

North Tees and Hartlepool NHS Foundation Trust

Inspection report

University Hospital Of Hartlepool
Hartlepool
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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

Good 

Are services safe?

Good 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

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.

Summary of findings

Background to the trust

North Tees and Hartlepool NHS Foundation Trust gained foundation trust status in December 2007.

In 2008, the trust became an integrated provider of acute and community services. The chief executive has been in post since 1 April 2007. They have recently taken a leading role in the regional Sustainability and Transformation Plans (STP) for the region, so the deputy chief executive was in an interim chief executive role.

The trust provides services to a resident population of 400,000 people across Hartlepool, Stockton-on-Tees and parts of County Durham. The trust also provides bowel and breast screening services as well as community dental services and other community based services to a wider population in Teesside and Durham.

The trust is entering a partnership with Sunderland University to deliver a Nursing Academy approach to education.

The Trust's breast screening services cover Teesside (the local authority areas of Hartlepool, Stockton on Tees, Middlesbrough and Redcar and Cleveland), South Durham and parts of North Yorkshire. It is the referral centre for bowel screening for Teesside, South Durham and North Yorkshire and the laboratory test centre for the Cervical Screening programme. Community musculoskeletal services and community dental services for the whole of Teesside are also provided. There is a specialist spinal team based at the University Hospital of North Tees.

At the end of March 2017, the Trust employed a workforce of 5,608 staff and 4,680 whole time equivalent, across both the hospital and community services. The Trust has a bed base of 572 beds (general and acute) and has a projected income of £288m (2017/18).

For a 5-year period which began on 1st April 2017, the North Tees and Hartlepool Integrated Urgent Care Alliance, comprising North Tees and Hartlepool NHS Foundation Trust, Hartlepool & Stockton Health and North East Ambulance Service, will be providing Integrated Urgent Care Services. The integrated model will be delivered across two urgent care locations based in trust premises, in both Hartlepool and Stockton-On-Tees providing:

- GP-led service provision 24 hours a day, seven days a week, 365 days a year.
- Timely, highly responsive, joined-up care encompassing what was traditionally referred to as minor injury, urgent primary care walk-in, and GP Out-of-Hours provision.
- The provision of assessment, diagnosis and treatment for service users who present with an urgent care issue.
- Provision of enhanced out of hours elements of care such as home visiting and also prison service visiting, as part of the integrated model.
- Provision of a whole systems approach by staff working with other providers in times of pressure.

Overall summary

Our rating of this trust improved since our last inspection. We rated it as Good  

What this trust does

This trust provides acute services at University Hospital of North Tees and University Hospital of Hartlepool, and provides a range of community services.

It provides the following acute core services:

Urgent and emergency care:

Summary of findings

- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology
- Children and young people
- End of life care
- Outpatients and diagnostics

The trust provides the following community health services:

- Community health services for children and young people
- Community services for adults and long-term conditions
- Community health inpatient services
- Community end of life
- Community dental services

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 November 2017 we inspected urgent and emergency care, medical care (including older people's care), and maternity care provided by this trust at the University Hospital of North Tees and University Hospital of Hartlepool. We inspected these services because they were rated as requires improvement at our last inspection.

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, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed "is this organisation well-led?"

What we found

Overall trust

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

Summary of findings

- For acute core services we rated safe, effective, caring and responsive as good, and well-led as requires improvement. We did not inspect children and young people's services or outpatient services. These two services had been rated as requires improvement for well led in 2016, which meant the well led rating for core services remained as requires improvement.
- We rated three of the trust's eight services as good. In rating the trust, we took into account the current ratings of the five acute services not inspected this time and the community services not inspected this time.
- Community services were not inspected at this time; therefore the previous ratings remain the same at this inspection.
- We rated well led at trust level as good.
- Staffing numbers allowed the trust to provide safe care to patients. The trust had robust systems in place to manage staffing shortfall as well as escalation processes to maintain safe patient care.
- Across the trust patients received care in a clean, hygienic and suitably maintained environment.
- Medicines were managed appropriately.
- There was evidence of good multidisciplinary working, seven day services and some health promotion such as access to drug and alcohol dependency support services.
- Pain was reviewed effectively, mechanisms were in place to ensure that patients did not remain in pain.
- Staff offered patients food and drinks and monitored patients' nutrition and hydration effectively.
- Staff were kind, caring and compassionate and had a good understanding of the needs of patients.
- Services were planned in a way to meet the individual's needs and the local population.
- Access and flow across the trust had improved.
- The urgent and emergency care department had mostly met the four hour target, only missing out in three months of the last 12.
- The leadership, governance and culture within services promoted the delivery of high quality person-centred care.

However:

- There was low compliance in some mandatory training modules in some of the services we inspected.
- There were risks in the emergency department to patients with mental health needs. There was no designated mental health assessment suite or facilities that met best practice guidance for a safe mental health assessment room. There were ligature points which meant the area was not fully compliant with The Psychiatric Liaison Accreditation Network (PLAN) standards.
- The University Hospital of North Tees performed poorly in RCEM audits including severe asthma, consultant sign off, vital signs, procedural sedation and VTE.
- At the University Hospital of Hartlepool, maternity services were not always delivered in a way in which focused on women's holistic needs.

Are services safe?

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

- All incidents were investigated and managed appropriately and we saw evidence of learning following incidents.

Summary of findings

- The trust had infection prevention and control (IPC) policies, which were accessible, understood and used by staff. Across the trust patients received care in a clean, hygienic and suitably maintained environment.
- Nursing documentation had been radically changed since our last inspection and was accurately completed and reliably recorded.
- Staffing numbers allowed the trust to provide safe care to patients. The trust had robust systems in place to manage staffing shortfall as well as escalation processes to maintain safe patient care.
- The midwife to birth ratio was better than that national recommendation, despite, the service experiencing a high number of staff on maternity leave the midwife to birth ration remained within guidance. The service used a nationally recognised tool to review planned and actual staffing daily and on a shift by shift basis.
- Medical staffing on delivery suite was better than the safer childbirth (2007) recommendation. There was minimal locum staff usage
- In urgent and emergency care, a system had been put in place to ensure that patients had an initial assessment on arrival to the department within 15 minutes by nurses who had undergone triage training.
- There was appropriate management of medicines.

However:

- There was low compliance in some mandatory training modules in some of the services we inspected.
- There were risks in the emergency department to patients with mental health needs. There was no designated mental health assessment suite or facilities that met best practice guidance for a safe mental health assessment room. There were ligature points which meant the area was not fully compliant with The Psychiatric Liaison Accreditation Network (PLAN) standards.

Are services effective?

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

- There was evidence of good multidisciplinary working, seven day services and some health promotion such as access to drug and alcohol dependency support services.
- Pain was reviewed effectively, mechanisms were in place to ensure that patients did not remain in pain.
- Staff offered patients food and drinks and monitored patients' nutrition and hydration effectively.
- We saw that staff had an understanding of consent, mental capacity and deprivation of liberty safeguards.
- The medicine directorate participated in a number of national and local audits to assess compliance with guidelines and had a programme of audit managed by the clinical effectiveness team at the trust.
- The trust took part in patient outcome audits such as the sentinel national stroke national audit programme and the trust has improved its overall level moving from level D in April to June 2016 to a level C in August to November 2016.
- The maternity service based all of their policies and guidelines on current NICE guidance. We found there was an effective process of reviewing, consulting and implementing policies.
- The maternity service had implemented the United Nations Children's Fund (UNICEF) baby friendly initiative to support women in their feeding choices. The service had recently been reaccredited and held full accreditation.
- We observed good multidisciplinary working between medical and midwifery staff. Staff worked closely with community services to ensure communication was as effective as possible.

Summary of findings

- In maternity services, women and their families had access to the service seven days a week. The maternity day assessment unit was open later in the day and over the weekend.

However:

- Between July 2016 and June 2017, the trust's unplanned re-attendance rate to the urgent and emergency within seven days was generally worse than the national standard of 5% and generally worse than the England average.
- The University Hospital of North Tees performed poorly in RCEM audits including severe asthma, consultant sign off, vital signs, procedural sedation and VTE.

Are services caring?

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

- Staff were kind, caring and compassionate and had a good understanding of the needs of patients.
- In urgent and emergency care, we saw staff go the extra mile several times and their care and support exceeded good care standards. The caring relationships were highly valued by staff and promoted by the matron. There was a strong, visible person-centred culture.
- Patients and their relatives told us that they were involved in planning their care and that communication with staff was good.
- We observed privacy and dignity being maintained for patients received care.
- Staff recognised the importance of the emotional needs of patients. Specialist nursing staff were available to provide additional support when required.
- Patients we spoke with were overwhelmingly positive about the service.

Are services responsive?

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

- Services were planned in a way to meet the individual's needs and the local population.
- Access and flow across the trust had improved.
- The urgent and emergency care department had mostly met the four hour target, only missing out in three months of the last 12. These were the winter months when the department was under the most pressure. The department had consistently performed better than the England average.
- The urgent and emergency care department performed better than the England average for patients leaving the department without being seen over the last 12 months.
- The total median time patients spent in the urgent and emergency care department was consistently better than the England average.
- There was additional support which wards and services could request if further support or advice was required. For example, there was an enhanced care team which could support wards with one to one care, a trust dementia nurse specialist and access to psychiatric liaison team services.
- A discharge team worked closely with wards on discharge planning. Discharge was planned early across the services and the discharge team was a multi-disciplinary team.
- The trust's referral to treatment time (RTT) for admitted pathways for medicine has been consistently above the England average for the entire reporting period from August 2016 to July 2017.

Summary of findings

- The length of stay for elective and non-elective medical patient was lower than the England average.
- Within maternity services, women and their family's individual needs and preferences were central to the delivery of bereavement services. Services were flexible and provided informed choice and continuity of care.
- Within maternity services, there was a proactive approach to understanding the needs and preferences of different groups of people. Care in a way that met a woman's individual needs. This included people with protected characteristics under the Equality Act and vulnerable women with complex needs.

However:

- The trust had put measures in place to improve the access and flow in the department however due to bed pressures within the hospital, patients sometimes stayed in ED for an extended period of time.
- Between July 2016 and June 2017 there were 71 complaints about medical care. The trust took an average of 46 days to investigate and close complaints; this was not in line with their complaints policy, which stated complaints should be completed with 25 days or 40 days for more complex complaints.
- At the University Hospital of Hartlepool, maternity services were not always delivered in a way in which focused on women's holistic needs. There was some flexibility taken regarding women's individual needs, however, this did not meet the needs of all those who requested to book at the birth centre, as women were only able to deliver there if staff could be released from the University Hospital of North Tees site.

Are services well-led?

We rated well led at both University Hospital of North Tees and University Hospital of Hartlepool as requires improvement. The services we inspected in 2017 were rated good in the well led domain; however we did not inspect two services which had previously been rated as requires improvement. This made the rating for well led at core service level as requires improvement.

However, overall our rating of well-led improved. We rated it as good because:

- Leaders within the trust had the experience, capability and integrity to ensure that the strategy could be delivered and risks to performance addressed.
- Leaders within the trust were knowledgeable about issues and priorities for the quality and sustainability of services, understood what the challenges were and were taking action to address them.
- Leaders at every level were visible and approachable.
- Overall, morale across services was generally good and staff described good teamwork across the wards and services.
- The leadership, governance and culture within services promoted the delivery of high quality person-centred care.
- There were processes to support staff and promote their positive wellbeing. Leaders encouraged pride and positivity in the organisation. Overwhelmingly staff were positive about and proud to work in the organisation.

University Hospital of North Tees

Our rating of services at this hospital improved. We rated it them as good because;

- We rated safe, effective, caring, and responsive as good. We rated well led as requires improvement. The services we inspected in 2017 were rated good in the well led domain; however we did not inspect two services which had previously been rated as requires improvement. This made the rating for well led at core service level as requires improvement.

University Hospital of Hartlepool

Summary of findings

Our rating of services at this hospital improved. We rated it them as good because:

- Our rating of this hospital improved overall because maternity service had improved. The rating for well-led did not change because we also took into account previous ratings for services not inspected this time.

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 in University Hospital of North Tees within maternity and the emergency department.

For more information, see the outstanding practice section of this report

Areas for improvement

We found areas for improvement including two breaches of legal requirements that the trust must put right. We found 11 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.

For more information, see the Areas for improvement section of this report.

Action we have taken

We issued requirement notices to the trust. Our action related to breaches of 2 legal requirements at a trust-wide level.

For more information on action we have taken, see the sections on Areas for improvement and Regulatory action.

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.

Outstand

Outstanding practice

Within maternity services at University Hospital of North Tees, we found the proactive work of the maternity training team to be an outstanding feature. The training lead undertook emergency obstetric scenarios in different directorates, as part of their training programme. The team used hospital accommodation to simulate a home birth environment for community staff, this included the use of the 'Simulation Mum'. We found the levels of medical attendance at obstetric mandatory training to be exceptional. We also found the facilities in the bereavement suite (which was part of delivery suite) to be sympathetic to the needs of a women experiencing pregnancy loss.

In the emergency department feedback from patients and their families was continually positive about the way staff treated people. We saw staff go the extra mile several times and their care and support exceeded good care standards. The caring relationships were highly valued by staff and promoted by the matron. There was a strong, visible person-

Summary of findings

centred culture and staff were highly motivated to offer care that was kind and promoted people's dignity. Staff showed determination and creativity to overcome obstacles to delivering care for vulnerable people and those with additional needs. People's individual preferences and needs were always reflected in how care was delivered. Staff responded compassionately when people needed help and supported them to meet their personal needs as and when required. People's emotional and social needs were valued by staff and embedded in their care and treatment. Staff anticipated people's needs. We observed staff maintaining the privacy and dignity of patients when providing care to patients at the end of their life and looking after relatives in compassionate ways after the sudden death of their family member.

Areas for improvement

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

Action the trust **MUST** take to improve

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

University Hospital of North Tees

In urgent and emergency care:

- The trust must ensure all staff in the emergency department are supported to become compliant with all aspects of mandatory training.
- The trust must ensure that results of RCEM audits including severe asthma, Consultant sign off, Vital signs, Procedural sedation and VTE improve.

In medical care:

- The trust must ensure staff across medicine are compliant with mandatory training requirements including safeguarding training.

University Hospital of North Tees and University Hospital of Hartlepool

In maternity:

- The trust must ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced people so that women's choices can be met.
- The trust must ensure compliance with all aspects of mandatory training, including safeguarding training, levels 1 and 3.

Action the trust **SHOULD** take to improve

We found 11 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

University Hospital of North Tees

In urgent and emergency care:

The trust should:

Summary of findings

- Ensure staff are supported to be complaint with appraisal rates.
- Develop contingency planning to cover leave of RSCNs
- Carry out development work to improve on national and local audit results.
- Improve processes to reduce the number of patients who re-attend on an unplanned basis.
- Manage complaints in line with policy timescales.
- Ensure the areas used for assessing the mental health of patients in the emergency department are safe, and suitable.

In medical care:

The trust should:

- Ensure compliance with appraisal compliance rates across medicine.
- Ensure clinical supervision is embedded and consistent across all wards.
- Ensure documentation for mental capacity act assessments and deprivation of liberty safeguards is fully completed as required.
- Consider ways to improve the time taken to respond to complaints in line with trust policy.

University Hospital of Hartlepool

In maternity:

The trust should:

- Consider better access times to antenatal services at Hartlepool.

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.

We rated well-led at the trust as good because:

- The executive team and board at North Tees and Hartlepool NHS Foundation Trust had the experience, capability and integrity to ensure that the strategy could be delivered and risks to performance addressed.
- The executive team and board were knowledgeable about issues and priorities for the quality and sustainability of services, understood what the challenges were and were taking action to address them.
- Leaders at every level were visible and approachable. There was a strong sense that they worked collectively and collaboratively. Non-executive directors and governors felt well informed and trusted. Governors were engaged, enthusiastic, and proud of the hospital, the staff and their relationship with executives. Since the last inspection the trust had improved engagement and the visibility of the executive team and senior managers.

Summary of findings

- There was a clear statement of vision and values, driven by quality and sustainability. The vision, values and strategy had been developed through a structured planning process in collaboration with people who use the service, staff and, external partners. The strategy was aligned to local plans in the wider health and social care economy and services were planned to meet the needs of the relevant population.
- There were processes to support staff and promote their positive wellbeing. Leaders encouraged pride and positivity in the organisation. Overwhelmingly staff were positive about and proud to work in the organisation.
- The board and governance structures within the trust are clearly set out, effective and understood. The board and executive team had established processes from board to ward to board in order to gain assurance, identify gaps, set priorities and put in place plans to address these gaps. A comprehensive 'Safety, Quality and Infections' dashboard was regularly reported to the board of directors and council of governors, which was drilled down to ward/area level to identify any issues or trends; These were supplemented by a board assurance framework, a risk management framework, performance management framework and governance arrangements.
- Since our last inspection the trust has improved processes in place to monitor the implementation of their risk management strategy. Risk management was embedded across the organisation with oversight and challenge being via the Trust Executive Team supported by the Associate Director of Risk and a clinical governance process, as well as gaining assurance from relevant committees.
- The Trust has sought to strengthen governance arrangements during 2017/18 with greater emphasis on financial scrutiny. A standalone finance sub group of the executive team meeting has been formed with its primary purpose being to hold Directorates to account and review submitted recovery plans, leading to coordination and production of a trust wide financial recovery plan.
- Information used by the trust in reporting and performance management was usually accurate and valid. Data or notifications were consistently submitted to external organisations as required. Information technology systems were used effectively.
- The trust had a range of mechanisms to proactively capture people's views. It was transparent, collaborative and open with all relevant stakeholders. The Trust has continued to review and improve how people were engaged with their services. The increased use of social media has made a significant impact in relation to engagement with staff. The trust had plans in place to progress this further.

However:

- The sustainable delivery of quality care at North Tees and Hartlepool NHS Foundation Trust was put at risk by the financial challenge the trust faces. The trust's financial forecast deficit was £11.9m in September 2017 and projected to be an additional £1.5m each month to the end of the financial year.
- We found some barriers in the 'Freedom to Speak Up' processes. The Freedom to Speak Up Guardian was the interim director of workforce. They had not had any formal training to take on the role and did not have any dedicated time to carry out Guardian responsibilities. The Guardian did not network with other regional or national Guardians.

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 ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
University Hospital of North Tees	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018
University Hospital of Hartlepool	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↓ Mar 2018	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018
Overall trust	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Good →← Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Requires improvement →← Mar 2018	Good ↑ Mar 2018
Community	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Overall trust	Good →← Mar 2018	Good ↑ Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good →← Mar 2018	Good ↑ Mar 2018

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 University Hospital of North Tees

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ Mar 2018	Requires improvement ↔ Mar 2018	Outstanding ↑ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Medical care (including older people's care)	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Surgery	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Critical care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Maternity	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Services for children and young people	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Requires improvement Feb 2016	Good Feb 2016
End of life care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Outpatients and Diagnostic imaging	Good Feb 2016	N/A	Good Feb 2016	Good Feb 2016	Requires improvement Feb 2016	Good Feb 2016
Overall*	Good ↑ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for University Hospital of Hartlepool

	Safe	Effective	Caring	Responsive	Well-led	Overall
Surgery	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Maternity	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Requires improvement ↓ Mar 2018	Good ↑ Mar 2018	Good ↑ Mar 2018
Outpatients and Diagnostic imaging	Good Feb 2016	N/A	Good Feb 2016	Good Feb 2016	Requires improvement Feb 2016	Good Feb 2016
Overall*	Good ↔ Mar 2018	Good ↑ Mar 2018	Good ↔ Mar 2018	Good ↔ Mar 2018	Requires improvement ↔ Mar 2018	Good ↑ Mar 2018

*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Requires improvement Feb 2016	Good Feb 2016
Community health services for children and young people	Good Feb 2016	Requires improvement Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Community end of life care	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Community dental services	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016
Overall*	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 2016	Good Feb 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.

University Hospital of Hartlepool

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Key facts and figures

The University Hospital of Hartlepool is part of North Tees and Hartlepool NHS Foundation Trust and has 88 beds. Since the last inspection, some services had been reconfigured and this hospital now provides a wide range of diagnostic services, outpatient clinics, maternity services and day case and low risk surgery.

The trust gained foundation status in 2007. It has a workforce of approximately 4660 staff and serves a population of around 400,000 in Hartlepool, Stockton and parts of County Durham. The trust also provides services in a number of community facilities across the areas supported, including Peterlee Community Hospital and the One Life Centre, Hartlepool.

The trust provides the following acute core services:

- Urgent and emergency care
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology
- Children and young people
- End of life care
- Outpatients and diagnostics

Between 21 and 23 November 2017 we inspected one out of eight of the acute core services; maternity services provided by this trust at the University Hospital of Hartlepool site. We inspected this service because it was rated as requires improvement at our last inspection.

Summary of services at University Hospital of Hartlepool

Good  

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

Summary of findings

- Our rating of this hospital improved overall because maternity service had improved. The rating for well-led did not change because we also took into account previous ratings for services not inspected this time.

Maternity

Good  

A summary of our findings about this service appears in the Overall summary.

Key facts and figures

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

The maternity department at the University Hospital of Hartlepool provided a limited range of maternity services to women and families within the hospital site and community setting covering all areas of Stockton on Tees, Hartlepool and East Durham. Services provided included midwifery led care for low risk mothers and maternity assessment.

Between August 2016 and July 2017 there were 5 births in the department.

We spoke with three patients and relatives

We spoke with 10 members of staff

We reviewed one patient record

Summary of this service

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

- Women and their families were protected from avoidable harm and abuse. There were effective systems in place to report, investigate and share the learning from incidents. The content of obstetric mandatory training was continually monitored and adapted according to themes arriving from incidents. Midwifery and medical staff was better than the national recommendations despite there being a high rate of maternity leave within midwifery.
- Women had good outcomes because they received effective evidence based care and treatment, which met their needs. The service has systems in place to ensure that staff had the right skills, knowledge and experiences to provide effective care and treatment. Women and their families were supported to live healthier lives.
- Women and their families were supported and treated with dignity and respect; we found they were active partners in their care. We observed staff treat women and their families with kindness, respect and compassion.
- Services were tailored to meet the needs of individual women and their families and were delivered in such a way, which ensured flexibility, choice and continuity of care.
- The leadership, governance and culture within the service promoted the delivery of high quality person-centred care.

However:

- We were concerned with the choice women were offered to deliver at the birth centre as this was dependant on the ability of a second midwife to be released from the delivery suite at the University Hospital of North Tees
- Data provided suggested that attendance at Trust mandatory training for both midwifery and medical staff, attendance of midwifery staff at safeguarding level three was below the target.
- The appraisal rate for both medical and midwifery staff was below the trust target.
- A new leadership structure had been implemented just prior to our inspection, we were concerned with the capacity of the deputy head of midwifery to undertake a dual role.

Maternity

Is the service safe?

Good   

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

- The number of staff attending obstetric mandatory training was better than the trust target. Additionally 100% of consultant staff attended their required modules.
- The service had a robust safeguarding children policy. Community midwifery staff had safeguarding supervision, the frequency was dependant on how long they had been in post, less experienced staff had monthly supervision.
- There was a comprehensive pathway for midwifery led care; there were strict criteria of when to transfer a labouring or postnatal women to the University Hospital of North Tees.
- We observed all staff following trust infection prevention and control procedures. We found all areas we inspected to be visibly clean. We found the birth centre could be opened for a labouring woman immediately if the need arose.
- There was appropriate equipment to care for women. All equipment had evidence of electronic safety testing. All emergency equipment had been checked prior to our inspection and we found no gaps.
- The service used the maternity early warning score (MEWS) to assess women's health and well-being, we found effective processes in place for women whose health may have been deteriorating, we reviewed audit data which corroborated our findings. We found evidence of an antenatal risk assessment in all records we reviewed.
- Women carried their own patient records. The service carried out monthly records audits and where improvements could be made an action plan was developed and monitored.
- There was appropriate management of medicines, we reviewed checks on controlled drugs and found them to be complete.
- The service had effective mechanisms to report and investigate incidents. All staff were able to identify where learning had taken place following incidents. We also found evidence of key themes being communicated through newsletters and talking points.
- However:
 - The service wide midwife to birth ratio was better than that national recommendation, despite, the service experiencing a high number of staff on maternity leave the midwife to birth ratio remained within guidance. However, there were a number of vacancies in the birth centre team which meant that a second midwife had to be released from the delivery suite; however, this was dependent on the work load on delivery suite. This meant that there had not been a delivery on the Birth centre for six months prior to our inspection.
 - Data provided by the trust showed compliance with trust mandatory training was below the required level. Medical staff met 62% of their required training; however, midwifery staff met 48% of their required training.
 - Data provided by the trust showed that midwifery staff had not met the required target of safeguarding children level three and safeguarding adults level one training.
 - Data provided by the trust showed that midwifery staff had not met the required target of safeguarding children level three and safeguarding adults level one training.

Maternity

Is the service effective?

Good ● ↑

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

- The service based all of their policies and guidelines on current NICE guidance. We found there was an effective process of reviewing, consulting and implementing policies.
- The service had implemented the United Nations Children's Fund (UNICEF) baby friendly initiative to support women in their feeding choices. The service had recently been reaccredited and held full accreditation.
- The service supported women who chose to use alternative methods of pain relief, for example active birth and hypnobirthing.
- The service monitored outcomes on a monthly basis, this information was shared with staff, we saw the dashboard on display in all areas we visited.
- We observed good multidisciplinary working between medical and midwifery staff. Staff worked closely with community services to ensure communication was as effective as possible.
- Staff were consistent and proactive in supported people to live healthier lives. Antenatal assessment identified where support could be provided to improve the health and wellbeing of women and their families.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004. Women were supported to make decisions and, where appropriate.

However:

- Data provided by the trust showed that the appraisal rate for midwifery and medical staff was below the trust target.

Is the service caring?

Good ● → ←

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

- Feedback from women and families was positive. We observed women and their families were treated with dignity, respect and kindness during all interactions. Additionally we saw staff respond with compassion to each individual's needs and requirements.
- We observed staff communicate with women and their families in a way they could understand. Women were supported effectively following fetal loss by a dedicated number of staff who had received additional training.
- Women and their families were involved and encouraged to be partners in their care, they received support in making informed choices about their care.

Is the service responsive?

Requires improvement ● ↓

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

Maternity

- Services were not delivered in a way in which focused on women's holistic needs.
- Some flexibility taken women's individual needs, however, this did not meet the needs of all those who requested to book at the birth centre, as women were only able to deliver there if staff could be released from the University Hospital of North Tees site.
- Some women were not able access services for assessment, diagnosis or treatment when they needed. The day assessment unit was open between 08.30 to 17.00 Monday to Friday; however, outside of these hours and weekends women were required to travel to the University Hospital of North Tees site.

However:

- Care and treatment was coordinated with other services and other providers. This included liaising with families and carers and ensuring that all services were informed of any diverse needs that need to be addressed. This was particularly the case when women were booked to deliver at University Hospital of North Tees site.
- Women and their families were confident that if they complained they would be treated with compassion. Their complained would be thoroughly explored in an open and transparent way.

Is the service well-led?

Good ● ↑

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

- Senior leaders had the experience, capacity, capability and integrity to ensure that the strategy was delivered. Risks to performance was monitored proactively and addressed. Leaders within the service were knowledgeable about the issues and priorities for the sustainability and quality of the service. All leaders were aware of the challenges to the service and were empowered to act to address them.
- The service had a clear vision, which was driven by quality and sustainability. All staff we spoke with were able to articulate this.
- Leaders at all levels in the service model and encourage compassionate, inclusive and supportive relationships among staff, so that they felt respected, valued and supported. Processes were in place to support all staff and promote their positive well-being. Leaders encouraged pride and positivity in the organisation, attention focused on the needs and experiences of women and their families.
- There were effective governance structures and processes within the service, with clear systems of accountability.
- There were effective processes to manage current and future performance. There was a process to identify, understand, monitor and address risks. Performance data was shared with staff and we found this was displayed in every clinical area re inspected.
- The service was proactively working with regional partners and the Local Maternity System to increase engagement with women who used the service. There was a maternity voices group which had representation on the trust board.
- There was a strong focus on continuous learning and improvement at all levels of the service. This included external accreditation and participation in national research projects.

However:

- We were concerned with the capacity of the new deputy head of midwifery to undertake the dual role of delivery suite manager and their deputy HOM role.

Maternity

- The added management role within the service was still in its infancy during in our inspection and therefore it was difficult to identify clear roles.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

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

University Hospital of North Tees

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Stockton On Tees
Cleveland
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www.nth.nhs.uk

Key facts and figures

University Hospital North Tees (UHNT) provides acute care services for North Tees and Hartlepool NHS Foundation Trust. The hospital has 563 beds.

The trust provides the following acute core services:

- Urgent and emergency care
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and gynaecology
- Children and young people
- End of life care
- Outpatients and diagnostics

Between 21 and 23 November 2017 we inspected three out of eight of the acute core services; urgent and emergency care, medical care (including older people's care) and maternity services provided by this trust at the University Hospital of North Tees site. We inspected these services because they were rated as requires improvement at our last inspection.

The trust gained foundation status in 2007. It has a workforce of approximately 4660 staff and serves a population of around 400,000 in Hartlepool, Stockton and parts of County Durham. The trust also provides services in a number of community facilities across the areas supported, including Peterlee Community Hospital and the One Life Centre, Hartlepool.

Summary of services at University Hospital of North Tees

Good  

Our rating of services improved. We rated it them as good because;

Summary of findings

- We rated safe, effective, caring, and responsive as good. We rated well led as requires improvement. The services we inspected in 2017 were rated good in the well led domain; however we did not inspect two services which had previously been rated as requires improvement. This made the rating for well led at core service level as requires improvement.

In urgent and emergency care;

- A system had been put in place to ensure that patients had an initial assessment on arrival to the department within 15 minutes by nurses who had undergone triage training.
- Infection control procedures were followed in relation to hand hygiene and use of personal protective equipment. Cleanliness standards were maintained
- Resuscitation and emergency equipment was checked on a daily basis in line with trust guidelines.
- Policies and procedures online were reviewed and up to date.
- There were outstanding examples of caring, compassionate care and maintaining privacy and dignity. We saw staff go the extra mile several times and their care and support exceeded good care standards. The caring relationships were highly valued by staff and promoted by the matron. There was a strong, visible 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.
- There was a sense of teamwork within the department and operational staff worked together in partnership to provide effective leadership.

In medical care;

- Incidents were investigated and managed appropriately and there was evidence of learning from incidents. Medicines were managed appropriately across medicine. The number of temporary staff used had reduced overall and bank staff were managed appropriately through the internal system.
- Medicine and elderly care participated in a wide range of local and national audits. There was clear multi-disciplinary team working across the services between different teams and wards had regular morning huddles.
- Overall, staff knowledge and understanding of the mental capacity act, deprivation of liberty standards was good. There was good access to a psychiatric liaison team across medicine.
- Staff cared for patients with compassion and treated them with dignity and respect.
- The trust's referral to treatment time (RTT) for admitted pathways for medicine has been consistently above the England average for the entire reporting period from August 2016 to July 2017.
- Overall, morale across the service was generally good and staff described good teamwork across the wards and services. A risk register was in place and senior staff attended weekly patient safety meetings.

In Maternity;

Summary of findings

- Women and their families were protected from avoidable harm and abuse. There were effective systems in place to report, investigate and share the learning from incidents. The content of obstetric mandatory training was continually monitored and adapted according to themes arriving from incidents. Midwifery and medical staff training compliance was better than the national recommendations despite there being a high rate of maternity leave within midwifery.
- Women had good outcomes because they received effective evidence based care and treatment, which met their needs. The service had systems in place to ensure that staff had the right skills, knowledge and experiences to provide effective care and treatment. Women and their families were supported to live healthier lives.
- Women and their families were supported and treated with dignity and respect; we found they were active partners in their care. We observed staff treat women and their families with kindness, respect and compassion.
- Services were tailored to meet the needs of individual women and their families and were delivered in such a way, which ensured flexibility, choice and continuity of care.
- The leadership, governance and culture within the service promoted the delivery of high quality person-centred care.

However:

In urgent and emergency care;

- There were risks in the emergency department to patients with mental health needs. There was no designated mental health assessment suite or facilities that met best practice guidance for a safe mental health assessment room. There were ligature points which meant the area was not fully compliant with The Psychiatric Liaison Accreditation Network (PLAN) standards.
- 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 also needed to improve compliance with appraisal rates.
- The department didn't always have sufficient numbers of suitably qualified, skilled and experienced staff to deliver safe care in a timely manner. The department should ensure contingency planning to accommodate future maternity leave of RSCNs
- National audit results were poor and the department was not meeting most of the standards. Further work was needed through local audit to ensure that audit compliance improved.
- The trust was worse than the England average for unplanned re-attendance.
- Complaints were not always managed in line with the trust's policy timescales.
- Senior nursing leadership was not visible in the department during our inspection and didn't attend the department to support their staff during our inspection.

In medical care;

- The hospital was not meeting the internal target for mandatory training across several areas. At the time of inspection, the trust was not able to accurately monitor mandatory training compliance due to administration difficulties and a delay in electronic data capture.
- Safeguarding training was not routinely available to staff who required it and was not in line with the intercollegiate document for Safeguarding children and young people (2014).
- Appraisals compliance rates were not achieving the trust target of 90% during our inspection. Clinical supervision was not embedded across all wards visited.

Summary of findings

- Mental capacity act assessments and deprivation of liberty safeguards documentation was not always fully completed or consistent.
- The trust took an average of 46 days to investigate and close complaints; this was not with the complaints policy, which stated complaints should be completed with 25 days or 40 days for more complex complaints.

In maternity;

- We found some out of date equipment, we raised this with staff and immediate action was taken to remove them from circulation.
- Data provided by the trust showed compliance with trust mandatory training was below the required level. Medical staff met 62% of their required training; however, midwifery staff met 48% of their required training.
- Data provided by the trust showed that midwifery staff had not met the required target of safeguarding children level three and safeguarding adults level one training.

Urgent and emergency services

Good  

Key facts and figures

North Tees and Hartlepool NHS Foundation Trust has one accident and emergency department (also known as A&E, emergency departments or EDs). This was based in Stockton at the University Hospital of North Tees (UHNT).

The emergency department at UHNT provides a 24-hour, seven-day a week service to the local population. There were 89,056 attendances from April 2016 to March 2017 at North Tees and Hartlepool NHS Foundation Trust 28% of these were children.

The department has four resuscitation bays, one of which is specially equipped for children. There were cubicles to treat patients with major injuries and illness. The department was co-located next to an urgent care centre (UCC) for patients that were triaged to be seen by an emergency nurse practitioner for minor injuries and illnesses. We did not inspect the urgent care centre as part of this inspection. There was a rapid assessment unit (RAU), ambulatory care unit (ACU) and emergency assessment unit (EAU). These units received patients directly from GPs or pre-arranged from ambulances and were staffed by nursing staff managed by a senior matron who also managed ED. Throughout this report however, information and graphs relate only to the ED and do not include RAU, ACU or EAU.

The department had a large waiting room and triage room and a separate children's waiting room and play area. Patients who attended reception were streamed and directed to the most appropriate department to manage their condition. This may be the ED, or the UCC.

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 40 members of staff. We spoke with 16 patients and relatives, observed staff delivering care and looked at 9 patient records. We held focus groups and reviewed trust policies and performance information from, and about, the trust.

At the last inspection, we rated three or more key questions for the service as requires improvement so we re-inspected all five questions.

UHNT hospital was last inspected as part of the comprehensive inspection programme in July 2015. During the 2015 inspection, all five domains were inspected and rated. The service was rated as 'requires improvement' in the safe, effective and well-led domains and 'good' in responsive and caring domains. The service was rated as 'requires improvement' overall.

The service had addressed these previous recommendations at this inspection.

Summary of this service

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

- We rated caring as outstanding. We rated safe, responsive and well led as good. We rated effective as requires improvement.
- A system had been put in place to ensure that patients had an initial assessment on arrival to the department within 15 minutes by nurses who had undergone triage training.
- Infection control procedures were followed in relation to hand hygiene and use of personal protective equipment. Cleanliness standards were maintained

Urgent and emergency services

- Resuscitation and emergency equipment was checked on a daily basis in line with trust guidelines.
- Policies and procedures online were reviewed and up to date.
- There were outstanding examples of caring, compassionate care and maintaining privacy and dignity. We saw staff go the extra mile several times and their care and support exceeded good care standards. The caring relationships were highly valued by staff and promoted by the matron. There was a strong, visible 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.
- There was a sense of teamwork within the department and operational staff worked together in partnership to provide effective leadership.

However:

- The emergency department did not have a designated mental health assessment suite or facilities that met best practice guidance for a safe mental health assessment room. Staff assessed patients who presented at the accident and emergency department in rooms that had ligature points. The accident and emergency department did not have environmental risk assessments that included ligature risks. Staff did not routinely carry personal alarms and the quiet area did not have an alarm system.
- 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 also needed to improve compliance with appraisal rates in the department.
- The department didn't always have sufficient numbers of suitably qualified, skilled and experienced staff to deliver safe care in a timely manner.
- National audit results were poor and the department was not meeting most of the standards. Further work was needed through local audit to ensure that audit compliance improved.
- The trust was worse than the England average for unplanned re-attendance.
- Complaints were not always managed in line with the trust's policy timescales.
- Senior nursing leadership was not visible in the department during our inspection and didn't attend the department to support staff during our inspection.

Is the service safe?

Good  

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

- The introduction of the streaming nurse had identified most patients were seen and triaged in 15 minutes. Data identified that there had been an improvement in the time taken for patients to be seen for initial assessment. It was eight minutes in comparison to the England average of six minutes.

Urgent and emergency services

- The number of registered sick children's nurses (RSCN) met the Royal college of Emergency Medicine Guidelines and cover was available 24 hours per day.
- There was a specific paediatric area for children to be seen. Paediatric patients were nursed by RSCNs. We were assured that paediatric care was managed appropriately.
- Staff were encouraged and understood their responsibilities to raise concerns and report incidents. We saw that systems and processes worked together to keep people safe from harm and abuse and where areas for improvement were identified, this was acted upon.
- The amount of black breaches had reduced from January 2017 to April 2017 with a slight increase in May and June 2017. However these figures remained lower than previous months before January 2017.
- Controlled drugs were managed appropriately. Record keeping and balance checks were completed as per trust policy.
- Resuscitation equipment was checked daily in line with the trust policy.
- Medical staff were only 4% short of meeting the safeguarding level 3 training target for all four safeguarding training courses for both adults and children.
- We saw that in four out of six children's records a safeguarding tool was used.
- We saw the department was prepared for a major incident and staff were aware of their roles.

However:

- The emergency department did not have a designated mental health assessment suite or facilities that met best practice guidance for a safe mental health assessment room. Staff assessed patients who presented at the accident and emergency department in rooms that had ligature points. The accident and emergency department did not have environmental risk assessments that included ligature risks however curtain rails and suspended ceilings were collapsible. Staff did not routinely carry personal alarms and the quiet area did not have an alarm system. After our inspection, the trust told us they had carried out an environmental risk assessment in November 2017 and had developed a standard procedure to be undertaken for patients who had deliberately self-harmed.
- Mandatory training levels were not being met by medical or nursing staff with nursing staff compliant in 13 out of 34 modules and medical staff compliant with eight out of 29 modules.
- We saw evidence that the department did not always meet the planned nurse staffing numbers. The vacancy rate for nursing staff was 6.7% and for medical staff, 5.2%. Most nurse vacancies had been filled however they were waiting to commence the posts.
- The department did not have 16 hours per day consultant cover as recommended by the Royal College of Emergency Medicine (RCEM) guidance 'Rule of thumb'.
- Nursing staff did not meet the trust target for compliance with level 3 safeguarding training course.
- We had concerns that the floor in the RAU did not meet infection prevention criteria HBN00/10 or HTM05-03 Part C, 'Textiles and Furnishings'. This was because flooring "Should be of a material that is not physically affected or degraded by the detergents and disinfectants likely to be used."

Is the service effective?

Requires improvement ● → ←

Urgent and emergency services

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

- Between July 2016 and June 2017, the trust's unplanned re-attendance rate to ED within seven days was generally worse than the national standard of 5% and generally worse than the England average.
- UHNT hospital performed poorly in RCEM audits including severe asthma, consultant sign off, vital signs, procedural sedation and VTE.
- Staff groups did not meet the trust appraisal target of 95%.
- Not all staff had completed advanced paediatric life support (APLS) or other resuscitation training, thus the department could not be sure that all staff were competent and current in resuscitation techniques. The mandatory training target was not met in relation to paediatric life support and the department did not routinely complete advanced paediatric life support.

However:

- There was evidence of good multidisciplinary working, seven day services and some health promotion such as access to drug and alcohol dependency support services.
- Pain was reviewed effectively, mechanisms were in place to ensure that patients did not remain in pain whilst waiting to see medical staff.
- Staff offered patients food and drinks and monitored patients' nutrition and hydration effectively.
- We saw that staff had an understanding of consent, mental capacity and deprivation of liberty safeguards. Staff gained verbal consent prior to performing care.
- The results were better than average for three standards in the RCEM Audit: Severe sepsis and septic shock 2016/17.

Is the service caring?

Outstanding  

Our rating of caring improved. We rated it as outstanding because:

- Feedback from people who used the service and those who are close to them were continually positive about the way staff treat people. Patients provided us with positive feedback about their care during our inspection. . We saw reception, nursing and medical staff go the extra mile several times and their care and support exceeded good care standards. The caring relationships were highly valued by staff and promoted by the matron. Friends and relatives provided us with other positive examples of care.
- Patients told us that they received compassionate care and that staff supported their emotional needs. There was a strong, visible person-centred culture amongst all disciplines of staff.
- Staff were highly motivated to offer care that was kind and promoted people's dignity. People's privacy and confidentiality were respected at all times of their treatment. Staff showed determination and creativity to overcome obstacles to delivering care for vulnerable people and those with additional needs. People's individual preferences and needs were always reflected in how care was delivered. We observed staff maintaining the privacy and dignity of patients when providing care to patients at the end of their life and looking after relatives in compassionate ways after the sudden death of their family member.

Urgent and emergency services

- 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 valued by all staff and embedded in their care and treatment. The physical, mental and social care needs of patients were discussed at all board rounds.
- Staff responded compassionately when people needed help and supported them to meet their personal needs as and when required. They anticipated people's needs.
- Staff helped people and those close to them to cope emotionally with their care and treatment.

Is the service responsive?

Good ● → ←

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

- The department had mostly met the four hour target, only missing out in three months of the last 12. These were the winter months when the department was under the most pressure. The department had consistently performed better than the England average.
- The department performed better than the England average for patients leaving the department without being seen over the last 12 months.
- The total median time patients spent in the department was consistently better than the England average.
- Services were planned in a way to meet the individual's needs and the local population.
- Patients with a learning disability, patients with dementia, and bariatric patients could access emergency services appropriate for them and their needs were supported. There was a quiet area for people to sit away from the busy waiting room. Patients needing care and treatment for their mental health needs could access services in a joined up way from within the department.
- Patients knew how to complain and staff knew how to deal with complaints they received. Complaints were investigated and learning was shared with staff.
- There had been no patients who had waited more than 12 hours in the department over the previous 12 months.

However:

- The trust had put measures in place to improve the access and flow in the department however due to bed pressures within the hospital, patients sometimes stayed in ED for an extended period of time.
- Although complaints were managed and handled appropriately there was a delay to how long they were investigated and closed. The average time of complaints were not managed in line with the trust's policy.

Is the service well-led?

Good ● ↑

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

- The service had taken action on most of the issues raised in the 2015 inspection. For example, patients were streamed and had an initial assessment carried out within 15 minutes of arrival and access and flow in the department had improved.

Urgent and emergency services

- The doctor and nurse in charge provided leadership and were focused on the current demands within the department to aid patient flow. They had regular discussions with other staff to facilitate patients being moved out of the department. The team reviewed the status of the department every two hours to give an overview of capacity and demand.
- The majority of staff enjoyed working in the department and felt listened to. They had no concerns about the culture of the department such as bullying. Line managers supported staff and were accessible.
- The departmental matron had an open door approach and initiatives were in places to encourage staff to suggest and develop ideas. We saw evidence of these coming to fruition in the department.
- Risks were identified on the risk register and reviewed regularly.
- Regular meetings were held with the department and ongoing actions and timelines completed. The trust used recognised 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. Staff had been supported and involved in developing the requirements needed.
- 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 still had some concerns about the visibility of the senior nursing management team in the department although staff told us they were accessible by telephone if needed.
- On some occasions we noted computer screens unattended with patient identifiable information visible. These could have been seen by members of the public. Patients' personal information was not being protected appropriately.

Outstanding practice

We found one example of outstanding practice in this service. See the outstanding practice section above.

Areas for improvement

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

Medical care (including older people's care)

Good  

Key facts and figures

The University Hospital of North Tees provided a range of medical services including older peoples care. The hospital had 305 beds across 11 wards and these included a variety of different specialities such as Gastroenterology, respiratory, stroke care, older peoples care and endoscopy.

The trust had 53,503 medical admissions between July 2016 and June 2017.

There had been changes to services since the previous inspection in 2016 such as the trust had made the Holdforth Unit at the University Hospital of Hartlepool a community inpatient unit and therefore this was not inspected as part of medicine. We did not visit the emergency assessment unit, ambulatory care unit or rapid access unit as these were managed by the emergency care directorate at the trust.

Previous inspections rated the medicine directorate overall as requires improvement with safe being good, effective as requires improvement, caring as good, responsive as good and well led as requires improvement.

We spoke with 16 patients, carers and visitors and looked at 22 records during the inspection. We spoke with 51 staff at the trust.

Summary of this service

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

- Incidents were investigated and managed appropriately and there was evidence of learning from incidents. There were no Never Events reported between the period of September 2016 and August 2017. Medicines were managed appropriately across medicine and the directorate was working towards the corporate infection control strategy. The number of temporary staff used within the medical directorate had reduced overall and bank staff were managed appropriately though the internal system.
- Medicine and elderly care participated in different local and national audits. Pain assessments scores were in use on wards visited and nutrition and hydration tools were used such as the malnutrition screening tool. There was clear multi-disciplinary team working across the services between different teams and wards had regular morning huddles.
- Overall, staff knowledge and understanding of the mental capacity act, deprivation of liberty standards was good. There was access to a psychiatric liaison team across medicine.
- Staff cared for patients with compassion and treated them with dignity and respect. Patient feedback about services was generally positive and patients told us they felt involved in their care and treatment.
- Senior managers we spoke with were able to describe how they planned for services. The trust's referral to treatment time (RTT) for admitted pathways for medicine has been consistently above the England average for the entire reporting period from August 2016 to July 2017.
- Overall, morale across the service was generally good and staff described good teamwork across the wards and services. A risk register was in place and senior staff attended weekly patient safety meetings. Matrons held regular drop in sessions to enable families and carers to provide feedback to senior staff about the services.

However:

Medical care (including older people's care)

- The hospital was not meeting the internal target for mandatory training across several areas. At the time of inspection, the trust was not able to accurately monitor mandatory training compliance due to administration difficulties and a delay in electronic data capture.
- Staff in the endoscopy unit who required level 3 children's safeguarding training had not completed the training. this was not in line with the Intercollegiate Safeguarding Children and Young People guidance (2014)
- Appraisals compliance rates were not achieving the trust target of 95% during our inspection. Clinical supervision was not embedded across all wards visited.
- Mental capacity act assessments and deprivation of liberty safeguards documentation was not always fully completed or consistent.
- The trust took an average of 46 days to investigate and close complaints, this is not with their complaints policy, which states complaints should be completed with 25 days or 40 days for more complex complaints.

Is the service safe?

Good   

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

- All incidents were investigated and managed appropriately and we saw evidence of learning following incidents.
- Safety thermometer data was clearly visible to ward staff and we saw action plans to improve numbers.
- There were no Never Events reported between the period of September 2016 and August 2017.
- The directorate worked towards the corporate infection control strategy. We saw link nurses across several wards who were proactive in their role to maintain and improve infection control issues.
- Medicines administration was effective across all wards we reviewed and was subject to regular audit of practice.
- Nursing documentation had been radically changed since our last inspection and was accurately completed and reliably recorded.
- We saw systems and processes in place to manage the transfer of patients across the directorate and saw the trust had introduced a new electronic system to manage the acuity of patients.
- The number of temporary staff used within the medical directorate had reduced overall and bank staff were managed appropriately through the internal system.
- Overall sickness rates were low. Between August 2016 and July 2017 the trust reported a sickness rate of 5% in medicine.

However:

- The hospital was not meeting the internal target for mandatory training across several areas. At the time of inspection, the trust was not able to accurately monitor mandatory training compliance due to administration difficulties and a delay in electronic data capture. Senior managers told us that there was currently a discrepancy with the data, which would not be resolved until December 2017.
- Staff in the endoscopy unit who required level 3 children's safeguarding training had not completed the training. this was not in line with the Intercollegiate Safeguarding Children and Young People guidance (2014)

Medical care (including older people's care)

- We manually reviewed the staffing rotas for two wards, which showed staff shortages were more common during nightshift.

Is the service effective?

Good  

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

- The medicine directorate participated in a number of national and local audits to assess compliance with guidelines and had a programme of audit managed by the clinical effectiveness team at the trust.
- Previous inspections found concerns with policies not being in date. During this inspection we viewed seventeen policies and found these to be in date.
- Patients were offered options during meal times and screening tools such as the malnutrition and screening tool was in use across the services. Staff told us assistance was provided to patients during meal times if required. We saw use of pain scores during our inspection and found these to be completed.
- The trust took part in patient outcome audits such as the sentinel national stroke national audit programme and the trust has improved its overall level moving from level D in April to June 2016 to a level C in August to November 2016.
- Staff told us they had received training in addition to their mandatory training and that they had annual appraisals where development and training was discussed. Staff we spoke with described multi-disciplinary team working across the services.
- Overall, staff knowledge and understanding of the mental capacity act, deprivation of liberty standards was good. There was access to a psychiatric liaison team across medicine.

However:

- Appraisals compliance rates were not achieving the trust target of 95% during our inspection and compliance with appraisal completion had deteriorated since the previous inspection. We asked managers about this and they were aware of appraisal compliance rates and were addressing this by ensuring staff were being booked in for appraisals.
- Clinical supervision was not embedded across all wards visited.
- Mental capacity act assessments and deprivation of liberty safeguards documentation was not always fully completed or consistent.

Is the service caring?

Good   

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

- Staff cared for patients with compassion and treated them with dignity and respect.
- Patients, families and carers gave positive feedback about their care.
- Staff involved patients and those close to them in decisions about their care and treatment.
- Patients told us they felt involved in their care and treatment.

Medical care (including older people's care)

- We received data from the trust, which showed between April to September 2017 the directorate regularly received 100% scores from patients who said they would recommend the service. The average response showed 93% of patients would recommend.

Is the service responsive?

Good ● → ←

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

- Senior managers worked with clinical leads within the directorate to plan for services and develop business plans.
- There was additional support which wards and services could request if further support or advice was required. For example, there was an enhanced care team which could support wards with one to one care, a trust dementia nurse specialist and access to psychiatric liaison team services.
- Staff told us they avoided patient moves after 10pm where possible. A planned resilience ward was being prepared for winter but was not open yet, managers told us this would be opened in stages as required.
- A discharge team worked closely with wards on discharge planning. Discharge was planned early across the services and the discharge team was a multi-disciplinary team.
- The trust's referral to treatment time (RTT) for admitted pathways for medicine has been consistently above the England average for the entire reporting period from August 2016 to July 2017.
- The length of stay for elective and non-elective medical patient was lower than the England average.

However:

- Between July 2016 and June 2017 there were 71 complaints about medical care. The trust took an average of 46 days to investigate and close complaints; this was not in line with their complaints policy, which stated complaints should be completed with 25 days or 40 days for more complex complaints.

Is the service well-led?

Good ● ↑

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

- There were clear leadership structures across medicine and each speciality had a clinical lead. Senior managers we spoke with told us of the vision for the services.
- Overall, morale was good across the services and staff described good team working.
- Governance was managed through operational management meetings in the service and senior staff attended weekly patient safety meetings.
- A risk register was in place and the patient safety team would notify staff when risk required review. Senior managers told us the main risks to the service included pressure ulcers and falls risk. Previous inspections found concerns with the risk register, we found during this inspection the number of risks had reduced from 208 risks to 32 risks documented.

Medical care (including older people's care)

- Staff had access to the relevant information systems such as the incident reporting system and policies available through the intranet. Information was shared with staff through newsletters on wards, email and ward meetings.
- Matrons held regular drop in sessions to enable families and carers to provide feedback to senior staff across the wards and services.

Areas for improvement

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

Maternity

Good  

Key facts and figures

We previously inspected maternity jointly with gynaecology so we cannot compare our new ratings directly with previous ratings.

The maternity department at the University Hospital of North Tees provided a full range of maternity services to women and families within the hospital site and community setting covering all areas of Stockton on Tees, Hartlepool and East Durham. Services provided included midwifery led care for low risk mothers and consultant led care for high risk mothers.

Between August 2016 and July 2017 there were 2879 births in the department.

We spoke with 10 patients and relatives

We spoke with 25 members of staff

We reviewed 10 patient records and 14 medicines charts

Summary of this service

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

- Women and their families were protected from avoidable harm and abuse. There were effective systems in place to report, investigate and share the learning from incidents. The content of obstetric mandatory training was continually monitored and adapted according to themes arriving from incidents. Midwifery and medical staff training compliance was better than the national recommendations despite there being a high rate of maternity leave within midwifery.
- Women had good outcomes because they received effective evidence based care and treatment, which met their needs. The service has systems in place to ensure that staff had the right skills, knowledge and experiences to provide effective care and treatment. Women and their families were supported to live healthier lives.
- Women and their families were supported and treated with dignity and respect; we found they were active partners in their care. We observed staff treat women and their families with kindness, respect and compassion.
- Services were tailored to meet the needs of individual women and their families and were delivered in such a way, which ensured flexibility, choice and continuity of care.
- The leadership, governance and culture within the service promoted the delivery of high quality person-centred care.

However:

- We found out of date equipment available for use additionally we found some concerns with cleanliness in some areas of the service, once this was highlighted with staff immediate action was taken.
- Data provided suggested that attendance at Trust mandatory training for both midwifery and medical staff, attendance of midwifery staff at safeguarding level three was below the target.
- The appraisal rate for both medical and midwifery staff was below the trust target.
- A new leadership structure had been implemented just prior to our inspection; we were concerned with the capacity of the deputy head of midwifery to undertake a dual role.

Maternity

Is the service safe?

Good  

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

- The number of staff attending obstetric mandatory training was better than the trust target. Additionally 100% of consultant staff attended their required modules.
- The service had a robust safeguarding children policy. Community midwifery staff had safeguarding supervision, the frequency was dependant on how long they had been in post, less experienced staff had monthly supervision.
- There was a comprehensive pathway of support for women identified at high risk for perinatal mental health problems.
- We observed all staff following trust infection prevention and control procedures. We found all areas we inspected to be visibly clean. Where we had concerns, these were addressed immediately.
- There was appropriate equipment to care for women. All equipment had evidence of electronic safety testing. There was direct access to obstetric theatres and theatre recovery from delivery suite. All emergency equipment had been checked prior to our inspection and we found no gaps.
- The service used the maternity early warning score (MEWS) to assess women's health and well-being, we found effective processes in place for women whose health may have been deteriorating, we reviewed audit data which corroborated our findings. We found evidence of an antenatal risk assessment in all records we reviewed.
- The midwife to birth ratio was better than that national recommendation, despite, the service experiencing a high number of staff on maternity leave the midwife to birth ratio remained within guidance. The service used a nationally recognised tool to review planned and actual staffing daily and on a shift by shift basis.
- Medical staffing on delivery suite was better than the safer childbirth (2007) recommendation. There was minimal locum staff usage
- Women carried their own patient records. The service carried out monthly records audits and where improvements could be made an action plan was developed and monitored.
- There was appropriate management of medicines. The service used an electronic system of dispensing medicines in delivery suite; we reviewed checks on controlled drugs and found them to be complete.
- The service had effective mechanisms to report and investigate incidents. All staff were able to identify where learning had taken place following incidents. We also found evidence of key themes being communicated through newsletters and talking points.

However:

- We found some out of date equipment, we raised this with staff and immediate action was taken to remove them from circulation.
- Data provided by the trust showed compliance with trust mandatory training was below the required level. Medical staff met 62% of their required training; however, midwifery staff met 48% of their required training.
- Data provided by the trust showed that midwifery staff had not met the required target of safeguarding children level three and safeguarding adults level one training.

Maternity

Is the service effective?

Good  

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

- The service based all of their policies and guidelines on current NICE guidance. We found there was an effective process of reviewing, consulting and implementing policies.
- The service had implemented the United Nations Children's Fund (UNICEF) baby friendly initiative to support women in their feeding choices. The service had recently been reaccredited and held full accreditation.
- Women were supported in their choice of pain relief. Women had access to epidural analgesia 24 hours a day. However, the service also supported women who chose to use alternative methods of pain relief, for example active birth and hypnobirthing.
- The service monitored outcomes on a monthly basis, this information was shared with staff, we saw the dashboard on display in all areas we visited.
- We observed good multidisciplinary working between medical and midwifery staff. Staff worked closely with community services to ensure communication was as effective as possible.
- Women and their families had access to the service seven days a week. The maternity day assessment unit was open later in the day and over the weekend,
- Staff were consistent and proactive in supported people to live healthier lives. Antenatal assessment identified where support could be provided to improve the health and wellbeing of women and their families.
- Consent to care and treatment was obtained in line with legislation and guidance, including the Mental Capacity Act 2005 and the Children's Acts 1989 and 2004. Women were supported to make decisions and, where appropriate.

However:

- Data provided by the trust showed that the appraisal rate for midwifery and medical staff was below the trust target.

Is the service caring?

Good   

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

- Feedback from women and families was positive. We observed women and their families were treated with dignity, respect and kindness during all interactions. Additionally we saw staff respond with compassion to each individual's needs and requirements.
- We observed staff communicate with women and their families in a way they could understand. Women were supported effectively following fetal loss by a dedicated number of staff who had received additional training.
- We saw evidence that women were involved with their birth choice; women who wished to go outside of guidance were given additional support and information to ensure their safety was maintained.
- Staff responded with compassion when women and their families needed help. Women were supported to meet their basic personal needs. Staff also anticipated when a woman's needs might have changed.

Maternity

- Women and their families were involved and encouraged to be partners in their care, they received support in making informed choices about their care.
- We observed women's privacy and dignity was maintained throughout our inspection, we observed all doors were closed and had privacy glass.

Is the service responsive?

Good   

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

- Women and their family's individual needs and preferences were central to the delivery of bereavement services. Services were flexible and provided informed choice and continuity of care.
- There was a proactive approach to understanding the needs and preferences of different groups of people. Care in a way that met a woman's individual needs. This included people with protected characteristics under the Equality Act and vulnerable women with complex needs.
- Women were able to access services and appointments in a way and at a time which suited them, this included weekend drop in antenatal clinics and access to the Maternity Assessment Unit until 20.00.
- The service was able to demonstrate where improvements had been made as a result of learning reviews and complaints. All staff we spoke with were able to identify where practice had changed following a complaint
- Investigations were comprehensive and were led by the patient safety team. The service also advocated the use of external peers to undertake reviews; this meant there was an independent and objective approach.

Is the service well-led?

Good  

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

- Senior leaders had the experience, capacity, capability and integrity to ensure that the strategy was delivered. Risks to performance was monitored proactively and addressed. Leaders within the service were knowledgeable about the issues and priorities for the sustainability and quality of the service. All leaders were aware of the challenges to the service and were empowered to act to address them.
- The service had a clear vision, which was driven by quality and sustainability. All staff we spoke with were able to articulate this.
- Leaders at all levels in the service model and encourage compassionate, inclusive and supportive relationships among staff, so that they felt respected, valued and supported. Processes were in place to support all staff and promote their positive well-being. Leaders encouraged pride and positivity in the organisation, attention focused on the needs and experiences of women and their families.
- There were effective governance structures and processes within the service, with clear systems of accountability.
- There were effective processes to manage current and future performance. There was a process to identify, understand, monitor and address risks. Performance data was shared with staff and we found this was displayed in every clinical area re inspected.

Maternity

- The service was proactively working with regional partners and the Local Maternity System to increase engagement with women who used the service. There was a maternity voices group which had representation on the trust board.
- There was a strong focus on continuous learning and improvement at all levels of the service. This included external accreditation and participation in national research projects.
- However:
- We were concerned with the capacity of the new deputy head of midwifery to undertake the dual role of delivery suite manager and their deputy HOM role.
- The added management role within the service was still in its infancy during in our inspection and therefore it was difficult to identify clear roles.

Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

Areas for improvement

We found three 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)

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

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulated activity

Treatment of disease, disorder or injury

Regulation

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

Our inspection team

Sandra Sutton chaired this inspection and Ruth Dixon led it.

The team included 6 inspectors, 8 specialist advisers, and 1 expert by experience.

Specialist advisers are experts in their field who we do not directly employ. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.