



North Cumbria University Hospitals NHS Trust

Review into the Quality of Care & Treatment provided by 14 Hospital Trusts in England

Key Findings and Action Plan following Risk Summit

July 2013

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1. Overview

A Risk Summit was held on 6 June 2013 to discuss the findings and actions of the Rapid Responsive Review of North Cumbria University Hospitals NHS Trust. This report provides a summary of the discussion held, including the Trust response to the findings, any support required from health organisations, including the regulatory bodies and the agreed actions and next steps.

Overview of review process

On 6 February 2013, the Prime Minister asked Professor Sir Bruce Keogh, NHS England Medical Director, to review the quality of the care and treatment being provided by those hospital trusts in England that have been persistent outliers on mortality statistics. The 14 NHS trusts which fall within the scope of this review were selected on the basis that they have been outliers for the last two consecutive years on either the Summary Hospital Mortality Indicator (SHMI) or the Hospital Standardised Mortality Ratio (HSMR)¹.

These two measures are intended to be used in the context of this review as a 'smoke alarm' for identifying potential problems affecting the quality of patient care and treatment at the trusts which warrant further review. It was intended that these measures should not be reviewed in isolation and no judgements were made at the start of the review about the actual quality of care being provided to patients at the trusts.

Key principles of the review

The review process applied to all 14 NHS trusts was designed to embed the following principles:

- a. **Patient and public participation** – these individuals have a key role and worked in partnership with clinicians on the reviewing panel. The panel sought the views of the patients in each of the hospitals, and this is reflected in the reports. The Panel also considered independent feedback from stakeholders related to the Trust, received through the Keogh review website. These themes have been reflected in the reports.
- b. **Listening to the views of staff** – staff were supported to provide frank and honest opinions about the quality of care provided to hospital patients.
- c. **Openness and transparency** – all possible information and intelligence relating to the review and individual investigations will be publicly available.
- d. **Cooperation between organisations** – each review was built around strong cooperation between different organisations that make up the health system, placing the interest of patients first at all times.

¹ Definitions of SHMI and HSMR are included at Appendix I of the full Rapid Responsive Review report published here <http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx>

Terms of reference of the review

The review process was designed by a team of clinicians and other key stakeholders identified by NHS England, based on the NHS National Quality Board guidance on rapid responsive reviews and risk summits. The process was designed to:

- a. Determine whether there are any sustained failings in the quality of care and treatment being provided to patients at these Trusts.
- b. Identify:
 - Whether existing action by these Trusts to improve quality is adequate and whether any additional steps should be taken.
 - Any additional external support that should be made available to these Trusts to help them improve.
 - Any areas that may require regulatory action in order to protect patients.

The review followed a three stage process and this report documents the conclusions of Stage 3:

a. Stage 1 – Information gathering and analysis

This stage used information and data held across the NHS and other public bodies to prepare analysis in relation to clinical quality and outcomes as well as patient and staff views and feedback. The indicators for each trust were compared to appropriate benchmarks to identify any outliers for further investigation in the rapid responsive review stage as Key Lines of Enquiry (KLOEs). The data pack for each trust reviewed is published at <http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx>

b. Stage 2 – Rapid Responsive Review (RRR)

A team of experienced clinicians, patients, managers and regulators, following training, visited each of the 14 hospitals and observed the hospital in action. This involved walking the wards and interviewing patients, trainees, staff and the senior executive team.

The three day announced RRR visit took place at the Trust's two main sites on Tuesday 7th, Wednesday 8th and Thursday 9th May 2013 and the unannounced visit was held on the evening of Thursday 16th and the morning of Friday 17th May 2013. A variety of methods were used to investigate the Key Lines of Enquiry (KLoEs) to enable the panel to analyse evidence from multiple sources and follow up any trends present in the Trust's data.

The Key Lines of Enquiry and methods of investigation are documented in the Rapid Responsiveness Review Report (RRR) for North Cumbria University Hospitals NHS Trust. A full copy of the report was published on 16 July 2013 and is available online: <http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx>

Stage 3 – Risk summit.

This stage brought together a separate group of experts from across health organisations, including the regulatory bodies. They will consider the report from the RRR, alongside other hard and soft intelligence, in order to make judgements about the quality of care being provided and agree any necessary actions, including offers of support to the hospitals concerned. (Please see Appendix I for a list of attendees).

The North Cumbria University Hospitals NHS Trust Risk Summit was held on 6 June 2013. The meeting was Chaired by Richard Barker (Regional Director, North, NHS England) and focussed on supporting the Trust in addressing the actions identified to improve the quality of care and treatment. The opening remarks of the Risk Summit Chair and presentation of the RRR key findings were recorded and are available online: <http://www.nhs.uk/NHSEngland/bruce-keogh-review/Pages/published-reports.aspx>

This report documents the Trust response to the priority RRR findings and summarises the discussions and actions arising.

Conclusion and priority actions

The Trust has not identified all the causes behind its excess mortality and the panel found a number of quality failings that need to be urgently addressed. These issues increase the risk in the Trust and impact on the organisation's ability to provide consistently high quality and safe care and treatment to patients. The most urgent issues included inadequate staffing levels, excessive locum cover, shortfalls in learning from serious incidents and never events and poor infection control and prevention practices.

During the RRR the review panel also noted sustained failings in the governance arrangements to ensure the adequate maintenance of the estate and equipment which resulted in the closure of two theatres at the Whitehaven site pending validation by the Trust that its ultra-clean ventilation (UCV) was meeting relevant standards.

The Trust has responded positively to the review process with some urgent issues already addressed. The Trust is working very closely with the TDA and others to address other key priorities. From a CQC perspective, the review findings were broadly in line with their recent inspections and which are already the subject of regulatory action.

The Trust supported the findings of the review Panel and welcomed the support of risk summit members to increase the pace and focus of improvement. It was acknowledged that the Trust needed to rapidly agree the improvement journey for the North Cumbria University Hospitals NHS Trust, and as part of that plan the Trust should engage with other stakeholders within the health economy. The Trust Board should agree a single patient safety and quality improvement plan with clearly documented accountabilities and timescales.

Eight priority actions identified by the RRR Panel were agreed for the Trust to address urgently. Whilst some of these actions would take longer to address entirely the urgency in respect of staffing levels, infection control procedures and estates management was agreed and immediate action was required.

Next Steps

A detailed plan focussing on outcomes and addressing each of the recommended actions in the RRR report was completed by the Trust by 26 June 2013.

A follow up risk summit will be held in September 2013 to monitor progress and provide an updated action plan for ongoing review and monitoring arrangements.

2. Summary of Review Findings and Trust Response

Introduction

The following section provides a summary of the Review Panel's findings and the Trust's response to the risks identified.

Overview of Trust's response

The Trust's response was presented by the Acting Chief Executive, Ann Farrar with support from Jeremy Rushmer, Interim Medical Director, Chris Platton, Acting Director of Nursing and Ian Gordon, Chair. The Trust accepted all findings of the Panel and agreed that the RRR report provided an accurate analysis of the Trust's current position. The Trust thanked the RRR Panel for their work and welcomed the support of the Risk Summit attendees to help to increase the pace of improvement and leverage the goodwill, commitment and loyalty of Trust staff.

The Trust reassured the risk summit members that the Trust had listened and would continue to listen and act. The Trust stated that the ambition is to provide high quality care, an excellent patient experience and to develop and motivate staff. The Trust had successive leaders that had failed to keep pace with the quality agenda. The interim management had identified more concerns and the Trust needs to be part of a bigger entity to help to provide the capacity, culture and impetus for change. The Trust would use this review as a stimulus for change and would produce a Post Integration Development Plan to help the Trust to move forward. The review findings should be incorporated into this as should all action plans from other regulatory bodies. The next step is winning the hearts and minds of the patients and the public.

The Trust stated that a single action plan through a coordinated assessment would reduce the burden of regulatory monitoring and needs to be part of the Post Integration Development Plan. Sign off might not be possible until 1 July 2013 as the Trust needs to consult with staff.

The Trust recognised that there is inadequate governance and slow responses to serious incidents, and it needs less traditional roles and more innovative models of care and better engagement with the wider health economy.

The Trust accepted the priority actions within the RRR Report and the support required, as set out below.

1. Inadequate governance, and pace and focus of change to improve overall safety and experience of patients

Positive changes have been made at the Trust over the past six months as a result of its relationship with Northumbria Healthcare NHS Foundation Trust as the preferred bidder for acquisition; however, the extent and pace of change has been insufficient to rectify all weaknesses in governance. There are identified weaknesses in clinical leadership, and the poor quality of reporting does not yet fully support appropriate identification and prioritisation of risks to quality, nor would it likely support a robust review and challenge of the Trust's approach to quality. There are concerns over the capacity and capability of senior and middle management to deliver on the breadth and pace of change required and although some of these are now being covered by increased partnership arrangements with Northumbria, there is a requirement for further acceleration to enhance the pace of change. There was a lack of attention to compliance with internal procedures at a local level and an apparent acceptance of care which could put patients at risk.

There is a high reliance on the success of the acquisition to bring about change that the organisation itself recognises is needed. However, this will not guarantee patient safety in the interim or immediately post-acquisition and the Trust does require further support to help deliver this agenda. An urgent review of the Trust's Corporate Risk Register (CRR) and Board Assurance Framework (BAF) is required to provide the Board with a focus for risk management. The Trust also recognises that more support from key stakeholders in the wider healthcare system is required, including the NHS Trust Development Authority (TDA) and Cumbria Clinical Commissioning Group (CCG). The requirement for more support from partner agencies including primary care was stressed by many interviewed. There is a need for a full, independent quality governance review to ensure that current gaps are addressed without delay.

Recommendations:

- Urgent review of the Trust's Corporate Risk Register (CRR) and Board Assurance Framework (BAF).
- Full, independent review of quality governance to identify areas for improvement and develop an action plan.
- Review of the leadership structure to ensure that the capability and capacity gaps are filled.
- Implementation of a formal programme of organisational development and support for management staff. Implementation of appropriate performance management system.
- Dedicate more time to quality at Board meetings.

Trust response

The Trust accepted the need to improve the pace and focus for improving the safety and experience of patients. The Trust set out the actions already taken or due to be taken including seeking external support to consolidate the risks into a revised Corporate Risk Register and Board Assurance Framework by July 2013. This work would also be done at clinical business unit level and the corporate functions. An external quality governance review was completed in May 2013 and would be reported to the Trust Board in June 2013. An independent review of compliance with the CQC outcomes will also be commissioned.

A review of the executive leadership will be completed by the end of June 2013 and a revised middle management level would be in place by July 2013.

The Trust recognised that support is required for a system to monitor and continually improve service and ward outcomes to include benchmarking with the best.

2. Slow and inadequate responses to serious incidents and a culture which does not support openness, transparency and learning

Documentary evidence provided demonstrates a slow response to serious incidents. Although senior management described improvement in the openness and ability of staff to have honest discussions about incidents, and staff at Cumberland Infirmary confirmed that there had been some improvements in this area, the panel did not observe adequate embedded learning from incidents. Discussions with staff revealed that learning is still not adequately shared, and that there are deep set cultural issues, such as apportionment of blame, which negatively impacts on learning. The recurrence of some types or categories of events, for example, a second never event involving a retained guide wire also suggests that the organisation is slow to learn from serious incidents. Likewise, a significant adverse event occurring within obstetrics at Whitehaven did not appear to have resulted in disseminated learning within the department. This is something that the new CEO is aware of and has been prioritising as evidenced within the 'face to face' meetings she is now having with staff to enhance communication and develop clear lines of accountability. Historically, feedback at a local level has not been routinely provided to those reporting incidents, which could impact reporting. The Trust has now sought the support of and is working in partnership with the CCG and the TDA to develop its serious incident investigations processes. This has commenced and the initial feedback demonstrates an improving trend since the senior management changes have taken place. This needs to be supported by a change in culture around serious incidents and improved communications. It has been noted following the immediate review undertaken in partnership with the CCG and Area Team that this culture is changing.

There are reduced resources to deal adequately with the current level of complaints (14 of the 23 complaints closed in March 2013 had been open for more than 30 days), and at the listening events, members of the public highlighted a perceived lack of openness and poor communication by the Trust as a result.

Recommendations:

- Develop the serious incident investigations process, including a review of all outstanding investigations.
- Increase resources in the complaints team to ensure that all complaints are appropriately responded to within 25 working days.

Trust response

The Trust recognised the need for more transparent reporting and discussion in the Public Trust Board recognising openness with patients and families with immediate actions required. There is a need to accelerate embedding improvements across teams and concluding outstanding reviews. A review by the Area Team and CCG has been undertaken and the outcomes from this review need to be implemented.

3. Staffing shortfalls and other workforce issues across staff groups which may be compromising patient safety

Staff at both Cumberland Infirmary and West Cumberland Hospital spoke about poor nurse and medical staffing, especially out of hours. This was evidenced through a review of ward staff rotas and staffing audit charts whilst on-site, and by information provided which indicated low medical cover of some areas, for example, general and acute medicine at West Cumberland Hospital, and an over-reliance on locum appointments. The panel was provided with the report on the most recent nursing review performed by management. However, it was recognised that as this pre-dated the Francis Report it did not offer assurance that it had addressed fully the recommendations. The length of time this review has taken has seriously impacted staff morale (it was commenced before the current senior team were in place and as a consequence of several leadership changes within the organisation has been subject to multiple format changes). Given this, the Trust needs to further review its skill mix in line with patient acuity, professional judgement and ward geography, inclusion of ward managers within this review would improve morale and reflect best practice.

The high reliance on medical locums, particularly at the West Cumberland site is a major concern. At mid grade level this is particularly acute within Obstetrics and Gynaecology at West Cumberland and at Consultant level within General Medicine at West Cumberland. This has already been identified by the Trust as a risk and they are working with Northumbria Trust to help strengthen their recruitment processes and utilise the flexibility of the FT model to fast track appointments. This should also have a positive impact on financial sustainability.

Staff reported that they have not had sufficient time to complete mandatory training; this is confirmed by the low mandatory training rates set out in information supplied by management and also triangulated from the panel's observation of training records. This means that staffing shortfalls may be having a compounding effect on risks to patient safety and experience. Staff also feel that they have lost access to important face-to-face training, which they believe can be more effective than e-learning (for example in relation to fire safety). Training in other staff groups such as estates and medical engineering is lacking (no-one is qualified to undertake revalidation) and staff on some wards have reported no formal training on medical equipment. The Trust should urgently address these training shortfalls and reconsider its methods for the delivery of training.

At the Risk Summit the clinical Chair for Cumbria CCG asked the RRR panel team to comment on whether there was sufficient capacity to lead the Trust effectively. The panel felt that the capacity of the management team was a limiting factor to provide the breadth of change required. The scale of change needed was significant and this cannot happen without a clear vision. To drive this, the Trust required capacity and capability as well as external help and support to make cultural changes. A representative from the Deanery pointed out that it was difficult to provide permanent staff and reduce locums as there were insufficient junior doctors available in the wider system.

A combination of junior doctors in training and locums deliver the bulk of out of hours and acute care. Medical recruitment is a national issue in the acute clinical areas and the trust is not alone in trying to find solutions to this problem. However, if there are inadequate numbers of senior medical staff to supervise juniors safely this will prevent training continuing. The trust has made progress in this area and continues its recruitment.

Recommendations:

- Staffing arrangements in the Trust should be urgently reviewed to ensure they meet minimum standards. Any review should be concluded rapidly to minimize the impact on staff morale.
- Staff should be allowed time to complete mandatory training.
- Mandatory training programmes should be revisited to include a face-to-face element where appropriate.

3. Staffing shortfalls and other workforce issues across staff groups which may be compromising patient safety

Trust response

Support had been provided by the TDA Director of Nursing and Medical Director to review staffing which would be completed by 1 July 2013. The Trust commented on the need to consider nursing and medical staffing together but needs to set out a clear clinical strategy before it can undertake long term workforce planning. The Trust needs continued support from the CCG/AT to implement Care Closer to Home and to review the sustainability of small specialist teams e.g., radiotherapy. Support is also required for faster implementation of care bundles from the TDA.

The Trust stated it would continue to embed a culture of training and development as core business/appraisal. Every manager is to have a structured timetable to release staff for training. Additional face to face training is to be supported by a Fire Officer and Resuscitation officer.

4. Lack of support for staff and effective, honest communication from middle and senior management level

Senior and middle management need to drive openness and support. Whilst there is evidence that this is being introduced by the new CEO, discussions with staff and patient stories suggest that they do not feel supported, and in many cases provided evidence of feeling intimidated and bullied; nor do they seem to be receiving effective communication. Evidence suggests that staff who were favoured are treated as elite, whilst on the other hand there were three allegations of potential racism.

During the review, there was evidence of excellent staff communication around moving trauma, vascular and elective orthopaedics.

Several members of staff expressed fear about speaking openly about issues or being seen talking to the Keogh review team by their line managers. Nurses confirmed that they are struggling to escalate acute staffing shortfalls – a number of staff reported that they were directed by the middle-management team to find staff themselves to close the gaps, but this meant that more time was taken away from patient care. The introduction of a 'bench' of staff to be accessed by wards and departments who require urgent access was noted as good practice, but staff expressed that in some areas these had 'been swallowed up'. The CEO had 'unblocked' nursing vacancies since her appointment, but the full impact of this had not yet been felt due to delays in appropriate staff applying and recruitment processes (i.e. CRB check). Communication between all levels of staff should be improved and the Trust should explore other opportunities in this regard.

Although staff recognise the potential benefits of the impending acquisition by Northumbria, the panel members detected some "scepticism" around it delivering the changes required and recognising the "good" in North Cumbria, and it will be extremely important not to let staff feel disengaged and disempowered in the process. Due consideration should be given to different models and ways of working to deliver the breadth and pace of change required, whether the Northumbria way or an alternative. A number of staff and patients sought assurance that acquisition would not compromise the service provided by the Newcastle teaching hospitals for tertiary level care.

At the risk summit, Cumbria CCG commented they had seen positive changes in openness from the Trust and it continued to support the acquisition by Northumbria Healthcare NHS FT. The Chief Executive of Northumbria Healthcare NHS FT stated that it remained committed to the acquisition.

Recommendations:

- Increased emphasis on an open, honest and supportive culture throughout the Trust.
- Introduce a development programme for senior and middle management.

Trust response

The Trust stated it would consolidate the Clinical Business Unit structure with a focus on the middle management tier and the organisational development plan approved by the Trust Board in March 2013 will be started immediately. A key focus of the Trust will be to continue to empower staff and devolve the resources to enable them to act. In terms of engaging and respecting staff the Trust would ensure consistent application of MHPS and have a zero tolerance of inappropriate behaviour. External support would be provided to individuals and teams.

5. Failure in governance to ensure adequate maintenance of the estate and equipment

Governance processes have failed to identify significant shortcomings in the assessment and maintenance of the estate and equipment. Despite requests, no evidence could be provided to show that ventilation systems in theatres had been inspected, audited, and risk assessed; no action plans were available to show mitigating actions. Specifically, the Trust failed to respond to a report that its ultra-clean ventilation (UCV) theatres at the Whitehaven site were not meeting relevant standards, and could not provide evidence that other operating theatres had been adequately tested. Validation and verification reports for recent years were requested but were not available and without these no assurance can be provided of the environmental compliance for these areas. An urgent external review of the estates department is required to ascertain their competence and capability, and ensure that medical equipment maintenance is appropriately prioritised and undertaken. There was no evidence that this issue had been escalated for inclusion on the corporate risk register and did not feature in the BAF.

There was limited assurance provided in respect of water management by the estates department; any external review should incorporate a specific review into the current arrangements. The Trust would benefit from a full statutory compliance review and this is strongly advised.

The panel members saw medical equipment that was labelled as being beyond its servicing date on several wards at Cumberland Infirmary, and concerns that service stickers are put on equipment throughout the Trust when servicing has not taken place were raised by a small number of staff and estates engineers. The extent of these issues needs to be investigated by the Trust. There are concerns that over 1,000 maintenance requests were outstanding and a list of prioritised backlog maintenance was requested by the panel. Senior staff in theatres at Cumberland Infirmary and West Cumberland Hospital were unaware of the planned preventative maintenance programme for theatres. The panel were told of ongoing issues in trying to contact the estates department when equipment fails in theatre. The review team noted the medical equipment register and whilst this appeared comprehensive, there appeared to be a lack of risk based maintenance, as a significant number of devices classified as high risk were outside their normally prescribed maintenance periods. Accordingly, the external review of estates should include a review of medical device management to ensure compliance with relevant Medical Device Directive (MDD) standards.

Whilst the panel were informed there is a deep cleaning team in place, including a rapid response team it was acknowledged within the estates team that this was not time-tabled as a rolling programme. There was both ingrained dirt and dust on surfaces in the wards visited at the Whitehaven site. Hydrogen Peroxide Vapour (HPV) Fogging (a common method of deep cleaning) was not being used in a structured and coordinated way. Whilst we acknowledge that there is currently a redevelopment programme underway at the site, there are compromised surfaces which could negatively impact on the prevention and control of infection.

The review panel were not assured in respect of the Trust's decontamination practice. Whilst there was some evidence of acceptable practice in endoscopy, the validation and verification documentation in respect of the endoscopy AER's were not provided, prior reports were also requested but were not forthcoming. The copies of the accreditation certifications for the SSD were requested and were not forthcoming, as were the validation documentation for the sterilisers and the surgical instrument washer disinfectors, these were not provided.

The Trust must undertake an urgent review of its compliance status for the SSD and endoscopy, and set this against the CFPP 01- 01 and CFPP 01 -06 standards respectively, the Director of Infection Prevention and Control (DIPC) should be fully engaged in this process.

The governance and assurance arrangements for decontamination should be reviewed, these should form an integral part of the infection control committee agenda in the future.

5. Failure in governance to ensure adequate maintenance of the estate and equipment

Immediate action to address non-compliant theatres, including temporary closure, was taken by the Trust during the review and the review team asked that the Trust urgently gain assurance of the safety of all other theatres. It is recommended that a further review is performed by a specialist decontamination expert, and that a formal, annual deep-clean programme is implemented. An independent review of estates, including equipment maintenance, needs to be performed to identify the significant gaps in this area.

Recommendations:

- Urgent review of the estates department to ascertain competence and capability, including an assessment of current arrangements relating to water management and equipment maintenance.
- Independent assessment of all theatres for compliance with relevant standards.
- Urgent review of the Trust's compliance status for the SSD and endoscopy, involving the DIPIC.
- Governance arrangements for decontamination should be reviewed, and form an integral part of the Infection Control Committee agenda.
- Implement a formal, annual deep clean programme.

Trust response

Immediate action had been taken to appoint an interim Director and Deputy Director of Estates and Facilities sourced from Northumbria Hospitals NHS FT. Nine key HTMs has been risk assessed and externally validated. Most immediate was the operating theatres and external validation for the rest would be completed by the end of June 2013. Action plans and source of funding had yet to be confirmed.

The Trust stated systems for equipment are being urgently reviewed to confirm they are safe and investment for an additional post had been approved and in post to cover P1 items. Cover for P2 and P3 equipment would require further investment. A replacement programme for Carlisle Infirmary had been built into the LTFM and the West Cumberland Hospital redevelopment plan.

The Trust also stated the capability and capacity of the estates team would be assessed using an external agency.

6. Significant weaknesses in infection control practices

Improvements to the governance and implementation of infection control have recently been made or are planned, for example, the Chief Executive has taken on the role of Chair of the Infection Control Committee and there had been a recent change in DIPC. Cleaning products are under review. However, governance improvements have not yet had the chance to demonstrate a full impact regarding the poor practices observed whilst at both hospitals (in addition to those relating to maintenance mentioned above).

These included weaknesses in content, knowledge and compliance of the antibiotic prescribing policy, cluttered wards which would be difficult to keep clean at both sites, medical staff who were not bare below the elbows and junior doctors unfamiliar with Aseptic Non Touch Technique (ANTT) training, unreliable hand hygiene audit results which were not understood by staff, and beds that are too proximate in wards at the Carlisle site, especially the stroke unit Elm A. There is a need to further review the antibiotic prescribing guidelines to minimise the risks of further cases of *C. difficile* and to ensure that there is clinical agreement to, and compliance with these guidelines.

A review of infection control practices, including a further review of the antibiotic policy, should be undertaken and a more multi-disciplinary approach needs to be adopted with more involvement from estates and buy-in from all staff across the Trust. The Trust needs to urgently declutter its wards. Whilst on-site, the review team recommended to management that all drug storage should be fully secured as we found examples of unlocked drug fridges. Additionally, the review team found drug fridges that contained food and drink. Security of drugs needs to be audited frequently in line with latest national guidance.

Recommendations:

- A review of infection control practices including the infection control policy, implementation, governance and audits.
- Adopt a more multi-disciplinary approach to infection control, including more involvement from Estates.
- De-clutter wards to allow better cleaning and an improved patient environment.
- Urgently secure all drug fridges, and ensure food and drink are stored separately from drugs. A regular audit programme should be introduced to monitor this.

Trust response

The Trust recognised that there are significant weaknesses in infection control and had already implemented a number of measures, including the Trust Chief Executive chairing the new Infection Prevention and Control Committee. The Trust Chief Executive commented that this is everyone's responsibility throughout the Trust and a service development plan had been approved by the Board to aid this. This included urgent implementation of best practice, i.e., deep cleaning which had been signed off last week and every ward now had a schedule, HPV, cleaning products, antibiotic compliance and root cause analysis by the consultant and ward manager.

The Trust recognised a robust real time performance management system is required and would require support here.

3. Risk Summit Action Plan

Introduction

All attendees agreed that the RRR report accurately reflects the current position of the Trust and there was no new information attendees felt the Panel should be aware of.

The following section provides a summary of the discussion and actions agreed at the Risk Summit. The discussion and action plan focused on six key issues identified by the panel and the eight priority actions for the Trust and these are documented in more detail in the following table.

Action Plan

Key Issue	Agreed Action & support required	Owner	Timescale
1. Inadequate governance, and pace and focus of change to improve overall safety and experience of patients	<p>Priority Actions</p> <ol style="list-style-type: none"> 1. Full review of the Trust's corporate risk, BAF, and quality governance plans, to include: <ol style="list-style-type: none"> a. consolidation of key risks at a corporate level; b. clinical business unit level . 2. To review leadership capability and develop formal organisational development plan for all staff, to include: <ol style="list-style-type: none"> a. review of the leadership structure to ensure that the capability and capacity gaps are filled; b. Implementation of a formal programme of organisational development and support for management staff; c. Implementation of appropriate performance management system. <p>Support Required</p> <ul style="list-style-type: none"> • CQC to provide independent review of appropriate CQC outcomes to verify full compliance. • TDA to complete the review of the Executive Leadership. • Development of Organisational Development Plan in conjunction with Northumbria Healthcare NHS Trust, NHS Institute, Health Education England, Kings Fund and Monitor. • Northumbria Healthcare NHS Trust to confirm capacity to implement a system for Board to Ward performance management. 	Interim Chief Executive Officer, North Cumbria University Hospitals NHS Trust	31 July 2013
		Interim Chief Executive Officer, North Cumbria University Hospitals NHS Trust	31 July 2013

Key Issue	Agreed Action & support required	Owner	Timescale
<p>4. Lack of support for staff and effective, honest communication from a middle and senior management level</p>	<p>Priority Actions</p> <p>6. Promotion of a more supportive and open culture, to include:</p> <ol style="list-style-type: none"> An increased emphasis on an open, honest and supportive culture throughout the Trust. Introduction of a development programme for senior and middle management. Implement Organisational Development Plan <p>Support Required</p> <ul style="list-style-type: none"> CCG/AT to agree Quality Standards. NE Leadership Academy to support senior clinical leaders and develop individuals into high performing teams. Northumbria Healthcare NHS Trust to work in partnership on the consistent application of professional standards to address concerns raised regarding individual and team relationships e.g., bullying allegations. 	<p>Interim Chief Executive Officer, North Cumbria University Hospitals NHS Trust</p>	<p>30 September 2013</p>
<p>5. Failure in governance to ensure adequate maintenance of the estate and equipment</p>	<p>Priority Actions</p> <p>7. Review of estates capability and capacity, to include:</p> <ol style="list-style-type: none"> an urgent review of the estates department to ascertain competence and capability, including, an assessment of current arrangements relating to water management and equipment maintenance. an independent assessment of all theatres for compliance with relevant standards. an urgent review of the Trust's compliance status for the SSD and endoscopy, involving the DIPC. governance arrangements for decontamination should be reviewed, and form an integral part of the Infection Control Committee agenda. implement a formal, annual deep clean programme. <p>Support Required</p> <ul style="list-style-type: none"> TDA to approve action plans prepared by the Trust in response to the issues raised, including, external validation of all equipment. 	<p>Interim Director of Estates and Facilities North Cumbria University Hospitals NHS Trust</p>	<p>Majority of actions already commenced and TDA sign off of action plans before September 2013.</p>
<p>6. Significant weaknesses in infection control practices</p>	<p>Priority Actions</p> <p>8. Review infection and control policies and practices with full organisational ownership, to include:</p> <ol style="list-style-type: none"> A review of infection control practices including the infection control policy, implementation, governance and audits. Adopt a more multi-disciplinary approach to infection control, including more involvement from Estates, De-clutter wards to allow better cleaning and an improved patient environment. 	<p>Acting Director of Nursing, North Cumbria University Hospitals NHS Trust</p>	<p>31 July 2013</p>

Key Issue	Agreed Action & support required	Owner	Timescale
	<p>d. Urgently secure all drug fridges, and ensure food and drink are stored separately from drugs. A regular audit programme should be introduced to monitor this.</p> <p>Support Required</p> <ul style="list-style-type: none"> • TDA infection control team to provide external support on best practice and assess progress. • Northumbria Healthcare NHS Trust supporting the delivery of a robust real time performance management system for the full range of compliance standards. 		

Other areas of discussion

The Risk Summit Chair sought and received affirmation from all the Risk Summit members that the eight actions detailed in the table above were the priority actions that the Trust should address urgently. Whilst some of these actions would take longer to address entirely, the urgency in respect of staffing levels, infection control procedures and estates management was agreed and immediate action was required. Discussions took place over the need for a more detailed plan with a focus on measurable outcomes to be provided by the Trust with support from the TDA within seven days of report publication i.e., 26 June 2013 and circulated to all Risk Summit members. This needs to address each issue within the RRR report and to identify the additional support required to deliver the plan. If the panel feel that this does not adequately address all concerns, the planned Risk Summit due to be held in September 2013 may be brought forward.

The TDA will assist the Trust with the actions highlighted by the RRR team and would work with local commissioners and the Trust giving urgent priority to a plan to develop high quality and sustainable leadership. CQC commented that they had recently conducted unannounced inspections and had published a report for Cumberland Infirmary in Carlisle and a report for West Cumberland Hospital is being finalised. CQC had been pleased to be part of the review process and had already sought early assurance on a number of the priority issues. CQC will continue to monitor the situation very closely and will not hesitate to take regulatory action as required, maintaining a proportionate approach should an improving trajectory be established.

The AT requested that all organisations need to ensure they attend the Quality Surveillance Group in order to monitor and provide support in the delivery of good quality care. This is a whole health economy approach and will only be achieved by these organisations working together.

Final comments focused on the need for changes in the way services are organised and configured across North Cumbria with the arrangements for Gastro-intestinal Haemorrhage quoted by way of example. The Trust stated its commitment to clinical networks and relationships with others, particularly tertiary service providing organisations. There was commitment to engage fully with its patients and public to explain why changes would be needed to the way some specialties and services were organised. Planning for the whole Cumbria Health System also needed to reflect its unique characteristics and NHS England would consider how support for this, as well as the systemic issues of service configuration, recruitment and retention of clinical staff, could be addressed to ensure sustainable service delivery in future.

Appendices

Appendix I: Risk Summit Attendees

Organisation	Role and Name
NHS England	Richard Barker, Chief Operating Officer (Chair)
NHS England	Gill Harris, Chief Nurse, North (Chair of RRR Panel)
RRR Panel Member	John Develing, Regional Director of Operations and Delivery (North)
RRR Panel Member	Jackie Wilkinson, Lay Representative
RRR Panel Member	Sue Crutchley, Lay Representative
RRR Panel Member	Paul Curley, Consultant, Mid-Yorkshire NHS Hospitals
RRR Panel Member	Lynn Lord, CQC Inspector and review team member
North Cumbria University NHS Hospitals	Ian Gordon, Chair
North Cumbria University NHS Hospitals	Ann Farrar, Chief Executive
North Cumbria University NHS Hospitals	Jeremy Rushmer, Interim Medical Director
North Cumbria University NHS Hospitals	Chris Platton, Acting Director of Nursing
NHS England	Mike Bewick, Chief Medical Officer (North)
NHS England	Caroline Radford
NHS England	Khaleeda Zeheer (Recorder)
Monitor	Alistair Glen
CQC	Malcolm Bower Brown, CQC Regional Director – North
CQC	Bev Cole, CQC Compliance Manager, Cumbria
CQC	Ann Ford, CQC Head of Regional Compliance – North West
Cumbria CCG	Hugh Reeve (Clinical Chair)
Cumbria CCG	David Rodgers (Deputy Clinical Chair)

Organisation	Role and Name
Cumbria CCG	Caroline Rea (Network Director)
Cumbria CCG	Nigel Maguire (Chief Operating Officer)
GMC	Helen Dolan
Health Watch	Janet Thomson
Northumbria Healthcare NHS FT	Jim MacKey (Chief Executive)
Area Team	John Lawlor
Area Team	Mike Prentice
Area Team	Moira Angel
NHS Trust Development Authority	Yasmin Chaudhry
NHS Trust Development Authority	Maureen Choong
Health Education North east	Nmaita Kumar, Postgraduate Dean
Health Education England	Robert Sumpter
PwC	Mark Wood, Independent Moderator
PwC	Sally Basset, Quality Governance Director
PwC	Rob Halewood, Programme Manager

