CQC say our staff give OUTSTANDING care!

As you will hopefully know by now, the reports from the latest Care Quality Commission (CQC) inspection that took place in October 2016 were published on 9 February.

We are delighted at the outcome of this inspection which rates our Trust as GOOD overall, with an overall rating of OUTSTANDING for caring.

This means we have continuously improved over three successive hospital inspections over the last three years moving from ‘Inadequate’ and in special measures to today’s rating of ‘Good’ and ‘Outstanding’ for caring. It also means we are among the top rated NHS hospitals in the country.

During the inspection, inspectors found that we had made significant progress across most services since the last Inspection in July 2015, particularly in maternity and gynaecology and end of life services. Inspectors also noted improvements in culture and engagement, staffing levels, strategy and plans for the future, leadership, governance and risk management, and a more positive approach to inclusion and diversity.

This result is a remarkable achievement and reflects the hard work you and your teams have done to change our culture and focus on patient safety and quality of care. We feel enormously proud to work with such committed and talented staff.

We are holding some special CQC staff conversations to give us the opportunity to talk to you about the reports, answer any questions you may have, and hear your first-hand accounts of improvements you’ve made in your areas. The FGH session took place yesterday and the RLI and WGH dates are below:

- Friday 17 February, 10 - 11am, Room 4 at WGH
- Friday 17 February, 12 -1pm, Lecture Theatre at the RLI

On behalf of the Board of Directors and the leadership team, we would like to personally thank you for your support and encouragement. Please take some time to reflect on your achievements with your teams - you all deserve it!

You can access the full reports and my response on the intranet here.

Pearse Butler
Chair

Jackie Daniel
Chief Executive

Message from the Council of Governors

On behalf of the Council of Governors (CoG), I would like to offer you all congratulations on a fantastic performance over the whole three years from Inadequate - Requires Improvement - Good. Our sincere thanks go to all staff at every level, volunteers, patients and families. In addition my personal thanks go to my fellow Governors of the CoG who have also made a very positive contribution. Everyone of us can feel proud knowing what has been achieved for the public we serve.

Colin Ranshaw, Head Governor at UHMBT
Are our services safe?

We wanted to share some highlights from our recently published (CQC) Hospital Inspection. The CQC rates healthcare providers in five domains - safe, effective, caring, responsive and well-led. This is some of what inspectors had to say about us:

What does the CQC mean by safe?

“By safe, we mean that people are protected from abuse and avoidable harm”

We were rated ‘Requires Improvement’ for the safe standard following our last CQC inspection. The CQC found:

Cleanliness, infection control and hygiene - across the Trust, patients received care in a clean, hygienic and suitably maintained environment. For example the results of the Patient-Led Assessments of the Environment (PLACE) 2016 showed that we scored 95 for cleanliness. There were also no cases of MRSA reported between October 2015 and September 2016, which met the relevant target.

Nursing and medical staffing - We met the national benchmark for midwifery staffing set out in the Royal College of Obstetricians and Gynaecologists (RCOG) guidance ‘Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour’ with a ratio of 1 midwife to 27 births, which was better than the RCOG recommendation of 1 midwife to 28 births. The critical care consultant staff to patient ratios was also in line with Guidelines for the Provision of Intensive Care Services (GPICS) (2015).

Duty of Candour (DoC) - junior staff understood that this involved being ‘open and honest’ with patients. Ward managers were aware of the DoC and some staff explained that they had been involved in investigating and responding to patients and families under this duty. Clinical divisions within the Trust also completed quarterly audits of DoC completion, which was presented to the serious incident review and investigation panel then onward to Quality Assurance Committee and the Board as part of the quarterly incident report.

Safeguarding - all staff the CQC spoke with knew the Trust safeguarding policy, how to access relevant information using the intranet and where to seek guidance for any out-of-hours concerns. We also have a designated lead for safeguarding supported by a specialist team with responsibility for children. We set a mandatory training target of 95% for completion of mandatory safeguarding adults and children training level one and two. Completion rate was 98% of nursing staff and 100% of medical staff had completed safeguarding children and young people training when the CQC visited.

Medicines - Medicines on the divisional wards at FGH, including intravenous fluids, were appropriately stored and access was restricted to authorised staff. Staff managed controlled drugs appropriately and maintained accurate records in accordance with Trust policy, including regular balance checks. Staff knew how to report incidents involving medicines. There was an open culture to incident reporting and staff received support from ward managers to learn from incidents.

Examples of why the Trust was given the rating ‘requires improvement’

- Nursing and medical staffing had improved since the last inspection. However, there were still a number of nursing and medical staffing vacancies throughout the hospital, especially in medical care services.
- Within our Emergency Departments, the median time from arrival to initial assessment was worse than the overall England median in all months over the 12 month period.
Are our services effective?

What does the CQC mean by effective?

“By effective, we mean that people’s care, treatment and support achieves good outcomes, promotes a good quality of life and is based on the best available evidence”.

We were rated ‘Good’ for the effective standard following our last CQC inspection.

The CQC found:

Audit activity and evidence based care and treatment – We have participated in the national Royal College of Emergency Medicine and Trauma Audit and Research Network audits to benchmark practice against other emergency departments. We have also developed a number of evidence based condition specific care pathways to standardise and improve patient care and service flow. For example, in ambulatory care there are pathways for low risk pulmonary embolism and low risk upper gastrointestinal (GI) haemorrhage.

Patient outcomes - In the 2016 Oesophago-Gastric Cancer National Audit (OGCNCA), the age and sex adjusted proportion of patients diagnosed after an emergency admission was 0% for the Trust. This placed us within the lowest 25% of all Trusts for this measure. The National Emergency Laparotomy Audit (NELA) report (2015) also showed we achieved a rating over 70% for five measures and had a good rating for nine out of 10 elements of the audit.

Multi-disciplinary working - the Emergency Department at FGH provides an acute service for patients who have had a stroke. A specialist nurse also attends the department to advise and support the care of the patient. A stroke pathway is in place, 9am to 5am Monday to Friday. Out of hours, the stroke specialist doctor is available and the care of the patient discussed via telemedicine, which is a video conferencing service. A Rapid Enhanced Assessment Clinical Team visited the Emergency Department at RLI. This consisted of a nurse, physiotherapist and an occupational therapist. The team assessed patients and were able to support at home if needed.

Consent, Mental Capacity Act and Deprivation of Liberty safeguards - staff know to contact the Safeguard Team if they are concerned about a patient. During the CQC visit, staff confirmed responses were prompt. Staff are aware of the safeguarding policies and procedures and had received training. In addition, our consent policy contains a section specifically about children and young people. Mental Capacity Act and Deprivation of Liberty Safeguards training is also delivered as part of the mandatory training programme.

Seven-day service - The Emergency Departments at the RLI and FGH are operational 24 hours a day, seven days a week. Consultants provided on call cover for 24 hours a day and were present for 15 hours a day. A middle grade doctor was present 24 hours a day, seven days a week. A paediatric on call consultant was also available 24 hours a day, seven days per week. They also had x-ray facilities within the department, which could be accessed 24 hours, seven days a week. CT scans were available within one hour. The departments had an ultrasound available.
Are our services caring?

What does the CQC mean by caring?

“By caring, we mean that staff involve and treat people with compassion, kindness, dignity and respect”.

We were rated as ‘outstanding’ for the caring standard following our last CQC inspection.

The CQC found:

Commitment to deliver quality compassionate care – Our commitment to deliver quality compassionate care was echoed by all staff across the organisation. There was a real desire and determination from staff at all levels to ensure patients received the care they needed. They also saw evidence of use of patient diaries in critical care. Patients were asked to bring diaries to follow up appointments after discharge from hospital and a critical care admission. This supported the patient in better understanding of their experience, which supported recovery and rehabilitation.

Feedback from patients – in the latest period, in July 2016 our Friends and Family Test performance was 95.9% compared to an England average of 95.4%. In the Endoscopy Survey at FGH published in August 2016, 91% of patients rated the care provided by the service to be eight (out of 10) or above, with 80% rating the service 10 out of 10. There were no experience scores below 6 out of 10.

We involve patients and / or their relatives in the development of their care plans. This ensures the care delivered meets the individual needs. Furthermore, results from a bereavement survey carried out by the bereavement service showed that 98% of relatives stated that they felt involved in decisions about care.

Emotional support - since May 2014, there has been chaplaincy on all three sites with the lead chaplain based at Westmorland General Hospital. This has raised the profile of chaplaincy and its ability to engage with the spiritual needs of patients, families and staff. The Chaplaincy service had restructured its work with its volunteers, increasing visibility, cultivating reflective practice, and raising cross-site awareness. It had developed training skills by hosting placement students. It had initiated a process of formalising links with key faith groups. Chaplaincy was identifying areas for research including mindfulness and spirituality and wellbeing.

The Bereavement Service – the bereavement, Chaplaincy and specialist palliative care team continually work together to promote compassionate care at the end of life. A particular innovation relating to this had been the development of death cafés. We have had held death cafés for the public as part of Dying Matters Week and also had used them to support staff to talk more openly about death and to promote better communication with patients and relatives at the end of life.

We offer a ‘forget me not’ passport of care for every inpatient admission. This is completed by the families and carers, informing staff how to care for the person in their unique way, offering individual detail to give that personalised approach.
Are our services responsive?

What does the CQC mean by responsive?

"By responsive, we mean that services are organised so that they meet people’s needs”.

We were rated ‘Good’ for the Responsive to people’s needs standard following our last CQC inspection.

The CQC found:

**Service planning and delivery** - the Emergency Department’s service worked with external partners including general practices in a programme named integrated care communities through Better Care Together (BCT). The aim was to proactively plan care for both frail and vulnerable patients and frequent attendees to prevent unnecessary attendances to the Emergency department.

We are also actively engaged with the BCT strategy bringing together a total 11 local organisations including neighbouring trusts, clinical commissioning groups (CCGs), GP Federations, local authorities and the ambulance service to plan and deliver the BCT strategy.

**Meeting people’s individual needs** - a mental health liaison team was based in the Emergency Departments each day and provided assessment for patients with mental health problems. A learning disability (LD) nurse specialist has been appointed to support patients with more complex needs through their care pathway while in hospital and to support a smooth transition back into the community.

Staff provided a ‘passport’ to patients with LDs, which was owned by the patient and detailed personal preferences, likes/dislikes, anxiety triggers and interventions, which are helpful in difficult periods. The LD nurse specialist identified, in conjunction with carers and ward staff, what reasonable adjustments were required to support the patient whilst in hospital. This could be pre-visits to suites for procedures to support desensitisation, an offering of a side-room for privacy and to reduce anxiety, flexible visiting, carers staying with the patient overnight and other individual preferences unique to that individual.

**Access and flow** - the bed management team observed flow within the Emergency Department and meetings took place at least four times a day (more frequently if needed) and an escalation process was put in place that gave staff actions for how to manage departments during periods of extreme pressure.

**Dementia** - we have a dementia strategy which is embedded across services including a butterfly symbol to make staff aware of patients with dementia related memory impairment, dementia friendly cubicle in the Emergency Department at RLI and memory boxes to reduce patients’ anxieties. Our involvement in the Bay Dementia Hub was also praised. Some wards across the Trust had even undergone refurbishment to become ‘dementia friendly’ with appropriate signage to aid communication and perception, with triggers for reminiscence such as music, photographs and decorations to encourage positive interactions and to reduce environmental conflict.

**Learning from complaints and concerns** - We have a centralised complaints team, which lead on all complaints with dedicated case officers. The responses went through a quality assurance process involving divisional general manager, staff involved, head of patient relations and final sign off by the director of governance.
Are our services well-led?

What does the CQC mean by well-led?

“By well-led, we mean that the leadership, management and governance of the organisation assures the delivery of high quality person-centred care, supports learning and innovation and promotes an open and fair culture”.

We were rated ‘Good’ for the well-led to people’s needs standard following our last CQC inspection. The CQC found:

**Vision and strategy** - BCT aims to give greater support to patients in the community, reducing the need for hospital admissions and creating a significant reduction in hospital beds. Community Partnerships in place include Hospital Home Care and the Discharge Support Team which are integrated care teams working together to improve and quicken appropriate discharges in the community post-surgery.

**Culture within the Trust** - Overall, the culture of the Trust is open and inclusive. The majority of staff felt that they were valued and respected by their peers and leaders. This included Black and Minority Ethnic (BME) staff. The majority of staff also said it was a good place to work. They felt supported in their work and there were opportunities to develop their skills and competencies, which were encouraged by senior staff.

We have developed and implemented a Behavioural Standards Framework to improve patient experience and satisfaction, staff well-being and experience, partnership working, performance, culture and progress continuous improvement. We have also appointed a Freedom to Speak Up (FTSU) Guardian to enable staff to raise concerns in an appropriate and supported way.

**Leadership of the Trust** - the senior executive team had been strengthened in terms of appointing two Deputy Chief Operating officers. The senior team were strong, visible and accessible.

**Public engagement** - we have invested in, and encouraged, public engagement. This was particularly reflected in maternity services, where we took account of the views of women through the ‘Maternity Matters in Furness’ event, and the co-design of the new Maternity Unit at FGH.

**Innovation and Improvement** - our Listening into Action programme has delivered some clear, effective and significant quality improvements for the organisation and patients and staff felt more engaged. Other innovations include the launch of a new Quality Ambassador Scheme, a dementia care volunteer ward programme, electronic smart boards for each ward and ‘safe active birth’ specialist midwives.

**What the press said...**