University Hospitals of North Tees & Hartlepool NHS FT
Comprehensive Inspection

Inspection Chair : Helen Bellairs
HOHI: Amanda Stanford
Quality Summit
27th January 2016
The inspection covered:

- University Hospital of North Tees
- University Hospital of Hartlepool
- One Life Centre
- Community services across Stockton-on-Tees, Hartlepool and parts of County Durham

We carried out this inspection as part of the routine comprehensive inspection programme. An unannounced inspection was carried out on 29th July 2015.
CQC’s new approach

3 Phases:

• **Pre-inspection:**
  - Planning inspection
  - Development of a data pack
  - Recruitment of inspection team

• **Inspection:**
  - Typically 3-4 days
  - Listening event, focus groups, interviews
  - Visits to clinical areas

• **Report & Quality Summit:**
  - National Quality Assurance Group
Is a service

Safe? - incidents, staffing, safeguarding, records

Effective? - outcomes, evidence based practice

Caring? - emotional support, compassion

Responsive to patients’ needs? – service planning, access and flow, individual patient need

Well-led? – vision, values and strategy, leadership, governance

•
Services Inspected

Acute services:
- A&E
- Medical Care
- Surgical Care & Theatres
- Critical Care
- Maternity & Family Planning
- Children and Young People’s Care
- End of Life Care
- Outpatients

Community:
- Community Adult Nursing
- Urgent Care Centre
- Children, young people and families
- End of Life
- Dental
Ratings

- CQC has been tasked with rating all acute trusts as
  - Outstanding
  - Good
  - Requires Improvement
  - Inadequate
- We are taking a ‘bottom up’ approach – rating each domain (e.g. safe, effective, caring …) for each service (A&E, medicine etc.) at each location.
- We believe this will be of greatest assistance both to patients/public and to providers and other stakeholders
• £250 million provider organisation delivering acute services for Stockton-on-Tees, Hartlepool and parts of County Durham. Population of 400,000

• Foundation Trust in 2007

• 2008 community services transferred to University Hospitals of North Tees NHS FT as part of the Transforming Community Services

• Part of the Vanguard Programme

• Employ 4662 staff and have 563 beds

• 5,589 elective admissions; 37,181 non-elective admissions; 88,318 A&E attendances; 205,122 outpatient attendances and 3078 live births
• Trust rated Requires Improvement overall with safe, caring and responsive rated as good and effective and well led rated as requires improvement

• Community services were rated as good.

• Across both the acute hospital and community services, arrangements were in place to manage and monitor the prevention and control of infection. In A&E infection control procedures were not always followed

• Patients were able to access suitable nutrition and hydration, including special diets and they reported that, on the whole, they were content with the quality and quantity of food.

• There were staffing shortages in some areas across both nursing and medical professions.
Headline findings

• There were processes for implementing and monitoring the use of evidence based guidelines and standards to meet the needs of differing patient groups across both the hospital and community services.

• There were processes in place from ward and department level through to Board level for the reporting of incidents. Root causes analyses lacked sufficient detail.

• There were a significant number of policies for medical and maternity services that we reviewed on the intranet that were out of date and required revising and updating.

• Governance processes were not fully developed or embedded across the divisions. Concerns in some areas regarding the maintenance of risk registers
Headline Findings

• There was a clear strategic development plan which included both community and hospital services.
• There were concerns regarding leadership of some services.
<table>
<thead>
<tr>
<th>Service Type</th>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td>Urgent &amp; emergency services</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Medical care</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Surgery</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Critical care</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Maternity &amp; Gynaecology</td>
<td>Requires Improvement</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Requires Improvement</td>
</tr>
<tr>
<td>Children &amp; young people</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Good</td>
</tr>
<tr>
<td>End of life care</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Outpatients &amp; Diagnostic Imaging</td>
<td>Good</td>
<td>Inspected but not rated¹</td>
<td>Good</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Good</td>
</tr>
<tr>
<td>Overall</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Category</td>
<td>Safe</td>
<td>Effective</td>
<td>Caring</td>
<td>Responsive</td>
<td>Well-led</td>
<td>Overall</td>
</tr>
<tr>
<td>--------------------------------</td>
<td>---------------------</td>
<td>----------------------</td>
<td>----------------------</td>
<td>-----------------------</td>
<td>----------------------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>Medical care</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Requires Improvement</td>
<td>Inadequate</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Surgery</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Maternity &amp; Gynaecology</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Inspected but not rated</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
<tr>
<td>Children &amp; young people</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Good</td>
</tr>
<tr>
<td>Outpatients &amp; Diagnostic Imaging</td>
<td>Good</td>
<td>Inspected but not rated$^1$</td>
<td>Good</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Good</td>
</tr>
<tr>
<td>Overall</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
<td>Good</td>
<td>Good</td>
<td>Requires improvement</td>
<td>Requires improvement</td>
</tr>
</tbody>
</table>
# One Life Centre: Ratings

<table>
<thead>
<tr>
<th></th>
<th>Safe</th>
<th>Effective</th>
<th>Caring</th>
<th>Responsive</th>
<th>Well-led</th>
<th>Overall</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Urgent Care</strong></td>
<td>Good</td>
<td>Good</td>
<td>Inspected but not rated</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td><strong>Overall</strong></td>
<td>Good</td>
<td>Good</td>
<td>Inspected but not rated</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td></td>
<td>Safe</td>
<td>Effective</td>
<td>Caring</td>
<td>Responsive</td>
<td>Well-led</td>
<td>Overall</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>----------</td>
<td>------------</td>
<td>-------------------------</td>
<td>---------</td>
</tr>
<tr>
<td>Community Adults</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Good</td>
</tr>
<tr>
<td>Urgent Care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CYP / Family</td>
<td>Good</td>
<td>Requires Improvement</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>EoLC</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Dental</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
<tr>
<td>Overall</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
<td>Good</td>
</tr>
</tbody>
</table>
Overall Trust Ratings

Overall in 2015

Good    Requires improvement    Good    Good    Requires improvement    Requires improvement
• There were robust reporting arrangements of incidents across the organisation through the electronic reporting system. However, there were examples of not all incidents being reported.

• Patient Safety Co-ordinators in post.

• Duty of Candour was in place and we saw it applied in a review of Serious Incidents

• Morbidity and mortality meetings were held and we saw evidence of learning from these reviews and implementation of changes in practice.

• Nurse staffing levels across the trust were reviewed using a recognised acuity tool. There were still wards where staffing was below safe staffing levels.

• Midwifery ratios 1:30
Safe

• Health visitor numbers fell below the national trajectory goal of 73.49 wte, which was what the organisation was aiming for.

• There were processes in place for safeguarding for both adults and children and staff were aware of what action to take in both acute and community settings.

• The trust used the World Health Organisation (WHO) surgery checklist in surgery, radiology and an adapted version in maternity. In maternity a review of a further nine sets of records showed that four women had been to theatre but had incomplete WHO checklists. An audit of WHO checklists from October to December 2014 identified improvement was required regarding completion of the checklists.

• The Gold Standards Framework (GSF) is a model that enables good practice in the care of patients at the end of life. We observed the GSF in use throughout the community
The trust remained an outlier for mortality indicators for six consecutive quarters prior to the inspection. The trust had an elevated risk for in-hospital mortality for respiratory conditions and this had been the case for 12 months prior to the inspection.

Policies we reviewed on the trust intranet and in clinical areas for maternity and medical services were out of date and required reviewing and updating and although these had been updated by the unannounced inspection we were not assured that processes were in place and embedded to ensure that there was regular review and updating.

Staff understood their responsibilities in relation to taking consent however in Accident & Emergency documentation of consent was found to be poor.

Staff understood the principles of the Mental Capacity Act however this was also not well documented in some clinical areas and patients were not always identified as lacking capacity.
• Staff understood the principles of the Mental Capacity Act however this was also not well documented in some clinical areas and patients were not always identified as lacking capacity

• The trust was not meeting the midwife to supervisor ratio of 1:15 with a ratio of 1:18 and 27% of midwives had not received their annual review

• There were processes in place to ensure staff received annual appraisals; 90% of staff stated they had had an appraisal in 2014 according to the staff survey.

• Patients nutritional and hydration needs were assessed using the Malnutrition Universal Screening Tool (MUST) and there was a ‘red tray’ system in use to identify those patients who required assistance
• We observed interactions between staff and patients and saw that these were kind, caring and compassionate.

• Staff told us that they were passionate about delivering high quality care and the majority of people we spoke to receiving community services were happy with the care they received.

• The trust scored well in the Cancer Patient Experience Survey (2014) with 93% of respondents rating their care as excellent or very good compared to the England average of 89%. For 16 out of the 32 statements, the trust scored in the top 20% of trusts nationally.

• In the trust young person’s survey (2014/15) of the 91 respondents, 98% felt they were treated with dignity and respect and 93% were given enough privacy.
The trust had delivered the nursing and midwifery 6 ‘C’s (compassion, competence, compassion, communication, courage and commitment). In critical care there were three ‘caremakers’ who were responsible for leading on the 6 ‘C’s.

The NHS Friends and Family test results (FFT) results between December 2013 and November 2014 indicated the response rate to be slightly worse than the England average at 29.1% compared to England average of 30.1%. The percentage of patients who would recommend the services was consistent with, or better than, the England average.

There were concerns regarding the privacy and dignity of women in maternity where we observed labour room doors being left open. This was raised at the time of our inspection and at the unannounced inspection, this practice was no longer taking place.
There were processes in place to ensure that the divisions were responsible for planning the capacity and demand for the services which fed into the overarching capacity and demand model for the trust.

The trust had developed hub and spoke models of care with acute providers an example of this was in urology services which included shared on call arrangements which resulted in a more sustainable service for the local population.

There were systems in place to care for vulnerable people eg patient passports were seen to be used in A&E ; alerts were also put on to the electronic record system if patients had specific needs.

We were also informed of a project working with Hartlepool Council where the details of all clients with learning disabilities had been shared with the trust.
• The trust executive and divisional management teams worked with commissioners, local authority and other providers on developing integrated models of care

• In community there was a Family Nurse Partnership to support young mothers

• In surgery performance against the inpatient 18 week referral to treatment time varied across specialities

• There was variation in the quality of the complaint responses; all of the responses showed a good level of support and awareness and simplicity of making a complaint
The trust had a clear vision that described a change in focus for the trust called ‘Momentum’ supported by a clinical strategy.

The trust had several enabling strategies that support both the clinical and corporate strategies. These included quality, workforce, estates, nursing and information management & technology. The nursing strategy was based upon the 6 ‘C’s which had been rolled out across the organisation; this included the development of the ‘caremaker’ roles within nursing.

Prior to the inspection, the trust had identified concerns that processes to identify, record and mitigate risk were not fully developed or embedded consistently across the trust. The trust revised the Risk Management Strategy for 2015-18 and developed a supporting action plan to address these concern.

The trust governance processes were not fully embedded and there was lack of a consistent approach within the divisions regarding the governance structure.
• The trust governance processes were not fully embedded and there was lack of a consistent approach within the divisions regarding the governance structure

• The trust had a recently revised Board Assurance Framework in place which identified the trust strategic aims and objectives with key risks identified and described and responsibility and accountability for delivery clearly identified

• In community services there was a lack of clear key performance indicators through which to measure performance and quality; for example the children’s community nurses told us they were unaware of any key performance indicators (KPI) for the service.

• The executive team acknowledged the importance of the need for strong clinical leadership and there was a commitment to the development of clinicians.
Staff told us that there was an open and supportive culture and this was reflected throughout the interviews with the executive team, focus groups across all of the professional groups and the non-executive directors.

Staff survey 2014 had identified a number of areas where the trust had performed worse than similar trusts eg staff feeling their role made a difference, effective team working

The trust was prepared to meet the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014)

The use of the Family’s Voice diary enabled staff to engage with relatives
Actions the trust **MUST** take to improve

- Ensure there are systems and processes in place to minimise the likelihood of risks by completing the 5 Steps to Safer Surgery checklist.

- Ensure staff follow trust policies and procedures for managing medicines, including controlled drugs. Ensure that medicines are stored according to storage requirements to maintain their efficacy in maternity services.

- Ensure that risk assessments are documented along with personal care and support needs and evidence that a capacity assessment has been carried out where required.

- Ensure pain in children and young people is assessed and managed effectively
• Ensure that the competency criteria for staff who are triaging patients are clearly documented and include recognised competency–based triage training.

• Ensure that infection control procedures are followed in relation to hand hygiene and use of personal protective equipment.

• Ensure that resuscitation and emergency equipment is checked on a daily basis in line with trust guidelines.

• Ensure cleanliness standards are maintained.

• Ensure effective systems are in place which enable staff to assess, monitor and mitigate risks relating to the health, safety and welfare of people who use the service.

• Ensure that all policies and procedures in the In-Hospital care directorate are reviewed and brought up to date.
Actions the trust **MUST** take to improve

- Midwifery policies, guidelines and procedural documents must be up to date and evidence based.
- Ensure there are always sufficient numbers of suitably qualified, skilled and experienced staff to deliver safe care in a timely manner.
- Ensure that all annual reviews for midwives take place on a timely basis.
- Ensure all staff attend the relevant resuscitation training.
• The critical care team achieved a network award, which recognised excellent work in relation to “target” training. The team had also achieved recognition for their work related to critical care competencies, difficult airway and skills drills.

• The critical care team achieved 58% for its consideration of patients for tissue donation. The team were the second highest achiever for corneal donations.

• Outpatient department staff produced posters and delivered presentations at the International Society of Orthopaedic and Trauma nurses on the development of virtual fracture clinics and on the roles of speciality nurses.

• We saw extremely kind, gentle and compassionate care being given to people, and the team-working between the dentists and the dental nurses was exceptional.
Any Questions?