medical or nursing staff in a timely manner and we lacked assurance how the hospital would improve compliance rates.
- Annual appraisals were not always completed by medical staff and nursing staff in a timely manner and we lacked assurance how the hospital would improve compliance rates.
- Patient group directions (PGDs) were past their review date and there was no clear governance process in place to ensure they were reviewed and updated before they expired.
- Oxygen prescribing did not follow trust policy, best practice and national guidance and medicines had been administered to patients in an emergency, without a clear or retrospective record.

# Summary of findings

- Trust policy did not adequately describe the process for initiation and ongoing monitoring of patients receiving non-invasive ventilation treatment, particularly when moved between clinical areas.
- Patient observations were not consistently monitored in line with alerts on the electronic system.
- Although fluid balance information was consistently recorded, totals were missing on most charts we viewed.
- Not all emergency resuscitation trollies had been checked regularly with dates missing from checklists.
- Paper records were not always securely bound within notes folders and we found some pages or parts became detached.
- Infection control procedures were not always followed.
- Patient identifiers were not consistently used, for example entries were not always signed and dated, alterations to records were not appropriately made with a single line, countersigned, timed or dated.
- In urgent and emergency care the department was not meeting most national standards, for example national clinical audit standards, initial assessment and ambulance handover times. We requested evidence from the department to demonstrate improvement in standards however this was not sent to us.
- It was unclear how senior management evidenced board to ward information, such as clinical governance dissemination and staff awareness.

# Urgent and emergency services

Requires improvement  

## Key facts and figures

Northumbria Healthcare NHS Foundation Trust (CHS) urgent and emergency care service (also known as A&E, emergency department or ED) is based at Northumbria Specialist Emergency Care Hospital (NSECH) however there are also services provided at North Tyneside General Hospital, Wansbeck District Hospital and Hexham General Hospital for patients with minor injuries or ailments.

For the purposes of this inspection, we visited the adult emergency department (ED) and the paediatric ED.

Care was provided for the population of Northumberland and parts of North Tyneside.

The emergency department at NSECH provides a 24-hour, seven-day a week service to the local population. There were 106,726 attendances from April 2018 to March 2019 at NSECH and 17.3% of these were children aged under 16. Most young people aged 16 or over were treated within the adults ED.

Adult and paediatric EDs were part of the purpose-built Northumbria Specialist Emergency Care Hospital site.

The paediatric department had its own waiting room. There were toys for children to play with and a child friendly environment.

There was one dedicated paediatric resuscitation room and four adult resuscitation bays. The paediatric department had a six bedded assessment and observation unit as well as treatment rooms and the adult ED was divided in the four zones, the blue, green orange and red zones. Each zone had cubicles and treatment rooms. There was a dedicated radiology suite with access to CT scanning, integral to the ED.

Patients visiting the adult department waited in the large main entrance atrium before being called for triage. Once triaged patients were directed to the most appropriate area to wait to be seen. Children were directed to the waiting area dedicated for them, separate from adult patients.

Both departments were major trauma units. This meant that they could treat patients who arrived by road or air ambulance or on foot with serious illness or injury. Patients very seriously injured in major incidents were taken to the nearest major trauma centre.

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

We inspected all areas of the department and spoke with 52 members of staff. We spoke with 16 patients and relatives, observed staff delivering care and looked at 20 patient records. We held focus groups and reviewed trust policies and performance information from, and about, the trust.

At the last inspection, we rated all five key questions for the service as good. At this inspection we re-inspected all five questions and rated four as good and one as requires improvement.

NSECH was last inspected as part of the comprehensive inspection programme in 2015. During the 2015 inspection, all five domains were inspected and all five were rated as good. The service was rated as 'good' overall.

The service had addressed previous recommendations at this inspection however new challenges had arisen that the department was working to address.

# Urgent and emergency services

## Summary of this service

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

- We rated safe and effective as requires improvement. We rated caring, responsive and well led as good.
- Infection control procedures were not always followed in relation to hand hygiene and we saw staff wearing nail varnish. Used blood transfusion bags were also stored inappropriately in an unlocked room, with unsheathed needles exposed.
- Patient group directions (PGDs) were past their review date and there was no clear governance process in place to ensure they were reviewed and updated before they expired. Oxygen prescribing did not follow trust policy, best practice and national guidance in the ED.
- The department had not fully transitioned to electronic patient records and were running a dual system. We identified some discrepancies between the paper and electronic records of some patients.
- Mandatory training was not always completed by medical or nursing staff in a timely manner and the department needed to improve compliance with mandatory training.
- The department needed to improve compliance with appraisal rates in the department.
- National audit results were poor and the department was not meeting most of the standards and were in the lower quartile compared to national performance. There was little evidence of further local audit work underway to ensure that audit compliance improved.
- The department was not meeting initial assessment and ambulance handover times and had experienced a high number of black breaches (patients waiting more than 60 minutes to be handed over from ambulance staff to hospital staff).

However:

- Both the adult and children's departments had a robust triage process in place and used qualified and experienced staff to carry out initial assessment.
- Clinical policies online were reviewed and up to date.
- There were good examples of care and compassion witnessed in both the adults and paediatric departments. The caring relationships were valued by staff and promoted amongst staff. There was a strong person-centred culture.
- Patients and families were involved in the decision making on their care in a way that they understood.
- Services were planned in a way to meet the individual's needs.
- Patients with a learning disability, those living with dementia, and bariatric patients could access emergency services appropriate for them, and their needs were supported. Patients needing care and treatment for their mental health needs could access services in a joined-up way from within the department.
- The emergency department had designated mental health assessment rooms that met best practice guidance for a safe mental health assessment room.
- Complaints were addressed in line with the trust's policy although response timescales were not being met.
- There was a sense of teamwork within the department and operational staff worked together in partnership to provide effective care and treatment especially at times of pressure.

# Urgent and emergency services

- Senior clinical leadership was visible in the department during our inspection and attended the department to support staff during our inspection. Senior staff also supported the department at times of escalation.
- The leadership team had a clear vision for the future of the department and staff were fully engaged in improving the department and ensuring its sustainability.

## Is the service safe?

**Requires improvement** ● ↓

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

- Mandatory training levels were not being met by medical or nursing staff with nursing staff compliant in 12 out of 30 modules and medical staff compliant with five out of 23 modules. Following the inspection the trust provided us with year end data which showed some gains in training over that last month of the year, but the trust was still not meeting the target.
- Used blood transfusion bags were stored inappropriately in an unlocked room, with unsheathed needles exposed.
- Infection control policies were not always followed and we saw staff with nail varnish working in the department.
- Patient group directions (PGDs), documents that allow competent nursing staff to administer a limited group of medicines to patients without them who meet specific criteria without them being prescribed by a doctor, had not been reviewed by their review date and there was no evidence of a process in place to review them or ensure they had not expired.
- The department was not prescribing oxygen for patients in A&E. This is against trust policy and British Thoracic Society (BTS) best practice guidelines. Not all fluids were stored appropriately and different strengths of saline were stored together in one resuscitation area drawer.
- During the inspection we had concerns about the privacy and dignity of patients in the overflow hub area. However, since our inspection, screens have been introduced.
- During our inspection, the department had surges of ambulances arriving together. This posed a challenge for the department to receive handover of patients in a timely way.
- Median time to initial assessment and ambulance turnaround times were worse than the national average.
- The department had experienced a high number of black breaches throughout the winter months.
- The department was using both paper and electronic records when we carried out our inspection. We found gaps in clinical records and places where information in the paper records did not match information in the electronic record.
- Call bells were not always within reach of vulnerable patients thus there was a risk they could not attract attention if they needed help or became unwell.

However:

- The department was well staffed for both nursing and medical staff against their planned staffing levels.
- There were few nursing and medical staff vacancies and the department were in the process of reassessing staffing numbers to ensure comprehensive cover.
- The department had robust triage in place to ensure patients were seen by the correct clinician as quickly as possible and diagnostic tests ordered in a timely way.

# Urgent and emergency services

- The emergency department had designated mental health assessment facilities that met best practice guidance for a safe mental health assessment room.
- The department had 24 hours per day consultant cover. This exceeded the Royal College of Emergency Medicine guidance.
- (RCEM) guidance 'rule of thumb'.
- There were robust incident reporting processes in place to ensure staff were informed of trends and lessons learned.
- Medicines other than oxygen and saline were stored and managed in a safe way.

## Is the service effective?

**Requires improvement** ● ↓

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

- NSECH did not meet RCEM audit standards including Severe asthma, Consultant sign off and Severe sepsis and septic shock. The department had not undertaken any further audits for consultant sign off or severe asthma to assure themselves that practice had improved. Action plans were in place however these were not detailed and there was little assurance that actions were robust or that re-audit was required.
- Nursing staff did not meet the trust appraisal target of 95%.
- It was unclear from records when patients in pain, received pain relief as this was not always recorded.
- Between March 2018 and February 2019, the trust's unplanned re-attendance rate to ED within seven days was worse than the national standard of 5% and worse than the England average.

However:

- There was evidence of the use of up to date recognised clinical guidance and pathways in the department.
- The department performed well against TARN (Trauma audit and research network) standards.
- Medical staff met appraisal rates.
- Staff offered patients food and drinks whilst they were waiting in the department.
- We saw that staff had an understanding of consent, mental capacity and deprivation of liberty safeguards. Staff gained verbal consent prior to performing care and documented consent for more serious interventions.

## Is the service caring?

**Good** ● → ←

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 mostly 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.

# Urgent and emergency services

- Friends and relatives provided us with good examples of care.
- Patients told us that they received compassionate care and that staff supported their emotional needs.
- People's individual preferences and needs were reflected in how care was delivered.
- We saw evidence that patients and families were involved in care planning. 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.

However:

- Staff did not always ensure people's dignity was preserved.

## Is the service responsive?

**Good** ● → ←

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

- 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 department had developed a number of patient pathways to improve the flow in the department and the experience of patients.
- The care and treatment needs of individuals were met, with mental health support, language support and specialist equipment available if needed.
- The department met the standard for median time to treatment for patients for all 12 months from March 2018 to February 2019 and was better than the England average. There were no patients who had waited in the department for more than 12 hours from decision to admit over the same time period.
- The department had met the four hour target for eight of the 12 months from March 2018 to February 2019. Performance declined from November 2018 to January 2019 at the trust, mirroring the national performance.
- The department performed better than the England average for patients leaving the department without being seen over the last 12 months.
- The median total time for patients being in the department was better than the England average.
- Patients knew how to complain and staff knew how to deal with complaints they received. Complaints were investigated and learning was shared with staff.
- The department received and recorded compliments and thank you cards and fed back to staff involved.

However:

- The access and flow through the department was a challenge. Senior staff worked to improve flow via access to other wards however there were often bottle necks at ambulance triage and finding patients beds on wards.



# Urgent and emergency services

- Complaints were not always closed within the trust's timescale of 35 days with complaints taking an average of 40 days to be closed.

## Is the service well-led?

Good   

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

- The service had acted on the issues raised in the 2015 inspection and were working to address new issues as they arose.
- The doctor and nurse in charge on shift provided leadership and were focused on the current demands within the department to aid patient flow. They had regular discussions with other staff throughout the trust to facilitate patients being moved out of the department. The team reviewed the status of the department regularly to give an overview of capacity and demand.
- Staff enjoyed working in the department and felt listened to and valued. They had no concerns about the culture of the department such as bullying and thought the department was a good learning environment. Line managers supported staff and were accessible.
- The senior departmental staff had an open-door approach and initiatives were in place to encourage staff to suggest and develop ideas.
- Risks were identified on the risk register and reviewed regularly.
- Regular staff meetings were held within the department and governance was regularly discussed. Staff were kept up to date with governance concerns via meetings and newsletters.
- The trust had systems to identify capacity and demand issues within the department. This was reviewed regularly and concerns escalated and managed by the team.
- Processes were in place to ensure that staff were aware of their role in the event of a major incident and regular simulation training took place.
- The department was flexible to meet demand and staff were adaptable and moved to busy areas as the needs of the department changed throughout the day.

However:

- We identified shortfalls in the department's approach to clinical governance in relation to clinical effectiveness and clinical audit.

## Outstanding practice

See the outstanding practice section above.

## Areas for improvement

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

# Medical care (including older people's care)

Requires improvement  

## Key facts and figures

We inspected Northumbria Specialist Emergency Care Hospital as part of the comprehensive inspection of Northumbria Healthcare NHS Foundation Trust, which included this hospital, Hexham General Hospital, Wansbeck General Hospital and North Tyneside General Hospital. We inspected Northumbria Specialist Emergency Care Hospital (NSECH) between 21 and 24 May 2019.

At our last inspection medicine services at NSECH received an overall rating of good with the key domains rated as requires improvement in safe, good in effective, well led and outstanding in caring and responsive.

Following our inspection of the service in 2015, requirement notices were issued for medical services at NSECH.

Actions that we said the trust **MUST** take to improve:

- Ensure risk assessments in relation to falls, pressure ulcers, VTE and nutrition are consistently completed for all patients within medical care services.

Actions we said the hospital **SHOULD** consider taking to improve:

- Ensure that levels of staff training continue to improve in the hospital so that the hospital meets the trust target by 31 March 2016.
- Continue to review staffing levels on medical care wards.

## Summary of this service

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

- We found a number of issues surrounding patient safety, risk of re-admission, access and flow, and the governance, oversight and quality monitoring of the medical care service.
- The service did not monitor nurse staffing levels for patients receiving acute non-invasive ventilation and could not assure us that patients were nursed according to British Thoracic Society guidelines surrounding one nurse to two patients.
- The policy surrounding non-invasive ventilation (NIV) did not adequately describe the process for initiation of NIV on base sites.
- Patients were not continuously monitored when patients were moved between clinical areas while receiving non-invasive ventilation. We escalated this to the business unit management team. As a result, they assured us a business case had been submitted to purchase additional monitoring equipment.
- Although the electronic track and trigger system indicated when patients should be observed, we found that patient observations were not consistently monitored according to the flag alert on the system. In the four weeks prior to inspection, out of 77,350 observations recorded only 44,610 had been completed within 15 minutes of need.
- Although patient records contained comprehensive information, patient identifiers were not consistently used, entries were not always signed and dated, alterations to records were not appropriately made with a single line, countersigned, timed or dated, and fluid balance charts were not always totalled.

# Medical care (including older people's care)

- We lacked assurance surrounding clinical governance dissemination in some instances due to the use of wipe clean boards for weekly ward meetings. There was no record of staff attendance at these meetings.
- The risk register did not evidence a robust process surrounding review dates or target dates.
- The model of care separated emergencies from planned care at base sites, however access and flow was impacted due to bed pressures at Northumbria Specialist Emergency Care Hospital and ward closures at base sites.
- During our last inspection we were assured that patients were not transferred between wards at night. However, at this inspection, from January to December 2018, 927 patients moved wards at night. Senior management told us patients were moved to other wards within the hospital due to bed pressures.
- The service had a higher than expected risk of readmission for elective admissions in gastroenterology and respiratory medicine and a higher than expected risk of readmission for non-elective admissions in general and respiratory medicine compared to the England average.
- Two specialties were below the England average for admitted referral to treatment times within gastroenterology and rheumatology.
- The service used systems and processes to prescribe, administer, record and store medicines. However, patient group directions had not been reviewed in line with the review date set by the trust and oxygen was not prescribed or recorded in line with national guidance on all wards that we inspected. Medicines had been administered to patients in an emergency without a clear or retrospective record.
- Overall mandatory training compliance, including safeguarding training, Mental Capacity and Deprivation of Liberty Safeguards training did not meet the trust target. Staff were not given protected time to complete mandatory and safeguard training.
- Although senior leadership were aware of training non-compliance surrounding mandatory, safeguarding and Mental Capacity Act & Deprivation of Liberty Safeguards. We lacked assurance of how the service would improve upon this.
- Not all staff received appraisals to assess their work performance and promote their professional development. Appraisal compliance did not meet the trust target.

However:

- The service-controlled infection risk well. Staff kept themselves, equipment and the premises clean. They used control measures to prevent the spread of infection.
- Nurse staffing was managed using recognised tools and professional judgment. To maintain safe staffing levels, the service monitored staffing levels and reviewed these daily using nationally recognised tools alongside clinical judgment.
- The service had enough nursing staff with the right qualifications, skills, training and experience to keep people safe from avoidable harm and to provide the right care and treatment.
- Staff identified patients at risk of nutritional and dehydration risk or requiring extra assistance at pre-assessment stage. Patients were offered support when required.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. We observed positive, kind and caring interactions on the day units and between staff and patients.
- The service had stable management structures in place, with clear lines of responsibility and accountability. We saw evidence of learning, continuous improvement and innovation within medical services at the location.

# Medical care (including older people's care)

- Patients we spoke to felt involved in their care and had been provided with information to allow them to make informed decisions.
- The trust had systems and processes in place to ensure that the needs of local people were considered when planning the service delivery.
- Managers at all levels in the trust had the right skills and abilities to run a service providing high-quality sustainable care.
- The trust had a vision for what it wanted to achieve and workable plans to turn it into action developed with involvement from staff, patients, and key groups representing the local community.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not monitor nurse staffing levels for patients receiving acute non-invasive ventilation and could not assure us that patients were nursed according to British Thoracic Society guidelines surrounding one nurse to two patients.
- Although the service provided care and treatment based on national guidance and evidence-based practice, the policy surrounding non-invasive ventilation (NIV) did not adequately describe the process for initiation of NIV on base sites.
- Patients were not continuously monitored when patients were moved between clinical areas while receiving non-invasive ventilation. We escalated this to the business unit management team. As a result, they assured us a business case would be submitted to purchase additional monitoring equipment.
- Although the electronic track and trigger system indicated when patients should be observed, we found that patient observations were not consistently monitored according to the flag alert on the system. In the four weeks prior to inspection, out of 77,350 observations recorded only 44,610 had been completed within 15 minutes of need.
- Although patient records contained comprehensive information, patient identifiers were not consistently used, entries were not always signed and dated, alterations to records were not appropriately made with a single line, countersigned, timed or dated, and fluid balance charts were not always totalled.
- The service used systems and processes to prescribe, administer, record and store medicines. However, patient group directions had not been reviewed in line with the review date set by the trust and oxygen was not prescribed or recorded in line with national guidance on all wards that we inspected. Medicines had been administered to patients in an emergency without a clear or retrospective record.
- Overall mandatory training compliance, including safeguarding training, Mental Capacity and Deprivation of Liberty Safeguards training did not meet the trust target. Staff were not given protected time to complete mandatory and safeguard training. We lacked assurance of how the service would improve upon this.

However:

- The service had enough staff with the right qualifications, skills and experience to keep people safe from avoidable harm and to provide the right care and treatment. Nurse staffing was managed using daily monitoring, acuity tools and professional judgment. This was an improvement since the last inspection.

# Medical care (including older people's care)

- The service had suitable premises and equipment and looked after them well. We found the hospital was accessible to wheelchair users, with clear signage.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff completed and updated risk assessments for each patient and removed or minimised risks.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

**Good** ● → ←

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

- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used agreed personalised measures that limit patients' liberty.
- Staff assessed and monitored patients regularly to see if they were in pain. Pain relief was provided as prescribed and there were systems to make sure additional pain relief was accessed through medical staff, if required.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and achieved good outcomes for patients. The service had been accredited under relevant clinical accreditation schemes. For example, they had achieved Joint Advisory Group accreditation for their endoscopy services.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care.
- Key services were available seven days a week to support timely patient care.
- Staff gave patients practical support and advice to lead healthier lives.
- The service achieved grade B overall in the Sentinel Stroke National Audit Programme (SSNAP).

However:

- The service had a higher than expected risk of readmission for elective admissions in gastroenterology and respiratory medicine and a higher than expected risk of readmission for non-elective admissions in general and respiratory medicine compared to the England average.
- Mental Capacity Act level 2 and Deprivation of Liberty Safeguards training compliance did not meet the trust target for both medical and nursing staff. Staff were not given protected time to complete this training.

# Medical care (including older people's care)

- Not all staff received appraisals to assess their work performance and promote their professional development. Appraisal compliance for nursing staff did not meet the trust target.

## Is the service caring?

**Outstanding**   

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

- People were treated with dignity by all those involved in their care, treatment and support. Consideration of people's privacy and dignity was embedded in everything that staff did, including awareness of any specific needs as these were recorded and communicated.
- People who used the service and those close to them were active partners in their care. Staff were fully committed to working in partnership with people. They supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.
- Staff always empowered people who used the service to have a voice. They showed determination and creativity to overcome obstacles to delivering care. People's individual preferences and needs were reflected in how care was delivered.
- Feedback from people who used the service, those who were close to them, and stakeholders, was continually positive about the way staff treated people. People told us that staff went the extra mile and their care and support exceeded their expectations.
- Staff recognised and respected the totality of people's needs. They always took people's personal, cultural, social and religious needs into account, and found innovative ways to meet them. People's emotional and social needs were seen as being as important as their physical needs.
- Staff recognised that people need to have access to, and links with, their advocacy and support networks in the community and they supported people to do this.

## Is the service responsive?

**Good**  

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

- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- We saw that information leaflets and advice posters were available on the units we visited. These included discharge information, specialist services and general advice about nutrition and hydration.
- People could access the service when they needed it and received the right care promptly.
- The service took account of patient's individual needs. The services had mechanisms in place to manage access and flow using various methods including redesigning pathways or carrying out audits to improve patient flow and working closely with commissioners.

# Medical care (including older people's care)

- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint. The service recognised the importance of the views of patients and the public, and mechanisms were in place to hear and act on their feedback.
- The average length of stay for elective and non-elective patients in medicine was lower than the England average.

However:

- The model of care separated emergencies from planned care at base sites, however access and flow was impacted due to bed pressures at Northumbria Specialist Emergency Care Hospital and ward closures at base sites.
- Two specialties were below the England average for admitted referral to treatment times within gastroenterology and rheumatology.
- During our last inspection we were assured that patients were not transferred between wards at night. However, at this inspection, from January to December 2018, 927 patients moved wards at night. Senior management told us patients were moved to other wards within the hospital due to bed pressures.

## Is the service well-led?

**Requires improvement** ● ↓

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

- The business unit management team lacked oversight of the safety of patients receiving non-invasive ventilation during transfer from the accident and emergency department to medical wards. We escalated this to the business unit management team. As a result, they assured us a business case would be submitted to purchase additional monitoring equipment.
- The service did not monitor nurse staffing levels for patients receiving acute non-invasive ventilation and could not assure us that patients were nursed according to British Thoracic Society guidelines surrounding one nurse to two patients.
- We lacked assurance surrounding clinical governance dissemination in some instances due to the use of wipe clean boards for weekly ward meetings. There was no record of staff attendance at these meetings.
- We lacked assurance surrounding the governance of the electronic track & trigger system to ensure that patient observations were completed on time. In the four weeks prior to inspection, out of 77,350 observations recorded only 44,610 had been completed within 15 minutes of need.
- We lacked assurance surrounding the business unit's oversight of current policy surrounding non-invasive ventilation (NIV). The policy did not adequately describe the process for initiation of NIV on base sites. We escalated this during our inspection.
- Senior leadership were aware of training non-compliance surrounding mandatory, safeguarding and Mental Capacity Act & Deprivation of Liberty Safeguards. We lacked assurance of how the service would improve upon this.
- The risk register did not evidence a robust process surrounding review dates or target dates.
- We lacked assurance that senior management were taking action to address the risk of re-admission for elective patients within gastroenterology and respiratory medicine, and non-elective patients within general medicine and respiratory medicine.

# Medical care (including older people's care)

- The service did not adhere to national guidance surrounding the prescribing of oxygen and the governance surrounding review dates of patient group directions was not robust.

However:

- Leaders had the integrity, skills and abilities to run the service. Staff spoke positively about their leaders and felt respected.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders understood and knew how to apply them and monitor progress.
- Managers at service level promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff reported a positive culture and good team working.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services and collaborated with partner organisations effectively.

## Outstanding practice

See the outstanding practice section above.

## Areas for improvement

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



# Maternity

Good  

## Key facts and figures

Obstetric services at Northumbria Healthcare NHS Trust are provided at The Northumbria Specialist Emergency Care Hospital (NSECH) for high and low risk women. There are 17 antenatal and postnatal beds, a pregnancy assessment unit and a 14-bedded birthing centre. This includes two birthing pool rooms. All rooms are single occupancy and ensuite. The unit enables provision of elective and emergency caesarean sections in association with a consultant anaesthetic team.

There are three midwifery led units (MLUs) at Alnwick Infirmary, Berwick Infirmary and Hexham General Hospital which provide care for low risk women.

Antenatal services are provided on the base sites at Wansbeck and North Tyneside hospitals with outreach antenatal clinics to Hexham and Alnwick. Community midwifery is provided across the whole geographical area of the trust catchment area. There are five teams within North Tyneside and central Northumberland with community midwives working an integrated model of care in the three MLUs.

The maternity service provides antenatal and postnatal care to mothers who live locally but choose to deliver elsewhere, including over the Scottish border. Further to this some mothers may choose to give birth in Northumberland but are residents of neighbouring CCGs and have their community midwifery care at other trusts.

There is provision for antenatal education on preparation for labour, birth and infant feeding.

From January 2018 to December 2018 there were 3,050 deliveries at the trust.

Following an inspection in November 2015, we stated that the hospital must take action to:

- Ensure that there is a formal strategy for the maternity service
- Complete a review of Kirkup report recommendations
- Make improvements regarding; use of the maternity dashboard, reduce the risk of infant abduction, safe storage of emergency drugs and consistent completion of risk assessments.

We also told the hospital it should take action to:

- Embed the clinical strategy within maternity services and set out priorities for the service
- Ensure patient group directions are signed by staff, consistent record keeping
- Review midwifery staffing levels to reduce midwife from 1:36 to 1:28 as recommended at that time
- Consider siting the pregnancy assessment unit at NSECH to improve access and flow in the birthing suite and the provision of midwifery support for teenage mothers in Northumbria.

At this inspection we found all of these actions had been undertaken and completed in full or in part.

During this inspection, we visited the birthing centre and joint antenatal and postnatal ward. This inspection was unannounced to enable us to observe routine activity.

# Maternity

We observed care being given in all areas visited and witnessed multidisciplinary meetings, a ward round and incident meeting. We reviewed eight complete patient records and looked at specific information, including consent, safeguarding records, maternity pathways, risk assessments and surgical checklists. We spoke with eight women, four partners and two relatives, as well as 35 members of staff, including the management team, consultants, doctors, midwives, students, healthcare assistants and administration staff.

We also reviewed the trust's performance data.

## Summary of this service

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

- Several areas for improvement had been identified at our previous inspection in 2015. At this inspection we found each of these had been addressed.
- The risk of child abduction had been mitigated by security arrangements including staff challenging all visitors and a ward clerk stationed immediately outside the ward, monthly drills, a CCTV system and routine security guard attendance on the ward.
- Infection control procedures and practices were in line with guidance and most equipment checks were completed consistently.
- Drugs, including emergency medicines were prescribed, stored securely and administered appropriately.
- There were systems for reporting, investigating, acting and learning from adverse events and there were clear safeguarding processes in place. Records showed pregnancy pathways were clear and risk assessments were completed at each stage of pregnancy. There was consistent handover from one team to another.
- The service provided care and treatment based on national guidance and best practice. Staff monitored the effectiveness of care and treatment using an electronic maternity dashboard.
- There were sufficient medical and midwifery staff for the number of babies delivered on the unit. Doctors, nurses and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care. Staff were competent for their roles. Managers appraised staff and held supervision meetings to provide support and development.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They supported women experiencing mental ill health and used measures that limit women's liberty appropriately. Staff assessed and monitored pain and gave pain relief in an appropriate and timely way. Staff gave women enough food and drink to meet their needs and improve their health.
- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from women and families was positive with good patient survey results. Staff provided emotional support to women, families and carers to minimise distress. They understood patient's personal, cultural and religious needs. Staff supported women, families and carers to understand their condition and make decisions about their care and treatment. Staff gave women practical support and advice to lead healthier lives.
- Key services were available seven days a week to support timely care. The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. There were clear and robust policies in place to ensure that patients were seen at the right place at the right time. There was a pregnancy assessment unit (PAU) available from 8am to 10pm daily with plans in place to open the unit 24 hours a day.

# Maternity

- Women could access the service when they needed it and received the right care promptly. The service was inclusive and took account of women's individual needs and preferences and coordinated care with other services and providers.
- Women and their families provided feedback and raised concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders had a clear strategy and plans for the future of the service. Leaders supported staff to achieve the service priorities. Staff were aware of the trust's vision and were committed to embedding the changes and improvements in maternity services and as part of the trust as a whole. Senior managers and operational team worked together to identify and manage risks, information, and to share lessons learned.
- Staff worked together, supported each other and felt very positive about leadership within the service. The senior team were visible and approachable and staff valued the vision, support and leadership of matrons and the clinical lead. Line managers worked as role models and were part of the team. Staff were offered opportunities for training and progression.
- There was a clear governance framework and quality performance and risks were recognised and managed. The service used the maternity dashboard as a clinical performance and governance scorecard and helped to identify patient safety issues in advance. Staff followed duty of candour appropriately.
- Women and staff had access to information and informative literature. Copies of the delivery summary were sent to the GP and health visitor.
- Staff sought opinions of those who used the service and feedback was positive. There was a maternity services user forum to gather experiences from women and improve standards of maternity care.
- Staff felt very engaged and involved in the development of the service and its aims to provide good quality care for women. Staff took part in fundraising initiatives. We saw encouragement and recognition were given to staff for fostering innovation or improvements to the service across different levels within the teams.

There was evidence of innovative practice throughout the service and by staff at all levels including:

- Home inductions
- A health psychology team which supported women who had experienced a previous traumatic birth
- A continuity of care model in Hexham MLU
- Sharing of information regarding safeguarding including partners (SIRS)
- A 'Rotation Toolkit' to demonstrate and document maintenance of competency
- A monthly skill drill for all staff in all clinical areas
- A 'Listening Buddies' system
- Quarterly staff away days for multidisciplinary team (MDT) development
- Teaching clinics
- Antenatal fetal DNA testing for Rhesus negative mothers
- The use of Episissors and obstetric anal sphincter injuries (OASIS) bundle
- Extended use of NATSSIPS.

However:

# Maternity

- The emergency resuscitation trolley had not been checked regularly with several dates missing from checklists.
- Midwifery and Medical staff failed to meet trust mandatory training and safeguarding training compliance targets of 95% for the majority of modules, although the service had identified this and had plans in place to address compliance.
- Records were not always securely bound within notes folders and we found some pages or parts became detached.
- At our last inspection we found incomplete fluid balance charts. At this inspection fluid balance information had been recorded on all charts, although totals were missing on most charts we viewed.
- Review dates for Patient Group Directions (PGDs) used by midwives had been exceeded. This meant that medicines were being administered or supplied without an appropriately reviewed authority document. This is not in line with regulation or NICE guidance. Following feedback to the trust after the inspection the pharmacy reviewed PGDs and expedited their approval.

## Is the service safe?

Good  

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

- At our last inspection we were concerned about the risk of child abduction on Ward 16, as patients and visitors were able to leave the ward unseen and unchecked. At this inspection this had been addressed and security measures were in place.
- At our last inspection we found some inconsistencies in infection control procedures. At this inspection there were no inconsistencies and all infection control procedures and practices were in line with guidance.
- At our last inspection we found the storage of emergency drugs on the birthing centre and ward 16 was not in line with the trust's pharmacy risk assessment. We were concerned about the storage of emergency drug boxes. At this inspection we found all emergency medicines and equipment were in place and were checked as part of the routine daily checks.
- At our previous inspection we found inconsistencies in the completion of records and which pregnancy pathway women were following. At this inspection records showed pregnancy pathways were clear and risk assessments were completed at each stage of pregnancy.
- At our last inspection we noted medical and midwifery staffing figures were worse than national recommendations for the number of babies delivered on the unit. At this inspection there were sufficient medical staff following a number of new appointments, and a successful ongoing recruitment process for midwives.
- There were systems for reporting, investigating, acting and learning from adverse events.
- At our previous inspection we found postnatal records showed there was inconsistent compliance with handover documentation. At this inspection staff had introduced a situational, background, assessment and recommendation (SBAR) tool to ensure consistent handover from one team to another.
- Staff kept detailed records of women' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Staff completed and updated risk assessments, identified and quickly acted upon any risk of deterioration.

# Maternity

- There were clear safeguarding processes in place and staff knew their responsibilities in protecting women from abuse and reporting and monitoring safeguarding concerns. Staff could access psychology and psychiatric teams as necessary.
- The service provided mandatory training in key skills to all staff and made plans to ensure everyone completed it. Staff had not met compliance targets but the service had identified this and had plans in place to address compliance. A new practice education midwife had recently been appointed to improve levels of training compliance for all staff.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. The service controlled infection risk well. They kept equipment and the premises visibly clean.
- At our previous inspection we found some non-clinical items stored inappropriately. At this inspection we found all clinical waste was stored and disposed of according to Trust policy.
- The service followed best practice when giving, recording and storing medicines. Women received the right medication at the right dose at the right time.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, women and visitors.

However:

- At our last inspection we found there were inconsistencies in the checking of equipment. This had improved but we found the emergency resuscitation trolley had not been checked regularly with several dates missing from checklists. This was addressed immediately during the inspection.
- At our last inspection we found incomplete fluid balance charts. At this inspection fluid balance information had been recorded on charts although totals were missing on most charts we viewed.
- Review dates for Patient Group Directions (PGDs) used by midwives had been exceeded. This meant that medicines were being administered or supplied without an appropriately reviewed authority document. This was not in line with regulation or NICE guidance. Following feedback from the trust after the inspection the pharmacy reviewed PGDs and expedited their approval.
- Although the service made plans for staff to complete mandatory training, nursing staff training compliance failed to meet the trust target for 95% for 23 out of 25 modules and medical staff failed to meet the target for 18 out of 20 modules for the reporting period.

## Is the service effective?

Good   

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

- At our previous inspection we found improvements were required regarding the use of the maternity dashboard. At this inspection we found staff monitored the effectiveness of care and treatment using an electronic maternity dashboard. They used the findings to make improvements and achieved good outcomes for women. The service had been accredited under relevant clinical accreditation schemes.

# Maternity

- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.
- Staff gave women enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service offered day case and outpatient support and treatment for women suffering from hyperemesis (a pregnancy complication that is characterized by severe nausea, vomiting, weight loss, and possibly dehydration). This reduced the need for some antenatal admissions.
- Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff work performance and held supervision meetings with them to provide support and development. The service had developed competency and preceptorship frameworks for staff to complete including support for transition to senior midwife roles.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.
- Key services were available seven days a week to support timely care.
- Staff gave women practical support and advice to lead healthier lives.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit women's liberty appropriately.

## Is the service caring?

Good ● → ←

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

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported women, families and carers to understand their condition and make decisions about their care and treatment.
- Feedback from women and families was positive with good patient survey results.

## Is the service responsive?

Good ● → ←

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

- At our last inspection in 2015, the service had gone through a significant reconfiguration to a new model of care, which saw delivery services amalgamated and all high risk deliveries provided at the NSECH site. At this inspection we found there were clear and robust policies in place to ensure that patients were seen at the right place at the right time.

# Maternity

- At our previous inspection there was no pregnancy assessment unit (PAU) on site and women were triaged on the birthing centre. Staff had been concerned at that time there was a reduced capacity on the birthing centre for labouring women and the number of staff able to look after them. At this inspection there was a formal PAU available from 8am to 10pm daily with plans to open the unit 24 hours a day.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The service was part of a regional network for maternity services and engaged with a small number of service users to inform developments within the service.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

## Is the service well-led?

**Good** ● ↑

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

- At our last inspection we found very minimal references to maternity within the annual plan for the surgical business unit. However, at this inspection leaders had a clear strategy and plans for the future of the service. Leaders supported staff to achieve the service priorities. Staff were aware of the trust's vision and were committed to embedding the changes and improvements in maternity services and as part of the trust as a whole.
- At our previous inspection we found there was no alignment between the risk register and the senior team worry list. At this inspection the senior managers and operational team worked together to identify and manage risks, information and share lessons learned.
- We observed a strong team of midwives, clinicians and support staff who worked together and supported each other. Staff we spoke with told us that the trust was a 'good place to work'. We saw commitment to patient care and treatment.
- Staff felt very positive about leadership within the service, supported and able to escalate and discuss concerns. The senior team were visible and approachable.
- New staff had been appointed to senior roles and staff valued the vision, support and leadership of matrons and clinical lead.
- Line managers worked as role models and were part of the team. Staff were offered opportunities for training and progression.
- There was a clear governance framework and quality performance and risks were recognised and managed. The service used the maternity dashboard as a clinical performance and governance scorecard and helped to identify patient safety issues in advance. Staff followed duty of candour appropriately.
- There was a maternity area on the trust website and women had access to informative literature.
- Copies of the delivery summary were sent to the GP and health visitor.

# Maternity

- Staff sought opinions of those who used the service and feedback was positive. There was a maternity services user forum to gather experiences from women and improve standards of maternity care.
- Staff felt very engaged and involved in the development of the service and its aims to provide good quality care for women. Staff took part in fundraising initiatives.
- We saw encouragement and recognition were given to staff for fostering innovation or improvements to the service across different levels within the teams.

There was evidence of innovative practice throughout the service and by staff at all levels including:

- Home inductions
- A health psychology team supported women who had experienced a previous traumatic birth.
- A continuity of care model devised by staff at Hexham MLU
- Sharing of information regarding safeguarding including partners (SIRS),
- A 'Rotation Toolkit' to demonstrate and document maintenance of competency to comply with Kirkup report recommendations
- A monthly skill drill for all staff in all clinical areas
- A 'Listening Buddies' system
- Quarterly staff away days for MDT development
- Teaching clinics
- Antenatal fetal DNA testing for Rhesus negative mothers
- The use of Episcissors, and OASIS bundle
- Extended use of NATSSIPS.

## Outstanding practice

See the outstanding practice section above.

## Areas for improvement

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



# Berwick Infirmary

Infirmary Square  
Berwick Upon Tweed  
Northumberland  
TD15 1LT  
Tel: 0344 811 8111  
[www.northumbria.nhs.uk](http://www.northumbria.nhs.uk)

## Key facts and figures

Berwick Infirmary is a small community hospital located within the town centre of Berwick upon Tweed. Geographically there are 57 miles between the Infirmary and the Northumbria Specialist Emergency Care Hospital (NSECH) and 52 miles between the Infirmary and the Wansbeck General Hospital.

Berwick Infirmary is one of the hospitals providing care as part of Northumbria Healthcare NHS Foundation Trust. This hospital provides community inpatient beds; an urgent care centre and midwifery led maternity service. We inspected maternity services at this hospital.

Northumbria Healthcare NHS Foundation trust provides services for around 500,000 across Northumberland and North Tyneside with 999 beds. The trust has operated as a foundation trust since 1 August 2006.

We inspected Berwick Infirmary as part of the comprehensive inspection of Northumbria Healthcare NHS Foundation Trust, which included this hospital, Northumbria Specialist Emergency Care Hospital, North Tyneside General Hospital, and community services. We inspected maternity services at Berwick Infirmary on 21 May 2019.

Services provided at this hospital include; inpatient services for elderly medicine, stroke and orthopaedic rehabilitation and palliative care; a minor injuries unit which is open 24 hours and supported by GPs.

For women expecting to have an uncomplicated delivery, there is a midwifery-led service at Hillcrest Maternity Unit which provides a single delivery room and birthing pool.

Obstetric services at Northumbria Healthcare NHS Trust are provided at The Northumbria Specialist Emergency Care Hospital (NSECH) for high and low risk women. There are three midwifery led units (MLUs) at Alnwick Infirmary, Berwick Infirmary and Hexham General Hospital which provide care for low risk women.

Antenatal services are provided on the base sites at Wansbeck and North Tyneside hospitals with outreach antenatal clinics to Hexham and Alnwick. Community midwifery is provided across the whole geographical area of the trust catchment area. There are five teams within North Tyneside and central Northumberland with community midwives working an integrated model of care in the three MLUs.

The maternity service provides antenatal and postnatal care to mothers who live locally but choose to deliver elsewhere, including over the Scottish border. Further to this some mothers may choose to give birth in Northumberland but are residents of neighbouring CCGs and have their community midwifery care at other trusts.

There is provision for antenatal education on preparation for labour, birth and infant feeding.

From January 2018 to December 2018 there were 3,050 deliveries at the trust with an average of eight deliveries a year at Berwick MLU.

# Summary of findings

The unit was open from 8.30am to 6pm Monday to Friday and 9am to 2.30pm on Saturdays and Sundays. There was one delivery room which had a birthing pool and active birth equipment. There was one home from home room and an antenatal clinic.

During our inspection we reviewed all services based at the Berwick site. We spoke with two women and one partner, as well as five staff which included midwives, a domestic and a health care assistant. We observed care and treatment and looked at the storage of care records. We also reviewed the trust's performance data.

## Summary of services at Berwick Infirmary

Good   

We inspected the maternity service at Berwick Infirmary.

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

- We inspected maternity services at Northumbria Healthcare NHS Foundation Trust in May 2019. Our inspection included Berwick midwifery led unit (MLU). Several areas for improvement had been identified at our previous inspection in 2015 and at this inspection we found each of these had been addressed.
- There were systems for reporting, investigating, acting and learning from adverse events and there were clear safeguarding processes in place. Records and risk assessments were completed at each stage of pregnancy. There was consistent communication between teams.
- The risk of child abduction had been mitigated across all maternity services by security arrangements including staff challenging all visitors and staff stationed at ward entrances, monthly drills, a CCTV system and routine security guard attendance on the ward. The same mitigations had been implemented at Berwick MLU.
- Infection control procedures and practices were in line with guidance and equipment checks were completed consistently. Drugs, including emergency medicines were prescribed, stored securely and administered appropriately.
- The service provided care and treatment based on national guidance and best practice. Outcomes were good and harm free care at Berwick MLU was 100%. There were sufficient midwifery staff, competent for their roles. Staff met most trust mandatory training and safeguarding training compliance targets. Staff supported women to make informed decisions about their care and treatment, assessed and monitored pain and gave pain relief in an appropriate and timely way. Staff gave women enough food and drink to meet their needs and improve their health.
- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from women and families was positive with good patient survey results. Staff provided emotional support to women, families and carers to minimise distress. Staff supported women to understand their condition and make decisions about their care and treatment. Staff gave women practical support and advice to lead healthier lives.
- Key services were available seven days a week to support timely care. The service had considered its staffing and the care it provided and amended its provision to provide safe care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. There were clear and robust policies in place to ensure that patients were seen at the right place at the right time. The service was inclusive and took account of women's individual needs. They treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

# Summary of findings

- Leaders had a clear strategy and plans for the future of the service and supported staff to achieve the service priorities. Staff at all levels were committed to embedding the changes and improvements in maternity services. Managers and staff worked together to identify and manage risks, information, and to share lessons learned.
- Staff supported each other and felt very positive about leadership within the service. The senior team were visible and approachable and staff valued the vision, support and leadership of matrons and the clinical lead. Line managers worked as role models and were part of the team. Staff were offered opportunities for training and progression.
- There was a clear governance framework and quality performance and risks were recognised and managed. Staff followed duty of candour appropriately.
- Staff felt very engaged and involved in the development of the service and its aims to provide good quality care for women. We saw encouragement and recognition were given to staff for fostering innovation or improvements to the service across different levels within the teams.
- There was evidence of innovative practice throughout the service and by staff at all levels including:
  - A health psychology team which supported women who had experienced a previous traumatic birth.
  - A continuity of care model in MLUs
  - Sharing of information regarding safeguarding including partners (SIRS)
  - A monthly skill drill for all staff in all clinical areas
  - A 'Listening Buddies' system
  - Quarterly staff away days for multidisciplinary team (MDT) development.

However:

- Review dates for Patient Group Directions (PGDs) used by midwives had been exceeded. This meant that medicines were being administered or supplied without an appropriately reviewed authority document. This is not in line with regulation or NICE guidance. Following feedback to the trust after the inspection the pharmacy reviewed PGDs and expedited their approval.

# Maternity

Good   

## Key facts and figures

Obstetric services at Northumbria Healthcare NHS Trust are provided at The Northumbria Specialist Emergency Care Hospital (NSECH) for high and low risk women. There are 17 antenatal and postnatal beds, a pregnancy assessment unit and a 14-bedded birthing centre. This includes two birthing pool rooms. All rooms are single occupancy and ensuite although there are some additional bathrooms if a woman wishes to use a bath rather than a shower. The unit enables provision of elective and emergency caesarean sections in association with a consultant anaesthetic team.

There are three midwifery led units (MLU's) at Alnwick Infirmary, Berwick Infirmary and Hexham General Hospital which provide care for low risk women.

Antenatal services are provided on the base sites at Wansbeck and North Tyneside hospitals with outreach antenatal clinics to Hexham and Alnwick. Community midwifery is provided across the whole geographical area of the trust catchment area. There are five teams within North Tyneside and central Northumberland with community midwives working an integrated model of care in the three MLU's.

The maternity service also provides antenatal and postnatal care to mothers who live locally but choose to deliver elsewhere, including over the Scottish border. Further to this some mothers may choose to give birth in Northumberland but are residents of neighbouring CCGs and have their community midwifery care at other trusts.

There is provision for antenatal education on preparation for labour, birth and infant feeding.

From January 2018 to December 2018 there were 3,050 deliveries at the trust.

Following an inspection in November 2015, we stated that the trust must take action to:

- Ensure that there is a formal strategy for the maternity service
- Complete a review of Kirkup report recommendations
- Make improvements regarding; use of the maternity dashboard, reduce the risk of infant abduction, safe storage of emergency drugs and consistent completion of risk assessments.

We also told the trust it should take action to:

- Embed the clinical strategy within maternity services and set out priorities for the service
- Ensure patient group directions are signed by staff
- Ensure consistent record keeping
- Review midwifery staffing levels to reduce midwife from 1:36 to 1:28 as recommended at that time.

At this inspection we found all of these actions had been undertaken and completed in full or in part.

During this inspection, we visited the birthing centre and joint antenatal and postnatal ward, Alnwick and Berwick midwifery led units (MLUs). This inspection was unannounced to enable us to observe routine activity.

# Maternity

We observed care being given in all areas visited and witnessed multidisciplinary meetings, a ward round and incident meeting. We reviewed eight complete patient records and looked at specific information, including consent, safeguarding records, maternity pathways, risk assessments and surgical checklists. We spoke with two women and one partner, as well as five members of staff, including a healthcare assistant (HCA), a domestic, and three midwives.

We also reviewed the trust's performance data.

## Summary of this service

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

- We inspected maternity services at Northumbria Healthcare NHS Foundation Trust in May 2019. Our inspection included Berwick midwifery led unit (MLU).
- Several areas for improvement had been identified at our previous inspection in 2015. At this inspection we found each of these had been addressed.
- There were systems for reporting, investigating, acting and learning from adverse events and there were clear safeguarding processes in place. Records showed pregnancy pathways were clear and risk assessments were completed at each stage of pregnancy. There was consistent communication and handover between teams.
- The risk of child abduction had been mitigated across all maternity services by security arrangements including staff challenging all visitors and staff stationed at ward entrances, monthly drills, a CCTV system and routine security guard attendance on the ward. The same mitigations had been implemented at Berwick MLU.
- Infection control procedures and practices were in line with guidance and equipment checks were completed consistently.
- Drugs, including emergency medicines were prescribed, stored securely and administered appropriately.
- We found patient records were made up of a mix of paper and electronic records which staff mostly completed accurately and completely.
- The service provided care and treatment based on national guidance and best practice. Staff monitored the effectiveness of care and treatment using an electronic maternity dashboard. The service also used the maternity safety thermometer. Outcomes were good and harm free care at Berwick MLU was 100%.
- Equipment including the adult emergency resuscitation trolley and resuscitaire had been checked regularly with no dates missing from checklists.
- There were sufficient midwifery staff for the number of babies delivered on the unit. Midwives and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care. Staff were competent for their roles. Managers appraised staff and held supervision meetings to provide support and development.
- MLU staff used a 'Rotation Toolkit' to demonstrate and document maintenance of community midwives' competency in line with recommendations of the Kirkup report.
- Midwifery staff met trust mandatory training and safeguarding training compliance targets of 95% for the majority of modules.

# Maternity

- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They supported women experiencing mental ill health and used measures that limit women's liberty appropriately. Staff assessed and monitored pain and gave pain relief in an appropriate and timely way. Staff gave women enough food and drink to meet their needs and improve their health.
- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Feedback from women and families was positive with good patient survey results. Staff provided emotional support to women, families and carers to minimise distress. They understood patient's personal, cultural and religious needs. Staff supported women, families and carers to understand their condition and make decisions about their care and treatment. Staff gave women practical support and advice to lead healthier lives.
- Key services were available seven days a week to support timely care. The service had considered its staffing and the care it provided and amended its provision to provide safe care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. There were clear and robust policies in place to ensure that patients were seen at the right place at the right time.
- Women could access the service during opening times or the on-call service and received the right care promptly. The service was inclusive and took account of women's individual needs and preferences and coordinated care with other services and providers.
- Women and their families provided feedback and raised concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- Leaders had a clear strategy and plans for the future of the service. Leaders supported staff to achieve the service priorities. Staff were aware of the trust's vision and were committed to embedding the changes and improvements in maternity services and as part of the trust as a whole. Senior managers and operational team worked together to identify and manage risks, information, and to share lessons learned.
- Staff worked together, supported each other and felt very positive about leadership within the service. The senior team were visible and approachable and staff valued the vision, support and leadership of matrons and the clinical lead. Line managers worked as role models and were part of the team. Staff were offered opportunities for training and progression.
- There was a clear governance framework and quality performance and risks were recognised and managed. The service used the maternity dashboard as a clinical performance and governance scorecard and helped to identify patient safety issues in advance. Staff followed duty of candour appropriately.
- Women and staff had access to information and informative literature. Copies of the delivery summary were sent to the GP and health visitor.
- Staff sought opinions of those who used the service and feedback was positive. There was a maternity services user forum to gather experiences from women and improve standards of maternity care.
- Staff felt very engaged and involved in the development of the service and its aims to provide good quality care for women. Staff took part in fundraising initiatives. We saw encouragement and recognition were given to staff for fostering innovation or improvements to the service across different levels within the teams.
- There was evidence of innovative practice throughout the service and by staff at all levels including:
  - A health psychology team which supported women who had experienced a previous traumatic birth.
  - A continuity of care model in MLUs
  - Sharing of information regarding safeguarding including partners (SIRS)
  - A monthly skill drill for all staff in all clinical areas

# Maternity

- A 'Listening Buddies' system
- Quarterly staff away days for multidisciplinary team (MDT) development.

However:

- Review dates for Patient Group Directions (PGDs) used by midwives had been exceeded. This meant that medicines were being administered or supplied without an appropriately reviewed authority document. This is not in line with regulation or NICE guidance. Following feedback to the trust after the inspection the pharmacy reviewed PGDs and expedited their approval.

## Is the service safe?

Good   

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

- At our last inspection we were concerned about the risk of child abduction on Ward 16 at NSECH, as patients and visitors were able to leave the ward unseen, and unchecked. At this inspection this had been addressed across the trust and risks mitigated with security measures were in place at the MLUs.
- At our last inspection we noted medical and midwifery staffing figures were worse than national recommendations for the number of babies delivered on the unit. At this inspection the service had been reconfigured to offer a seven days a week MLU with on-call community midwifery at night. There were sufficient staff to provide safe care for women.
- There were systems for reporting, investigating, acting and learning from adverse events.
- Staff kept detailed records of women' care and treatment. Records were clear, up-to-date and easily available to all staff providing care. Staff completed and updated risk assessments, identified and quickly acted upon any risk of deterioration.
- A proactive approach to anticipating and managing risks to people who use services was embedded and recognised as the responsibility of all staff.
- Staff were able to discuss risk effectively with people using the service.
- There were clear safeguarding processes in place and staff knew their responsibilities in protecting women from abuse and reporting and monitoring safeguarding concerns. Staff could access psychology and psychiatric teams as necessary.
- Innovative practice supported accurate and personalised information sharing. The trust had implemented Sharing of Information Regarding Safeguarding Including Partners (SIRS), Information sharing of information from GPs regarding potential risk factors of partners of women entering the service. Staff reported; implementation of learning following serious case review, increased identification of risk factors to the new born and there had been no repeated incidents.
- The service provided mandatory training in key skills to all staff and made plans to ensure everyone completed it. Staff met the trust compliance target for almost all mandatory training modules.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff managed clinical waste well. The service controlled infection risk well. They kept equipment and the premises visibly clean.
- The service followed best practice when giving, recording and storing medicines. Women received the right medication at the right dose at the right time.

# Maternity

- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, women and visitors.

However:

- Review dates for Patient Group Directions (PGDs) used by midwives had been exceeded. This meant that medicines were being administered or supplied without an appropriately reviewed authority document. This was not in line with regulation or NICE guidance. Following feedback to the trust after the inspection the pharmacy reviewed PGDs and expedited their approval.

## Is the service effective?

Good   

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

- At our previous inspection we found improvements were required regarding the use of the maternity dashboard. At this inspection we found staff monitored the effectiveness of care and treatment using an electronic maternity dashboard. They used the findings to make improvements and achieved good outcomes for women.
- The service provided care and treatment based on national guidance and best practice. Managers checked to make sure staff followed guidance. Staff protected the rights of women subject to the Mental Health Act 1983.
- Staff gave women enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary.
- Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- The service made sure staff were competent for their roles. Managers appraised staff work performance and held supervision meetings with them to provide support and development.
- The continuing development of staff skills, competence and knowledge was recognised as being integral to ensuring high-quality care. Staff were proactively supported and encouraged to acquire new skills, use their transferable skills, and share best practice.
- Midwives and other healthcare professionals worked together as a team to benefit women. They supported each other to provide good care.
- Key services were available seven days a week to support timely care.
- Staff gave women practical support and advice to lead healthier lives.
- Staff supported women to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support women who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit women's liberty appropriately.



# Maternity

## Is the service caring?

Good ● → ←

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

- During our inspection we spoke with two women and one partner.
- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported women, families and carers to understand their condition and make decisions about their care and treatment.
- Feedback from women and families was positive with good patient survey results.

## Is the service responsive?

Good ● → ←

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

- At our previous inspection in 2015, the service had gone through a significant reconfiguration to a new model of care, which saw delivery services amalgamated and all high risk deliveries provided at the NSECH site. At this inspection we found there were clear and robust policies in place to ensure that patients were risk assessed and then seen at the right place at the right time.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care. The service was part of a regional network for maternity services and engaged with a small number of service users to inform developments within the service.
- The service provided informed choice and ensured continuity of care.
- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- Women could access the service according to risk and received the right care promptly.
- It was easy for women to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.
- There was a proactive approach to understanding the needs and preferences of different groups of people and to delivering care in a way that met these needs, which was accessible and promoted equality. This included people with protected characteristics under the Equality Act and people who were in vulnerable circumstances or with complex needs.

# Maternity

- Midwives had developed good relationships with the homeless community, travellers and women living with addictions. Staff were able to visit traveller's sites and care for women in their own homes and within their own community. We saw safeguarding records of women and families living with addiction involving multiple teams who put the woman and baby's needs to the fore.

## Is the service well-led?

Good  

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

- At our last inspection we found very minimal references to maternity within the annual plan for the surgical business unit. However, at this inspection leaders had a clear strategy and plans for the future of the service. Leaders supported staff to achieve the service priorities. Staff were aware of the trust's vision and were committed to embedding the changes and improvements in maternity services and as part of the trust as a whole.
- At our previous inspection we found there was no alignment between the risk register and the senior team worry list. At this inspection MLU managers, senior managers and operational team worked together to identify and manage risks, information and share lessons learned.
- The team of midwives and support staff who worked together and supported each other. Staff we spoke with told us that the trust was a 'good place to work'. We saw commitment to patient care and treatment.
- There was compassionate, inclusive and effective leadership at all levels. Leaders at all levels demonstrated the high levels of experience, capacity and capability needed to deliver excellent and sustainable care.
- Comprehensive and successful leadership strategies were in place to ensure and sustain delivery and to develop the desired culture. Leaders had a deep understanding of issues, challenges and priorities in their service.
- Leaders had an inspiring shared purpose and strove to deliver and motivate staff to succeed. There were high levels of satisfaction across all staff, including those with particular protected characteristics under the Equality Act.
- Staff felt very positive about leadership within the service, supported and able to escalate and discuss concerns. The senior team were visible and approachable.
- New staff had been appointed to senior roles and staff valued the vision, support and leadership of matrons and clinical lead.
- Line managers worked as role models and were part of the team. Staff were offered opportunities for training and progression.
- Staff were proud of the organisation as a place to work and spoke highly of the culture. Staff at all levels were actively encouraged to speak up and raise concerns.
- There was strong collaboration, team-working and support across all functions and a common focus on improving the quality and sustainability of care and people's experiences.
- Safe innovation was celebrated. There was a clear, systematic and proactive approach to seeking out and embedding new and more sustainable models of care. There was a strong record of sharing work locally and regionally.
- There was a clear governance framework and quality performance and risks were recognised and managed. The service used the maternity dashboard as a clinical performance and governance scorecard and helped to identify patient safety issues in advance. Staff followed duty of candour appropriately.

# Maternity

- There was a maternity area on the trust website and women had access to informative literature.
- Copies of the delivery summary were sent to the GP and health visitor.
- Staff sought opinions of those who used the service and feedback was positive. There was a maternity services user forum to gather experiences from women and improve standards of maternity care.
- Staff felt very engaged and involved in the development of the service and its aims to provide good quality care for women. Staff took part in fundraising initiatives for local charities.
- We saw encouragement and recognition were given to staff for fostering innovation or improvements to the service across different levels within the teams.

There was evidence of innovative practice throughout the service and by staff at all levels including:

- A health psychology team supported women who had experienced a previous traumatic birth.
- A continuity of care model devised by staff at Hexham MLU
- Sharing of information regarding safeguarding including partners (SIRS)
- A 'Rotation Toolkit' developed by MLU midwives to demonstrate and document maintenance of competency to comply with Kirkup report recommendations
- A monthly skill drill for all staff in all clinical areas
- A 'Listening Buddies' system
- Quarterly staff away days for MDT development.

## Outstanding practice

See the outstanding practice section above.

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

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

#### Regulated activity

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 Ruth Sadler, Inspection Manager, led it. An executive reviewer, Rachael Charlton, Director of Human Resources and Organisational Development at East Cheshire NHS Trust, supported our inspection of well-led for the trust overall.

The team included 2 [further] inspection managers, 10 [further] inspectors, two assistant inspectors and 11 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.