

Final enforcement undertakings for North Cumbria University Hospitals NHS Trust

The following undertakings have been approved by the legal department and reviewed by the trust.

NHS TRUST:

North Cumbria University Hospitals NHS Trust
The Cumberland Infirmary
Newtown Road
Carlisle
Cumbria
CA2 7HY

DECISION:

On the basis of the grounds set out below and pursuant to the powers exercisable by NHS Improvement under or by virtue of the National Health Service Act 2006 and the TDA Directions, NHS Improvement has decided to accept undertakings from the Trust.

DEFINITIONS:

In this document:

“the conditions of the Licence” means the conditions of the licence issued by Monitor under Chapter 3 of Part 3 of the Health and Social Care Act 2012 in respect of which NHS Improvement has deemed it appropriate for NHS trusts to comply with equivalent conditions, pursuant to paragraph 6(c) of the TDA Directions;

“NHS Improvement” means the National Health Service Trust Development Authority;

“TDA Directions” means the National Health Service Trust Development Authority Directions and Revocations and the Revocation of the Imperial College Healthcare National Health Service Trust Directions 2016.

GROUND:

1. The Trust

The Trust is an NHS trust all or most of whose hospitals, facilities and establishments are situated in England.

2. Issues and need for action

2.1. NHS Improvement has reasonable grounds to suspect that the Trust has provided and is providing health services for the purposes of the health service in England while failing to comply with the following conditions of the Licence: FT4(5)(a) and (c).

2.2. In particular:

2.2.1. Following an inspection in December 2016 the Care Quality Commission (“CQC”) rated the Trust as ‘requires improvement’ overall. The Trust was also rated as ‘requires improvement’ in the Safe, Responsive and Well-led domains. CQC’s report dated 29th March 2017 set out a range of actions that the Trust was required to take in order to improve.

2.2.2. The CQC highlighted concerns regarding the staff levels at the Trust. Specifically the report requires the trust to:

- 2.2.2.1. ensure that sufficient numbers of suitably qualified, competent, skilled and experienced persons are deployed across all divisional wards in the Medicine Division;
- 2.2.2.2. review staffing levels, out of hours consultation paediatric cover and surgical cover in the Maternity and Gynaecology Division to ensure they meet the Royal College of Obstetricians and Gynaecologists (RCOG) guidelines; and
- 2.2.2.3. ensure nurse staffing levels in the Special Care Baby Unit (SCBU) adhere to establishment and meet recognised national standards.

2.2.3. Although overall the CQC found that the trust had made significant improvements since the last inspection it also found evidence of deterioration in certain specific areas, as follows:

- 2.2.3.1. West Cumberland Hospital, Surgery: the Safe domain moved from 'Good' to 'Requires Improvement';
- 2.2.3.2. Cumberland Infirmary, Medicine: the Well-led domain moved from 'Good' to 'Requires Improvement'; and
- 2.2.3.3. Cumberland Infirmary, Surgery: the Safe domain moved from 'Good' to 'Requires Improvement'.

2.2.4. The CQC report strongly indicates that the participation and engagement of middle management in the quality improvement programme of the Trust needs to be improved. This is evidenced by the range of 'must do's' and 'should do's' in the CQC report. Specifically the report found that the Trust should:

- 2.2.4.1. extend the scope and consistency of staff engagement;
- 2.2.4.2. ensure staff involved in change management projects are fully informed of aims / objectives and these are implemented and concluded in appropriate timeframes; and
- 2.2.4.3. ensure divisional leads and Trust leaders promote visibility when visiting wards and clinical areas.

2.3 These failings by the Trust demonstrate a failure of governance arrangements including, in particular, failure to establish and effectively implement systems or processes:

- (a) to ensure compliance with the Trust's duty to operate efficiently, economically and effectively; and
- (b) to ensure compliance with healthcare standards binding on the Trust.

2.4 Need for action:

NHS Improvement believes that the action which the Trust has undertaken to take pursuant to these undertakings, is action required to secure that the failures to comply with the relevant requirements of the conditions of the Licence do not continue or recur.

UNDERTAKINGS

NHS Improvement has agreed to accept and the Trust has agreed to give the following undertakings.

1. Quality Improvement Plan

- 1.1. The Trust will take all reasonable steps to address the concerns raised in the CQC report including carrying out the required actions in accordance with timescales to be agreed with NHS Improvement.
- 1.2. The Trust will, by a date and in a form to be agreed with NHS Improvement, develop a plan, setting out the steps it will take to comply with paragraph 1.1, and will include key milestones (the "Quality Improvement Plan").
- 1.3. The Trust will demonstrate it is able to deliver the Quality Improvement Plan and meet the key milestones, including demonstrating that it has sufficient executive capacity to deliver the plan.
- 1.4. The Quality Improvement Plan will include the establishment of a systematic programme for improving engagement of middle management staff and will establish measurable indicators of its success.
- 1.5. The Trust will keep the Quality Improvement Plan and its delivery under review. Where matters are identified which materially affect the Trust's ability to deliver the Quality Improvement Plan, the Trust will notify NHS Improvement as soon as practicable and update and resubmit the Quality Improvement Plan within a timeframe to be agreed with NHS Improvement.
- 1.6. The Trust will ensure that the delivery of the Quality Improvement Plan and other measures to improve quality and operational performance do not compromise its overall financial position. The Trust will keep the financial cost of its quality improvements under close review and will notify NHS Improvement as soon as practicable of any matters which are identified as potentially having a material impact on the Trust's overall financial position.

2. Programme management

- 2.1. The Trust will implement sufficient programme management and governance arrangements to enable delivery of these undertakings.
- 2.2. Such programme management and governance arrangements must enable the board to:
 - 2.2.1. obtain clear oversight over the process in delivering these undertakings;
 - 2.2.2. obtain an understanding of the risks to the successful achievement of the undertakings and ensure appropriate mitigation; and
 - 2.2.3. hold individuals to account for the delivery of the undertakings.

3. Meetings and reports

- 3.1. The Trust will attend meetings or, if NHS Improvement stipulates, conference calls, at such times and places, and with such attendees, as may be required by NHS Improvement.

3.2. The Trust will provide such reports in relation to the matters covered by these undertakings as NHS Improvement may require.

Any failure to comply with the above undertakings may result in NHS Improvement taking further regulatory action. This could include giving formal directions to the trust under section 8 of the National Health Service Act 2006 and paragraph 6 of the TDA Directions.

THE TRUST

Signed

Chief Executive, North Cumbria University Hospitals NHS Trust

Dated 5 July 2017

NHS IMPROVEMENT

Signed *L. Simpson*

Chair of the Regional Provider Support Group (North)

Date : 17/7/17