

# Bradford Teaching Hospitals NHS Foundation Trust

## Inspection report

Trust Headquarters  
Bradford Royal Infirmary  
Bradford  
West Yorkshire  
BD9 6RJ  
Tel: 01274542200  
www.bradfordhospitals.nhs.uk

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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

Requires improvement 

Are services safe?	Requires improvement 
Are services effective?	Requires improvement 
Are services caring?	Good 
Are services responsive?	Requires improvement 
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

Bradford Teaching Hospitals NHS Foundation Trust is an integrated trust, which provides acute and community health inpatient services. The trust serves a population of around 500,000 people from Bradford and surrounding area. The trust gained foundation status in April 2004.

Services provided at the trust are commissioned by three main clinical commissioning groups. NHS Airedale, Wharfedale and Craven CCG; NHS Bradford City CCG and NHS Bradford Districts CCG.

The acute services are provided in main two hospitals, Bradford Royal Infirmary and St Luke's Hospital. The community health inpatient services in Bradford are provided in three community hospitals; these are Westwood Park, Eccleshill and Westbourne Green.

The trust has approximately 805 beds and employs 5,028 WTE staff. Between December 2016 and November 2017 there were approximately 93,508 inpatient admissions, 519,719 outpatient attendances, 123,181 A&E attendances and 5,800 births.

The trust provides a full range of acute clinical services and community services. The trust has one emergency department, based at Bradford Royal Infirmary. This provides 24 hour seven days a week comprehensive accident and emergency service including resuscitation and high dependency unit, ambulatory care unit, dedicated paediatric service and a primary care streaming service (collocated GP unit) located next door to the department. A new clinical decision unit (CDU) opened in November 2017 and a side room in the CDU was available for the care and treatment of mental health patients when accompanied.

The medicine core service at the trust provides care and treatment for elective and acute services, as well as an out-reach dialysis service located in Skipton and a cardiology out-patient clinic in Addingham.

The Division of Surgery, Anaesthesia and diagnostics runs elective services across five hospital sites in the city of Bradford: Bradford Royal Infirmary; St Luke's Hospital; Eccleshill Hospital, Westwood Park Hospital and Shipley Hospital. The trust has five main operating theatres and 10 surgical wards. The Division provides and delivers acute, elective and day case surgery within four Directorates: The Digestive Diseases, Urology and Vascular Surgery Directorate; the Theatres & Critical Care Directorate; the Orthopaedics, Plastics & Breast Directorate; and the Head and Neck Directorate. The division is a Specialist Centre for Upper GI Cancer, Urology (including robotic surgery) and Head and Neck Cancer. Bradford Teaching Hospitals NHS Foundation Trust hosts the Yorkshire Cochlear Implant Centre and the surgical division provides services to neighbouring Trusts in Ophthalmology, ENT, Plastics, Maxillo Facial and Acute Vascular Services.

A full range of maternity services are provided at the trust and in community settings for women and families in the Bradford area. There were seven community teams providing antenatal and post-natal care and 10 specialist midwives. The trust delivered approximately 5,500 babies each year.

CQC carried out a comprehensive inspection of the trust in January 2016. We rated safe, responsive and well led as requires improvement. Effective and caring were rated as good. We rated the trust as requires improvement overall and issued requirement notices in regard to Regulation 12: Safe care and treatment; Regulation 17: Good governance and Regulation 18: Staffing. The trust put action plans in place, which have been implemented and monitored by CQC.

## Overall summary

**Our rating of this trust stayed the same since our last inspection. We rated it as Requires improvement** 



# Summary of findings

## What this trust does

Bradford Teaching Hospitals NHS Foundation Trust is an integrated trust, which provides acute and community health inpatient services. The trust serves a population of around 500,000 people from Bradford and surrounding area. The trust gained foundation status in April 2004.

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## 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 9 and 11 January 2018, we inspected the urgent and emergency, medical, surgical and maternity services provided by this trust, as part of our continual checks on the safety and quality of healthcare services.

We inspected urgent and emergency and medical services at Bradford Royal Infirmary because they were previously rated as requires improvement.

We inspected maternity services at Bradford Royal Infirmary because there were concerns that had been raised. There was intelligence to suggest concern in a number of areas.

We inspected surgery because they required improvement in safety at the last inspection and intelligence suggested areas for review.

We also inspected well-led at trust level in a separate inspection between 6 and 8 February 2018. Our comprehensive inspections of NHS trusts have shown a strong link between the overall management of a trust and the quality of its services. For that reason, all trust inspections now include an 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

# Summary of findings

## Overall trust

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

- We rated safe, effective and responsive as requires improvement and caring and well led as good.
- At this inspection, we inspected four core services and rated two of them as good and two as requires improvement overall.
- In rating the trust we took in to account the current ratings of the services we did not inspect although because we inspected and rated maternity separately from gynaecology the previous rating for the combined services was not used.
- We rated well-led for the trust overall as good and this was not an aggregation of the core service ratings for well-led.

## Are services safe?

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

- We rated safe in medicine and maternity as requires improvement. We rated safe in urgent care and surgery as good.
- Mandatory training compliance rates varied and failed to meet the trust target of 95% in a number of key topics across the four core services we inspected. Notably, the training undertaken for key competencies around the collection, storage and handling of bloods and blood transfusions.
- The proportion of staff that had completed safeguarding training was varied and although some improvement was seen in surgery we saw that most areas were below the trust target of 95%. However, safeguarding processes were in place to protect adults and children from abuse and staff we spoke with understood these and they received appropriate support from safeguarding leads.
- We found the five steps to safer surgery process was not embedded in the maternity services as the World Health Organization (WHO) checklist process was not always followed by staff. Recent WHO audit records showed there was 89% compliance. However, the WHO surgical safety checklist was consistently followed and audited in the surgical services.
- There was concern regarding the sustainability of the nurse staffing situation as there was an overall trust nurse vacancy rate of 19% and this was 18% across the medical care services; 20% in surgery and 11% in maternity and urgent care. Nursing turnover and sickness rates were also high. However, we found that shifts were covered through the use of bank and agency staff and there were appropriate numbers of staff at most times.
- We were concerned that 1:1 care during labour was only occurring 70% of the time. We saw that on labour ward, two midwives would be utilised to cover theatre in the case of an emergency caesarean section. When this occurred, it had a significant impact on the agreed establishment of eight midwives on the labour ward. The trust was in the process of recruiting an obstetric theatre team to address this.
- Midwifery staffing challenges were also affecting the role of the 'hot desk' midwife. Their role was to oversee staffing on a day to day basis, but we found that they often were caring for patients.
- Medical staffing was better than nursing. However, Maternity leave within the obstetric consultant staffing was having an effect on workload especially when no locum cover was available. This had resulted in clinics being over booked and added to the medical workload. Also the respiratory service did not have access to a specialist respiratory consultant at the weekend or during bank holidays. However cover had been risk assessed and was provided by a medical rota.
- We noted that across the trust safety thermometer data; displaying harm free care; was not publicly displayed for patients or visitors.

# Summary of findings

- The discharge lounge was not ideally located for ease of access, so patients being discharged to patient transport services needed to be collected and transported in the lift and wheeled or walked through the hospital to exit. The entrance vestibule to the discharge lounge had also been used to store large quantities of equipment and hospital beds.
- Other concerns in maternity services included, medicine fridge temperature checks that were not always recorded or actioned. The lack of a clinical pharmacy service and we noted medicines reconciliation could not be assured. We also found infection prevention and control audit data was not being completed by every area each month.

However:

- There were suitable processes for identifying and managing deteriorating patients including the use of early warning score systems.
- Records were appropriately and fully completed.
- We observed good compliance with infection prevention and control guidance including the use of personal protective equipment in most areas.
- Staff reported incidents, appropriate action was taken following investigations and learning was shared. However it should be noted that in maternity not all incidents relating to staffing challenges were reported.
- Concerns in relation to access and security to the maternity unit and the baby abduction policy being out of date were raised at the time of inspection and immediate action was taken to resolve the access issue.

## Are services effective?

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

- In medicine, the trust had been identified as an outlier for stroke mortality data and their rating was worse than the last inspection in the Sentinel Stroke National Audit Programme (SSNAP). In the 2015 - 16 Heart Failure Audit they were worse than the national average for all four of the standards relating to in-hospital care and for all of the seven standards relating to discharge. The Myocardial Ischaemia National Audit Project (MINAP) from April 2015 to March 2016 was below the national average for patients being admitted to a cardiac ward and better than average for being seen by a cardiologist. Also a lower proportion of patients were referred for angiography than the England average.
- In the emergency department, the sepsis audit indicator for antibiotic administration within 1 hour was only 16% against national average of 44%. Actions were being taken to improve compliance against the audit findings, including staff training and awareness and updated sepsis guidelines and pathways.
- The trust had a consistently higher than average number of still births compared to the regional average. The number of babies with a low birth weight at term was also higher than the regional average for five of the months between January 2017 and December 2017. Nationally recognised patient pathways were in use such as the national stillbirth care bundle however, the trust had made a decision not to use customised growth charts.
- Appraisal rates across the trust varied and did not consistently meet the trust target of 100%.
- Staff on the maternity wards used paper copies of Patient Group Directions (PGDs) which were past their date of review, rather than accessing up-to-date electronic versions.
- There were a number of corporate and local policies that were past their date for review. This had been identified at the last inspection. The trust had an action plan around local clinical guidelines and a trajectory had been set by which time all policies and guidelines would be updated by 30th July 2017.

However:

# Summary of findings

- National audit outcomes in urgent care, surgery and maternity were generally as expected or better.
- Patient reported outcomes in surgery were about the same as the England averages.
- Policies and pathways were based on guidance from the Royal Colleges' and the National Institute for Health and Care Excellence (NICE).
- The trust monitored its working scheme against NHS Services, Seven Days a Week Clinical Standards. There remained some areas where service could be improved.
- Staff worked well as part of a multidisciplinary team. Staff understood consent, mental capacity, and deprivation of liberty safeguards and received support when treating patients with mental ill health. Electronic patient records (EPR) provided up to date information and was becoming embedded since its introduction in September 2017.

## Are services caring?

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

- We rated caring as good across all four core services we inspected.
- Staff were polite, caring, compassionate and treated patients with dignity and respect. Patients spoke positively about the care they received.
- Staff involved patients and those close to them in decisions about their care and treatment and supported their emotional needs.
- Volunteers provided help and support to patients.
- Friends and family test feedback was varied across all the core services we inspected. There was a worsening picture in urgent care but a consistently high in all areas of maternity.

However,

- The response rates for the friends and family test were lower than the national average which does affect the significance of the results. The trust had plans in place to try and address this.

## Are services responsive?

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

- Despite us rating responsive as good across the four core services we inspected; the overall rating of responsive stayed the same due to the two remaining ratings for services we did not inspect as part of this inspection.
- The trust failed to meet the four hour standard between December 2016 and November 2017. From November 2017 to January 2018 the standard was not met but actual patient attendances were almost 20% above the department's contracted activity. An emergency care recovery programme plan was in place, including a manager being present 24 hours a day to facilitate performance against the four-hour standard.
- We found that although complaints were investigated and learning was shared to improve care, complaints were not always responded to in line with the timeframes of the trust's policy.

However;

- Services were planned and adapted to meet the needs of the local population. Approximately one third of Bradford's resident population is of BAME heritage and we found that the trust utilised specific service user groups to engage with the diverse local population. There was a diverse chaplaincy service which reflected the diversity of the local population. Prayer rooms and foods was provided in line with patients cultural needs.

# Summary of findings

- The acute assessment area and medical admissions unit supported the efficient flow of patients; the ambulatory care unit assigned the patient to the appropriate pathway, including step down facilities, operated hot clinics for specific specialties and to reassess patients to avoid admission.
- Emergency patients were assessed within 15 minutes of arrival during our inspection. Waiting times of patients between four and 12 hours showed a long term trend of improvement.
- The paediatric emergency department included a separate waiting area and a clinical decision unit was recently opened. The trust planned to open the maternity assessment centre 24 hours a day to improve patient access and flow.
- The medical care service had a virtual ward model that had improved the access and flow and helped to decrease avoidable hospital admissions.
- The surgery referral to treatment performance improved to bring it to a similar level to the England average. The percentage of cancelled operations at the trust where the patient was not treated within 28 days was better than the England average.
- Maternity services consistently achieved better than the regional target of 90% for antenatal booking appointments at gestation less than 13 weeks.
- Services took account of patients' individual needs, such as patients with learning disabilities or living with dementia. Specialist midwife support was available to women throughout their pregnancy.
- The emergency department's musculoskeletal clinic for active or athletic patients was an effective route to physiotherapy with short waiting times, supported by clear communication between the emergency department, physiotherapy and orthopaedics.

## Are services well-led?

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

- Although we found some areas for improvement in leadership, management and culture within some of the services we inspected, we were sufficiently assured of the trusts overall leadership, management and culture following our trust-wide well-led inspection.
- We rated well-led as good for three core services we inspected and as requires improvement for one service.
- The trust's vision and values had been shared and these were understood by staff. There was effective local leadership; staff were motivated and focused on team work.
- There was routine engagement with patients, staff, the public and local organisations to plan and manage services. There was a culture of continual improvement and research and innovation to improve the quality of its services.
- The services had systems for identifying and mitigating risks. Departmental risk registers were used to manage the local risks. However we identified risks which did not feature on the maternity departmental risk register.

However:

- Opportunities for sharing learning had not been embedded in the maternity services. For example the safety huddle. Ward meetings were not occurring regularly and were poorly attended. This was reflected in staff having limited knowledge of learning from incidents.
- We were not assured that there was timely response to audit reports and recommendations.
- Policies and guidance documents were out of their review date in the maternity and medical care services. This was also identified during our previous inspection.

# Summary of findings

## 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 all four core services we inspected. These related to staff networking and involvement in regional initiatives; new safety initiatives; innovative ways of working to keep patients at home and reducing waiting times and high level multidisciplinary working practices.

For more information, see the Outstanding practice section of this report.

## Areas for improvement

We found areas for improvement including eight breaches of legal requirements that the trust must put right. We found 41 areas 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 three requirement notices to the trust. Our action related to breaches of legal requirements in the maternity and medical care core services.

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

## 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.

## Outstanding practice

### In Urgent and Emergency services:

- The emergency department supported and encouraged continuous learning, improvement and innovation. Staff participated in research projects and recognised accreditation schemes and the department used both standard and innovative tools and methods to support the development of staff skills.
- The emergency department held regular simulation-based training to support lessons learnt from challenging cases that were highlighted to the department from complaints or serious untoward incidents.
- The department's musculoskeletal clinic for active or athletic patients was an effective route to physiotherapy with short waiting times, supported by clear communication between the emergency department, physiotherapy and orthopaedics. Referral times from the emergency department to the clinic and from the clinic to obtaining a scan were significantly shortened. Patient satisfaction was high.



# Summary of findings

- The ambulatory care assessment unit held a series of “hot clinics” for specific specialties throughout the week, which included: stroke; respiratory; neuro medicine; gastro; renal; and infectious diseases. The unit also held a hot clinic to reassess patients to avoid admission.
- The clinical emergency medicine application for mobile devices recently implemented in the department as a reporting tool provided an online situation report linked to electronic action cards for key operational medical and nursing staff and provided live updates. The application enabled key performance information to be shared by senior medical and nursing staff and supported staff members in responding quickly to mitigate identified risks to patients.

## **In Medical Care services:**

- The service had an outstanding approach to multidisciplinary working. Staff described effective working relationships between consultants, doctors, nurses, health care assistants and allied health professional staff. We observed several meetings that incorporated staff from a variety of disciplines and their communication and approach to patient care was excellent. The division had integrated the therapies directorate in to its structure and it showed how positive and progressive the working relationships were with this staff group.
- The virtual ward was the winner of the ‘Improving Value in the Care of Frail Older Patients’ award at the HSJ Value in Healthcare Awards 2017. The virtual ward had positively impacted on access and flow at the trust, and had reduced the number of avoidable hospital admissions. Step up and step down pathways were in place with a robust referral criteria and governance framework.

## **In Surgery services:**

- The service ensured the right patient gets the right operation by adding a green wrist-band at the time of consent. This is then cross-checked in the anaesthetic room.
- The service developed a ‘Standard Operating Procedure for full capacity’ protocol to manage the conversion to non-elective beds on the day case unit.
- The service developed paperless radiology reports through care records integrated with the theatre and ophthalmology systems.
- The service developed a virtual acute surgical ward to manage patients with specific conditions in surgery (such as abscesses or uncomplicated biliary colic) at home while they await their procedure.
- The Introduction of a ‘Fragility Nurse Service’ and joint care model with a surgeon and geriatrician has contributed significantly to the being fifth in the country for fracture neck of femur outcomes.
- The service developed the Bradford Macula Centre, a dedicated service which has reduced the waiting list for macular patients.

## **In Maternity services:**

- The safeguarding midwife had helped set up the Yorkshire and Humber named midwives forum to address isolation for midwives in these specialist roles, and share good practice.

## 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 the quality of services.

### **Action the trust MUST take to improve**

# Summary of findings

We told the trust that it must take action to bring services into line with legal requirements. This action related to concerns in two of the four services we inspected.

## **In Medical care services:**

- The provider must ensure staff complete mandatory training, including safeguarding training, so they have the skills and competence to undertake their roles.
- The provider must ensure they have a robust system in place to identify policies and guidance approaching their review date.

## **In Maternity services:**

- Ensure midwifery staff are compliant with all aspects of mandatory training.
- Ensure daily checks of emergency equipment are undertaken in maternity.
- Ensure fridge temperature monitoring is in place in maternity areas and that action is taken when minimum or maximum temperatures are exceeded.
- Ensure all staff are engaged and participate in all steps of the World Health Organisation' (WHO) surgical safety checklist, and that this is consistently utilised.
- Ensure all policies and guidelines are up to date.
- Ensure all staff have undergone an annual appraisal.

## **Action the trust SHOULD take to improve**

We told the trust that it should take action either to comply with minor breaches that did not justify regulatory action, to avoid breaching a legal requirement in future, or to improve services.

## **Trust wide:**

- To improve engagement and involvement in network groups from members of trust leadership.
- To improve the experiences of junior doctors and staff with protected characteristics.
- To develop processes to measure the outcomes of mental health patients in order to identify opportunities to improve care.

## **In Urgent and Emergency services:**

- Ensure the reception layout supports the confidentiality of patients.
- Review signposting to the emergency department in the hospital is improved.
- Ensure nurse practitioner recruitment is completed so that the ambulatory care unit (ACU) is fully staffed for extended hours.
- Ensure mandatory training is facilitated so that all staff are compliant with mandatory training requirements.
- Ensure staff training and competency assessments to support the safe use of patient group directions are completed.
- Improve sepsis outcomes for the department in 2018.
- Improve unplanned re-attendance rate within seven days in 2018.
- Improve the number of patients who left the emergency department before being seen.

# Summary of findings

- Clearly present key operational performance information (particularly compliance with the 95% standard) in the emergency department.
- Ensure information for patients is available in the reception area and further information in printed form is available for patients and their carers, particularly about the support available for patients with mental ill health, dementia or learning disability.
- Improve response rates for the friends and family test for the emergency department.
- Continue to develop links with primary care services to support the department's role in health promotion and the use of joint patient pathways to avoid unnecessary referrals to the emergency department.

## **In Medical Care services:**

- The provider should take appropriate actions to improve compliance with national audits (such as the stroke, heart failure and Myocardial Ischaemia audits) in order to demonstrate effective patient outcomes.
- The provider should ensure staff record oxygen prescriptions, and reasoning for varying the prescription, consistently in the electronic patient record.
- The provider should ensure that they provide suitable premises and that potential hazards are fully risk assessed and comply with infection prevention and control guidelines, to protect public, staff and patient safety.
- The provider should ensure they can continue to have appropriate numbers of staff on duty at all times to ensure patients receive safe care and treatment.
- The provider should ensure the environment throughout the service is sufficiently adapted to provide people with care in a way that meets their needs, with a particular view on signage throughout the hospital.

## **In Surgery services:**

- Ensure the sustainability of safe nurse and medical staffing.
- Ensure mandatory training compliance rates meet trust targets and in particular the rates of completion for Mental Capacity Act and Deprivation of Liberty Safeguards training.
- Address environmental and preventative maintenance issues in theatres, specifically the condition of floors and the risk of contamination of the clean scrub area.
- Investigate the causes of the higher than expected risks of readmission for both elective and non-elective admissions when compared to the England averages.
- Investigate the reasons for cancelled operations to bring this in to line with the England average.
- Ensure the trust meets its policy that complaints should be resolved within 30 days of receipt.
- Improve the response rates for patient feedback.

## **In Maternity services:**

- Ensure that up to date Patient Group Directions (PGDs) are used in maternity.
- Improve the use of 'fresh eyes' reviews of cardiotocography (CTG) for all women during labour.
- Ensure that infection control audits are routinely undertaken in each area in maternity.
- Ensure that there is sufficient time allocated in clinic for the number of patients being seen.
- Consider making some changes to the Snowdrop suite so it is a less clinical environment.

# Summary of findings

- Consider revising the checklists for resuscitaires to include the individual checks that need to be made.
- Consider the provision of pharmacy support in midwifery.
- Consider strengthening the incident reporting of incidents related to staffing and ensure all opportunities for learning from incidents are taken.
- Consider having records of quality control checks for fetal blood gas analysers kept with the machines so staff can be assured the checks have been carried out.
- Consider looking at recording telephone contact advice calls in patient's electronic records.
- Ensure that labour ward coordinators are supernumerary at all times to ensure they can supervise staff and provide support, particularly in relation to providing 'fresh eyes' review of CTG's.
- Ensure clinical guidance for staff is clear and not contradictory particularly with regards to fetal growth monitoring.
- Ensure robust actions are in place from audits which will facilitate improvement.
- Ensure patient information leaflets are up to date.

## 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.

This was our first review of well led at the trust under our current methodology. We rated well led as good because:

- The trust board had the appropriate range of skills, knowledge and experience to perform its role. They demonstrated a clear understanding of the priorities and challenges facing the trust.
- Leadership development and succession planning processes were in place and newly appointed directors underwent formal induction and training specific to their role. The trust was compliant with the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014).
- Delayed transfers of care were consistently under 2% between October 2017 and March 2018. This was better than the national target of 3.5%. The trust had made improvements in mortality indicators since the last inspection. The Summary Hospital-level Mortality Indicator (SHMI) placed the trust in the "as expected" category with an outcome of 93 in the period July 2016 to June 2017. The Hospital standardised mortality ratio (HSMR) was 87 in the 12 months October 2016 to September 2017. This placed the Trust in the "better than expected" category.
- The trust's strategic objectives were incorporated into the clinical service strategy 2017 – 2022, which was supported by a number of other core strategic plans, strategies and framework documents. The trust involved staff, patients and key stakeholders in the development of the strategy. The strategy was aligned to local plans in the wider health and social care economy.
- There was a positive culture across the trust with a strong focus on patient safety. The strategic objectives and vision and values were cascaded across the trust and staff demonstrated the values of the organisation. Most staff felt appreciated and proud about working for the trust and within their teams.

# Summary of findings

- There was a clear governance structure that supported the escalation of information and key risks to the trust board through various committees and assurance groups. The trust had made improvements to governance arrangements following an independent review of governance in April 2017.
- There were systems in place for effective and timely risk escalation and effective systems were in place to maintain, review and update the corporate risk register and board assurance framework.
- The board had a good understanding of the current financial position and the challenges and risks to the trust. Where cost improvements were taking place there were arrangements to consider the impact on the quality of patient care and the wellbeing of patients and staff.
- The trust worked effectively and collaboratively with trusts as part of the West Yorkshire and Harrogate sustainability and transformation plan to promote good patient care improve efficiency of services.
- The trust had appointed a Freedom to Speak up Guardian and a Guardian of safe working hours. They were provided with suitable resources and support to help staff to raise concerns.
- Patient safety thermometer data was not displayed where patients and their families could view it. This did not demonstrate an open culture in regards to patient safety outcomes.
- The senior leaders developed the 'Let's Talk' process to improve engagement with staff, patients and the public. Most staff reported that the leadership team were visible and approachable.
- The information used in reporting, performance management and delivering quality care was accurate and timely. The trust launched an electronic patient record (EPR) system in 2017 that enabled staff within the trust and externally to access patient records remotely. Plans were in place to on-going issues related to productivity following the implementation of the EPR system.
- There was a focus on continuous learning and improvement at all levels in the organisation, including through appropriate use of external accreditation and participation in research.
- There were effective systems in place to report, investigate and learn from serious incidents, safeguarding incidents, complaints and patient deaths. The trust complied with the statutory and contractual Duty of Candour requirement.

However:

- There were missed opportunities for learning. For example; the training undertaken for key competencies around the collection, storage and handling of bloods and blood transfusions was low.
- The WHO surgical safety checklist was consistently followed and audited in the surgical services but in the maternity services the checklist process was not always followed.
- It was noted that the board membership did not represent the ethnicity of the local population although there was representation amongst the non-executive directors.
- We received a mixed response from the staff side committee, disability network representatives and black, asian and minority ethnic (BAME) network representatives in relation to engagement and involvement in network groups from the trust leadership.
- The trust had a strategy for promoting equality and diversity and improvements had been made in recruiting staff from a diverse background. However, staff from protected characteristic groups described instances of alleged discrimination and difficulties obtaining reasonable adjustment for disabled members of staff. The director of human resources was aware of this and actions were being put in place to improve staff experiences.

# Summary of findings

- Feedback from focus groups highlighted that junior doctors in the medical specialties did not always get the time to complete their training and development because of their on-call rota commitments. The guardian of safe working hours also reported that junior doctors in obstetrics and gynaecology specialty frequently working beyond contracted hours.
- The trust was developing an overarching mental health strategy and reported that they did not routinely audit the outcomes of mental health patients in order to identify opportunities to improve care. There were plans to improve this through the creation of a mental health working group.

## 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
Requires improvement ↔ May 2018	Requires improvement ↓ May 2018	Good ↔ May 2018	Requires improvement ↔ May 2018	Good ↑ May 2018	Requires improvement ↔ May 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
Bradford Royal Infirmary	Requires improvement ↔ May 2018	Requires improvement ↓ May 2018	Good ↔ May 2018	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018
St Luke's Hospital	Requires improvement Jun 2016	Good Jun 2016	Good Apr 2015	Requires improvement Jun 2016	Requires improvement Jun 2016	Requires improvement Jun 2016
<b>Overall trust</b>	Requires improvement ↔ May 2018	Requires improvement ↓ May 2018	Good ↔ May 2018	Requires improvement ↔ May 2018	Good ↑ May 2018	Requires improvement ↔ May 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	Requires improvement ↔ May 2018	Requires improvement ↓ May 2018	Good ↔ May 2018	Requires improvement ↔ May 2018	Good ↑ May 2018	Requires improvement ↔ May 2018
Community	Good Jun 2016	Good Jun 2016	Good Apr 2015	Good Apr 2015	Good Jun 2016	Good Jun 2016
<b>Overall trust</b>	Requires improvement ↔ May 2018	Requires improvement ↓ May 2018	Good ↔ May 2018	Requires improvement ↔ May 2018	Good ↑ May 2018	Requires improvement ↔ May 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 Bradford Royal Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good ↑ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↑ May 2018	Good ↔ May 2018	Good ↑ May 2018
Medical care (including older people's care)	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↑ May 2018	Requires improvement ↔ May 2018
Surgery	Good ↑ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018	Good ↔ May 2018
Critical care	Good Jun 2016	Good Jun 2016	Good Apr 2015	Good Jun 2016	Requires improvement Jun 2016	Good Jun 2016
Maternity	Requires improvement May 2018	Requires improvement May 2018	Good May 2018	Good May 2018	Requires improvement May 2018	Requires improvement May 2018
Services for children and young people	Requires improvement Jun 2016	Good Apr 2015	Good Apr 2015	Requires improvement Jun 2016	Good Jun 2016	Requires improvement Jun 2016
End of life care	Good Apr 2015	Good Apr 2015	Good Apr 2015	Good Jun 2016	Good Apr 2015	Good Jun 2016
Outpatients	Good Jun 2016	N/A	Good Apr 2015	Requires improvement Jun 2016	Requires improvement Jun 2016	Requires improvement Jun 2016
<b>Overall*</b>	Requires improvement ↔ May 2018	Requires improvement ↓ May 2018	Good ↔ May 2018	Requires improvement ↔ May 2018	Requires improvement ↔ May 2018	Requires improvement ↔ May 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 St Luke's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement Jun 2016	Good Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015
Outpatients	Good Jun 2016	N/A	Good Apr 2016	Requires improvement Jun 2016	Requires improvement Jun 2016	Requires improvement Jun 2016
<b>Overall*</b>	Requires improvement Jun 2016	Good Jun 2016	Good Jun 2016	Requires improvement Jun 2016	Requires improvement Jun 2016	Requires improvement Jun 2016

\*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 inpatient services	Good Jun 2016	Good Jun 2016	Good Apr 2015	Good Apr 2015	Good Jun 2016	Good Jun 2016
<b>Overall*</b>	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 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.

# Bradford Royal Infirmary

Trust Headquarters  
Bradford Royal Infirmary  
Bradford  
West Yorkshire  
BD9 6RJ  
Tel: 01274364305  
[www.bradfordhospitals.nhs.uk](http://www.bradfordhospitals.nhs.uk)

## Key facts and figures

Bradford Royal Infirmary is the larger of two main hospital sites providing acute clinical services for Bradford Teaching Hospitals NHS Foundation Trust. The hospital is based in Bradford and provides all clinical services from urgent and emergency care to maternity and services for children and young people.

The trust has over 800 beds including 60 maternity beds and 22 critical care beds at Bradford Royal Infirmary. The hospital saw over 9,000 inpatient admissions between December 2016 and November 2017. There were also over 18,000 outpatient attendances in the same period.

The hospital was inspected in October 2014 and January 2016. At the comprehensive inspection in October 2014 we found the trust was in breach of regulations relating to care and welfare of people, assessing and monitoring the quality of the service, cleanliness and infection control, safety, availability and suitability of equipment and premises, respecting and involving service users and staffing. We issued a number of notices which required the trust to develop an action plan for how they would comply with the regulations where breaches had been found.

We reviewed the trust's progress against the action plan during the follow-up inspection in January 2016. We found that there had been improvements in some of the services and this had resulted in a positive change in the overall ratings from the previous CQC inspection, notably in critical care and outpatients and diagnostic imaging. However, the ratings remained the same in accident and emergency, surgery, medicine and children's and young people's services. This was because we either did not see significant improvement from our previous inspection or because we identified new areas of concern.

At this inspection we visited medical, surgical, maternity and urgent care services and conducted a well-led review. We visited over 30 wards and clinical areas. We spoke to over 170 members of staff from all levels and reviewed over 130 patient and prescription records. We also spoke with over 100 patients or carers. We observed daily practice and before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

## Summary of services at Bradford Royal Infirmary

**Requires improvement**   

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

# Summary of findings

- The medical services were rated as requires improvement in safe and effective but good in caring, responsive and well-led. The service did not always have appropriate numbers of staff to ensure patients received safe care and treatment. However, despite the 18% overall nursing vacancy rate for medicine, the service did manage staffing well and reviewed staffing throughout the day. There is concern regarding the sustainability of the current situation as there is also a 15% nursing turnover rate and a 5% sickness rate. The service was not meeting trust targets for mandatory training completion. The service did not always have suitable premises. The trust had been identified as an outlier for stroke mortality data and they were Band D in the Sentinel Stroke National Audit Programme (SSNAP). Results for the 2015 Heart Failure Audit were worse than the England and Wales average for all of the four of the standards relating to in-hospital care and for all of the seven standards relating to discharge. The Myocardial Ischaemia National Audit Project (MINAP) from April 2015 to March 2016 was noted to be below the national average for being admitted to a cardiac ward and better than average for being seen by a cardiologist. Also a lower proportion of patients were referred for angiography than the England average. Training that staff needed to undertake for their job roles was not consistently up to date. However, staff cared for patients with compassion and treated them with dignity and respect and we saw areas of outstanding practice. The service had an outstanding approach to multidisciplinary working. Staff described effective working relationships between consultants, doctors, nurses, health care assistants and allied health professional staff.
- The maternity services were rated as requires improvement in the safe, effective and well led domain; caring and responsive were rated as good. We found some of the areas of concern had not changed from the last inspection. Mandatory training rates and compliance with the World Health Organisation (WHO) safety checklist was variable. Infection prevention and control audit data was not being consistently collected each month. We also found some concerns in relation to medicines management and midwifery staffing. Care and treatment was evidence based however we found a number of guidelines past their review date. Some patient outcome data was worse than regional averages. We were concerned over the identification of some risks to the service and the slow pace in implementing actions from audits and reviews. However, we also found that care was patient centred and compassionate and we received positive feedback from the patients and relatives we spoke with.
- In surgical services we rated all domains as good. We found that relevant staff working complied with the five steps to safer surgery process and that the WHO surgical safety checklist was consistently followed and audited. Policies and pathways were based on guidance from the Royal College of Surgeons and the National Institute for Health and Care Excellence (NICE). Staff worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide care. The trust's performance for elective and non-elective admissions relating to overall length of stay was better than the England average. Staff told us the division had strong leadership and senior managers were visible and engaged with staff.
- The urgent and emergency care services had improved overall and was rated good in all domains. The new emergency department met our previous concerns about the limitations of the previous department's facilities; the department worked closely in liaison with the acute assessment area, the medical admissions unit and the ambulatory care unit to support the efficient flow of patients. Leadership and governance of the emergency department was stable with elements of good practice and staff spoke positively about the clinical leadership of the department; medical and nursing staff at all levels were clear about their roles; the culture was positive, friendly and open with high staff morale. The vision and strategy for the emergency department was supported by the clinical services strategy for 2017 to 2022 and the department embraced the overall mission of the trust to provide the highest quality healthcare. Information was used to monitor and manage the operational performance of the department, and to measure improvement. However, the sepsis audit figure, for antibiotic administration within 1 hour, was only 16% against national average of 44%; there were staffing concerns and the introduction of the electronic patient record in September 2017 adversely affected the completion of mandatory training.
- Overall we found that care was patient centred and compassionate and we received positive feedback from the patients and relatives we spoke with.

# Summary of findings

- This demonstrates positive improvement since the last inspection but as two of the services that were not inspected on this visit had elements of requires improvement this has not allowed the hospital to raise its rating overall. The concerns in those services will continue to be monitored through our engagement programme.

# Urgent and emergency services

Good  

## Key facts and figures

The trust has one emergency department, based at Bradford Royal Infirmary. This provides 24 hour seven days a week comprehensive accident and emergency service including resuscitation and high dependency unit, ambulatory care unit, dedicated paediatric service and a primary care streaming service (collocated GP unit) located next door to the department. A new clinical decision unit (CDU) opened in November 2017 and a side room in the CDU was available for the care and treatment of mental health patients when accompanied.

A total of 135,147 patients attended the emergency department at Bradford Teaching Hospitals NHS Foundation Trust between April 2016 and March 2017; an average of 370 patients per day. For 2016-17, 25.7% of urgent and emergency care attendances resulted in an admission which was higher than the England average of 21.6%.

The emergency department at Bradford Royal Infirmary is a designated trauma unit. More severely injured patients are taken by ambulance to the nearest major trauma centre, based in Leeds.

We inspected the whole core service and looked at all five key questions. We visited the urgent and emergency care department. We spoke with 18 patients and carers and 24 staff across a range of disciplines including doctors, nurses, allied health professionals and the management team. We observed daily practice and viewed 56 patient records. Before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

## Summary of this service

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

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

- Patients were clinically streamed on arrival in the department, with the oversight of qualified nurses and triaged promptly, usually with medical input.
- Staff acted promptly to escalate their concerns when a patient's condition deteriorated, so that the patient received the most appropriate care and treatment.
- Patients consistently gave positive feedback about their experience in the emergency department. Staff provided appropriate and timely support to help patients cope emotionally with their care and treatment.
- Almost all patients were assessed with 15 minutes of arrival during our inspection, which mainly met our previous concerns that not all patients were being assessed promptly, and waiting times of patients between four and 12 hours showed a long term trend of improvement.
- An agreement with a neighbouring mental health trust provided support for patients experiencing ill mental health and we observed this multidisciplinary arrangement worked well although we did observe some delays for assessment.
- Medical and nursing staff, of all grades, were deployed in sufficient numbers to support a safe service, staff received regular appraisals and staff development opportunities were consistently well received by staff.
- The emergency department followed recognised evidence-based care and treatment guidelines and participated in national audits to enable its practice to be compared.

# Urgent and emergency services

- The emergency department had implemented electronic patient records so that the records of patients were complete, accessible, audited and met our previous concerns as to patient confidentiality.
- Staff reported incidents and applied safeguarding procedures for adults and children appropriately; Staff had an appropriate understanding of consent, mental capacity, and deprivation of liberty safeguards.
- Risks were identified, regularly reviewed and mitigation and action was taken. the department's processes and systems were reviewed through regular audit and monitored to support improvement.
- The new emergency department met our previous concerns about the limitations of the previous department's facilities; the department worked closely in liaison with the acute assessment area, the medical admissions unit and the ambulatory care unit to support the efficient flow of patients.
- Leadership and governance of the emergency department was stable with elements of good practice and staff spoke positively about the clinical leadership of the department; medical and nursing staff at all levels were clear about their roles; the culture was positive, friendly and open with high staff morale.
- The vision and strategy for the emergency department was supported by the clinical services strategy for 2017 to 2022 and the department embraced the overall mission of the trust to provide the highest quality healthcare.
- Information was used to monitor and manage the operational performance of the department, and to measure improvement.

However:

- The layout of the reception area did not support the confidentiality of patients.
- Signposting to the emergency department in the hospital needed to be improved.
- Nurse practitioner recruitment needed to be completed so that the ambulatory care unit (ACU) was fully staffed for extended hours.
- Mandatory training needed to be fully completed by all staff, including staff training and competency assessments to support the safe use of patient group directions.
- Improvements were required for sepsis outcomes for the emergency department, the unplanned re-attendance rate within seven days and to the high number of patients leaving the department before being seen.
- Some key operational performance information (particularly compliance with the 95% standard) was not presented clearly in the emergency department.
- Information for patients was not available in the reception area and further information in printed form was not available for patients and their carers, particularly about the support available for patients with mental ill health, dementia or learning disability.
- The friends and family test for the emergency department had achieved a very low response rate particularly in the last 12 months.
- The trust's policy commitment to resolve complaints within 30 days was not always being met, although recent improvements in complaint handling had been achieved.
- The links with primary care services needed to be developed further to support the emergency department's role in health promotion and the use of joint patient pathways to avoid unnecessary referrals to the emergency department.

# Urgent and emergency services

## Is the service safe?

Good  

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

- Patients were clinically streamed on arrival in the department, with the oversight of qualified nurses and triaged promptly, usually with medical input.
- The separate paediatric emergency department was staffed with paediatric emergency nurse practitioners working with paediatric medical staff.
- The ambulatory care unit operated specialty and 'hot' clinics to reduce admissions.
- Staff acted promptly to escalate their concerns when a patient's condition deteriorated, so that the patient received the most appropriate care and treatment.
- The emergency department had implemented electronic patient records so that the records of patients were complete, accessible, audited and met our previous concerns as to patient confidentiality.
- Medical and nursing staff of all grades were deployed in sufficient numbers to support a safe service despite the nursing and medical vacancy rates, turnover rates, sickness rate and unfilled bank, agency and locum shifts over the year
- Staff applied safeguarding procedures for adults and children appropriately supported by senior medical staff as designated adults' and children's safeguarding leads so that patients were safely protected from abuse. Child protection nursing staff also worked within the department.
- Staff reported incidents, appropriate action was taken following investigations and learning was shared, including through the use of in situ simulations for incidents and mortality and morbidity was included in the quality and safety agenda.
- Medicines were stored and dispensed safely and met our previous concerns as to the management and storage of medicines.
- The department was visibly clean, with audits and systems in place to control infections; consumables were readily available and equipment was clean, well-organised and fit for purpose.

However:

- The sepsis audit figure, for antibiotic administration within 1 hour, was only 16% against national average of 44%. Significant work had been undertaken to address sepsis performance including updated sepsis guidelines and pathways, staff training and awareness and the introduction of sepsis trolleys. An emergency department consultant acted as sepsis champion and had introduced sepsis simulation to support training. Sepsis outcomes for the department were due to be re-audited in February 2018.
- The reception desk barrier rail was not fit for purpose; no wheelchairs were available in the reception area; and we had some concerns about the clarity of signs to the emergency department in some areas of the hospital.
- Patient group directions had been recently transferred onto the electronic prescribing system, which mainly met our previous concerns as to the use of PGD's. Training and competency assessments were in progress to support the safe use of PGD's. Further work was required to embed the new system and to improve the governance arrangements for PGDs.



# Urgent and emergency services

- The introduction of the electronic patient record in September 2017 adversely affected the completion of mandatory training. The professional practice and development lead included compliance with mandatory training in their role, but in practice the hours allocated as available for mandatory training were limited by the availability of staff.
- In addition to medical staff, the ambulatory care unit (ACU) had one nurse practitioner in post and the department was recruiting to fill the establishment of 4.5 WTE.

## Is the service effective?

Good   

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

- The emergency department followed recognised evidence-based care and treatment guidelines which were based on National Institute for Health and Clinical Excellence (NICE) and Royal College of Emergency Medicine (RCEM) guidelines;
- The department recently implemented a clinical effectiveness tool on mobile devices which supported access to departmental guidance documents, for example a standard operating procedure for non-mobile children;
- The department participated in national audits to enable its practice to be compared and action was taken to improve areas identified from audit that were not at the required level. Results of audit showed the department was mainly above the national average;
- Medical and nursing staff received regular appraisals and staff development opportunities were consistently well received by staff. The department's lead for professional practice and development supported regular simulation-based training and in the paediatric emergency department, staff were supported with regular training in paediatric specialisms;
- Medical and nursing staff worked well together and an agreement with a neighbouring mental health trust provided support for patients experiencing ill mental health and we observed this multidisciplinary arrangement worked effectively;
- Patients who needed extra support were identified at their initial assessment and we found a number of examples of patients with extra support needs being met effectively, for example by access to the substance misuse liaison team and a homeless team was available to signpost patients that were homeless to a range of support services;
- Staff had an appropriate understanding of consent, mental capacity, and deprivation of liberty safeguards, appropriate action was taken and support was provided for the patient. Staff could seek advice about issues related to mental health from the safeguarding team, the onsite psychiatric liaison and first response teams out of hours; and
- Patients received nutrition and hydration where clinically appropriate, and pain relief was administered promptly where appropriate; this was recorded.

However:

- The national sepsis audit in 2017 showed the department was in the bottom quartile nationally. An emergency department consultant acted as sepsis champion and following the poor sepsis audit results, the sepsis guidelines for adults and children were reviewed and sepsis simulation was introduced to support training. Sepsis outcomes for the department were due to be re-audited in February 2018.

# Urgent and emergency services

- The unplanned re-attendance rate within seven days was better than the England average but was worse than the national standard of 5%. The unplanned re-attendance rate had increased in September 2017, following the implementation of the electronic patient record system. The department planned to undertake an audit in 2018 to explore the reasons for the increase.
- The ambulatory care unit (ACU) was open during weekdays but the department planned to extend ACU opening to support the evening peak of admissions in the department.
- The co-located GP service provided significant support to the department, including out of hours services. Staff identified the need to develop further the links with primary care services to support the use of joint patient pathways and to avoid unnecessary referrals to the emergency department.
- The department's role in supporting health promotion in the local community required development, linked with primary care services.

## Is the service caring?

Good   

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

- Patients consistently gave positive feedback about their experience in the emergency department. They said that staff treated them with kindness and compassion, and our observation confirmed this.
- Patients' privacy and dignity were maintained in the main department and the new emergency department facilitated this, meeting our previous concerns as to supporting patients' privacy and dignity.
- Staff provided appropriate and timely support to help patients cope emotionally with their care and treatment and understood the emotional impact of the patient's care and treatment potentially had on the patient's and their relative's overall wellbeing.
- Patients confirmed that they felt involved in decision making and medical and nursing staff shared enough information to support their decision making; we observed that staff asked if what they said had been understood by the patient and if there were further questions the patients, relatives or carers had.
- Staff sought accessible ways to communicate with patients which supported their equality and diversity, and patients' carers, advocates and representatives including family members and friends were welcomed.
- Patients were assured that information about them was treated confidentially in a way that complied with the Data Protection Act and staff supported patients to review choices about sharing their information.

However:

- The confidentiality of patients may be compromised when they first arrived in the reception area and spoke with reception staff and the nurse undertaking streaming.
- Further information in printed form was not available for patients and their carers about care and treatment for patients with mental ill health, dementia or learning disability.
- Responses to the friends and family test declined sharply in 2017; staff were aware of the need to relaunch the friends and family test and at our inspection were planning the most effective way of achieving this.

# Urgent and emergency services

## Is the service responsive?

Good  

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

- The new emergency department met our previous concerns about the limitations of the previous department's facilities in meeting the increasing demand on the service; for example the paediatric emergency department included a separate waiting area and a clinical decision unit was recently opened for patients that were likely to be discharged promptly from the hospital.
- The streaming and triage of patients was supported by nursing staff to direct patients to the most appropriate destination within the department and, supported by medical staff, facilitated patient flow; a co-located GP service provided direct access to primary care services.
- The acute assessment area and medical admissions unit supported the efficient flow of patients; the ambulatory care unit assigned the patient to the appropriate pathway, including step down facilities, operated hot clinics for specific specialties and to reassess patients to avoid admission.
- The department's musculoskeletal clinic for active or athletic patients was an effective route to physiotherapy with short waiting times, supported by clear communication between the emergency department, physiotherapy and orthopaedics.
- Almost all patients were assessed within 15 minutes of arrival during our inspection, which mainly met our previous concerns that not all patients were being assessed promptly.
- Emergency services were coordinated and made accessible to patients with different needs, including patients with protected characteristics under the Equality Act and those in vulnerable circumstances. Reasonable adjustments were made so that patients with a disability could access services on an equal basis to other patients. Patients were represented in a range of groups reflecting equality and diversity which were consulted about emergency services.
- Waiting times of patients between four and 12 hours showed a long term trend of improvement.
- The department's risk register included non-compliance with the four-hour standard. To address this risk, the department had in place an emergency care recovery programme plan linked to its hospital flow and discharge project. Actions were coordinated and key performance information monitored with the stated aim of contributing to the achievement of the 95% emergency care standard by March, 2018. The recovery programme was linked to the achievement of the hospital's winter plan. Within the emergency department a manager was present 24 hours to facilitate performance against the four-hour standard.
- NHS planning guidance and system rules affecting the 95% standard changed in February 2018, which provided for a longer timescale for the standard to be met.
- The department was not meeting the trust's policy commitment to resolve complaints within 30 days, although staff told us it had reduced formal complaints by 50% and around 2/3 of the complaints responded to within the 30 days between 1 April and 31 December 2017.

However:

- The trust breached the four hour standard continuously from December 2016 to November 2017 and in addition, from March 2017 the performance against the four hour standard was below the England average. The four hour standard was not identified as an area of concern at the last inspection. Although the standard was not met for November 2017 to January 2018 actual patient attendances were almost 20% above the department's contracted activity.

# Urgent and emergency services

- The department worked with the local mental health trust to support the timely care and treatment of patients with mental ill health but some patients waited eight to nine hours to see the psychiatric liaison nurse for mental health assessment.
- The number of patients who left the department before being seen increased sharply from August 2017. Following our inspection the department planned to undertake an immediate audit to investigate the possible reasons for the trend.

## Is the service well-led?

Good ● → ←

Our rating of well-led stayed the same. We rated it as good because:

- The well-led domain for Bradford's urgent and emergency care had been rated 'Good' since the CQC inspection in 2014 and we confirmed that well-led at emergency department level was stable with elements of good practice.
- The clinical director for the medicine division provided overall clinical leadership and oversight of the emergency department, supported by the clinical lead and head of the department. Staff spoke positively of the clinical leadership and of the management of the department.
- Medical and nursing staff at all levels were clear about their roles so that they understood what they were accountable for within the emergency department, and who they reported to.
- The vision and strategy for the emergency department was supported by the clinical services strategy for 2017 to 2022 and linked with the "we are Bradford" vision for the trust. The department embraced the overall mission of the trust to provide the highest quality healthcare.
- Staff described the culture as putting patients first and felt the culture was positive, friendly and open with high staff morale which was enhanced by genuine team work. Our observation confirmed this.
- An effective governance structure was in place in the department, with processes and systems of accountability to support the delivery of the department's strategy.
- The department's processes and systems were reviewed through regular audit and monitored to support improvement. The department followed a system of clinical audit for a range of pathways and operational situations within the department to monitor quality and action plans were in place for areas of improvement identified from audit.
- Current risks were managed, regularly reviewed and mitigation and action to be taken was recorded and monitored. The impact of potential risk was taken into account in service planning.
- Information was used to monitor and manage the operational performance of the department, and to measure improvement. Service performance measures were monitored and reported.
- Information technology systems were used effectively. For example, the clinical emergency medicine application for mobile devices provided an online situation report, an escalation module and linked to electronic action cards which provided live updates so that staff could access key operational information in real time.

However:

- The emergency department achieved only a very low response in the friends and family test and the response rate had deteriorated further within the last 12 months. We found the department was reviewing the way in which patients' views and experiences were gathered.

# Urgent and emergency services

- Performance information presented to staff was mostly robust, although some key operational information was not presented as clearly as it might be, and we discussed these areas with managers during our inspection. No information for patients was available in the reception area.

## 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.

# Medical care (including older people's care)

Requires improvement   

## Key facts and figures

Bradford Teaching Hospitals NHS Foundation Trust is an integrated trust, which provides acute and community health inpatient services. The trust serves a population of around 500,000 people from Bradford and surrounding area.

The acute services are provided in two hospitals, Bradford Royal Infirmary and St Luke's Hospital. The community health inpatient services in Bradford are provided in three community hospitals; these are Westwood Park, Eccleshill and Westbourne Green. The medicine core service at the trust provides care and treatment for elective and acute services, as well as an out-reach dialysis service located in Skipton and a cardiology out-patient clinic in Addingham.

There are a total of 724 in-patient beds. The trust employs 5,028 WTE staff.

At Bradford Royal Infirmary there are 321 beds located within 15 wards.

The trust had 49,441 medical admissions from August 2016 to July 2017. Emergency admissions accounted for 24,548 (50%), 1,514 (3%) were elective, and the remaining 23,379 (47%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 12,836 admissions
- Gastroenterology: 12,230 admissions
- Geriatric medicine: 7,375 admissions

We inspected the whole core service and looked at all five key questions. In order to make our judgements we visited 13 wards and spoke with 10 patients and 27 staff from different disciplines, including doctors, nurses, allied health professionals and health care assistants. We observed daily practice and viewed 26 sets of records. Before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

We visited Ward 1 acute medical unit (AMU); Ward 3 elderly assessment unit (EAU); Ward 4 acute medical unit (AMU); Ward 6 stroke and neurology; Ward 7 haematology; Ward 9 renal and short stay; Ward 19 discharge lounge; Ward 22 coronary care; Ward 23 respiratory; Ward 24 infectious diseases; Ward 29 elderly care; Ward 31 elderly care and the cardiac catheter lab.

## Summary of this service

Our overall rating of this service stayed the same. We rated it as requires improvement because:

- The trust had been identified as an outlier for stroke mortality data and they were Band D in the Sentinel Stroke National Audit Programme (SSNAP). The trust had investigated this and identified an issue with the data submissions. The SSNAP team were to visit the trust in early 2018.
- The trust performed worse than the England and Wales average for all of the four of the standards relating to in-hospital care in the Heart Failure Audit 2015 (published 2017). In particular, the input from specialist metric was 40% lower than the England average. The trust also performed worse than average for all of the seven standards relating to discharge.

# Medical care (including older people's care)

- The Myocardial Ischaemia National Audit Project (MINAP) showed the trust was below the national average for patients being admitted to a cardiac ward and better than average for being seen by a cardiologist. Also a lower proportion of patients were referred for angiography than the England average.
- The service was not meeting trust targets set for mandatory training completion.
- The service did not always have suitable premises.
- The service did not always have appropriate numbers of staff to ensure patients received safe care and treatment.
- The service did not always make sure staff were competent for their roles.
- The environment throughout the service was not sufficiently adapted to provide people with care in a way that met their needs.
- The service did not have a robust governance process for information management. We reviewed 14 policies and guidance documents and found that nine were out of their review date.

However:

- The service managed patient safety incidents well. Staff knew how to report incidents and gave examples of recent incidents they had reported.
- Patients' records were secure and well completed. The service used electronic patient records and staff were enthusiastic and engaged with the implementation and roll out.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff of different disciplines worked together as a team to benefit patients. Staff cared for patients with compassion and treated them with dignity and respect. Staff involved patients and those close to them in decisions about their care and treatment.
- The virtual ward model had helped to decrease avoidable hospital admissions, had been embedded well and improved access and flow.
- The divisional leadership team had a good understanding of the local demographic and their health needs. The service had a vision for the future and workable action plans developed with involvement from staff, patients, and key groups representing the local community.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not always have appropriate numbers of staff to ensure patients received safe care and treatment. Nursing shifts were downgraded and filled by health care assistants where a registered nurse was unable to be allocated to the shift. However, despite the 18% overall nursing vacancy rate for medicine, the service did manage staffing well and reviewed staffing throughout the day. However there is concern regarding the sustainability of the current situation as there is a 15% nursing turnover rate and a 5% sickness rate.
- The respiratory service did not have access to a specialist respiratory consultant at the weekend or during bank holidays. However cover had been risk assessed and was provided by a medical rota.

# Medical care (including older people's care)

- The service was not meeting trust targets for mandatory training completion. Key mandatory training areas such as fire safety, health and safety, equality and diversity, infection prevention and control and moving and handling showed low compliance across all staff groups.
- The service was not meeting trust targets for safeguarding training in five out of five courses for nursing staff and three out of four courses for medical staff.
- The service did not always have suitable premises. The discharge lounge was located on level 4 at the far side of the hospital. The ward was not located near the main entrance or on ground level, so patients being discharged to patient transport services needed to be collected and transported in the lift and wheeled or walked through the hospital to exit. The entrance vestibule to the discharge lounge had also been used to store large quantities of equipment and hospital beds.
- The service did not have a process in place to identify and action faults in the side room ventilation system on ward 31.
- The service did not always record the prescribing of oxygen and the reasoning behind this in patient records; however this was escalated to the trust and rectified immediately.

However:

- The service managed patient safety incidents well. Staff knew how to report incidents and gave examples of recent incidents they had reported.
- The service used safety monitoring results well. Staff were able to identify and respond appropriately to patients at risk of deteriorating. They used the National Early Warning Scores (NEWS) effectively and risk assessments and intentional rounding were completed appropriately.
- The service controlled infection risk well. Staff adhered to the infection control policy and used personal protective equipment (PPE), such as plastic aprons and gloves, when delivering personal care to patients.

Patients' records were secure and well completed. The service used electronic patient records and staff were enthusiastic and engaged with the implementation and roll out.

## Is the service effective?

**Requires improvement** ● → ←

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

- The trust had been identified as an outlier for stroke mortality data and they were Band D in the Sentinel Stroke National Audit Programme (SSNAP). The trust had investigated this and identified an issue with the data submissions. The SSNAP team were to visit the trust in early 2018.
- We found nine of 14 policies and guidance documents were out of their review date. This was identified as a concern during the last inspection and we did not find evidence to show that this had been addressed.
- Results for Bradford Teaching Hospitals NHS Foundation Trust in the 2015 Heart Failure Audit were worse than the England and Wales average for all of the four of the standards relating to in-hospital care. In particular, the input from specialist metric was 40% lower than the England average. The trust also performed worse than average for all of the seven standards relating to discharge.



# Medical care (including older people's care)

- All hospitals in England that treat heart attack patients submit data to Myocardial Ischaemia National Audit Project (MINAP) by hospital site (as opposed to trust). From April 2015 to March 2016, it was noted that the trust was below the national average for being admitted to a cardiac ward and better than average for being seen by a cardiologist. Also a lower proportion of patients were referred for angiography than the England average.
- The service did not always make sure staff were competent for their roles. Training that staff needed to undertake for their job roles was not consistently up to date. An example of this was the training undertaken for key competencies around the collection, storage and handling of bloods and blood transfusions.

However:

- The 2016 National Diabetes Inpatient Audit placed this site in the highest 25 per cent for that audit year.
- The Lung Cancer Audit was as in line with the national average and the National Audit of in patient falls 2017 demonstrated four areas for improvement against the aspirational standards however, the trust had a multi-disciplinary working group for falls prevention.
- Staff of different disciplines worked together as a team to benefit patients. We observed that the service had an outstanding approach to multidisciplinary working. Staff described effective working relationships between consultants, nurses and allied health professional staff.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

## 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. When patients had treatments or nursing care delivered, curtains were pulled round or doors closed. We observed a number of interactions between staff, patients and relatives. Staff were always polite, respectful and professional in their approach.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients, families and carers gave predominantly positive feedback about their care. We observed staff communicating in a way that people could understand and was appropriate and respectful.
- Staff provided emotional support to patients to minimise their distress. Patients reported that if they became upset or distressed, staff were quick to respond and give reassurance.

However:

- Two patients we spoke to felt they could have been more informed about decisions taken by staff. One patient felt that they did not get reasons around why they needed to move beds at short notice. Another patient felt they could have had more involvement in discussions around their discharge.

## Is the service responsive?

Good ● → ←

# Medical care (including older people's care)

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

- The service understood the local population and demographic. The service collaborated with a dementia charity that worked with the South Asian population, who make up a high proportion of the local demographic. The service also had seven chaplains from faiths that reflected the diversity of the local population.
- The service took account of patients' individual needs. Staff were able to give us examples of when they had treated patients with learning disabilities and there was a dementia friendly ward for patients with dementia.
- Effective working relationships within teams and external services meant the needs of patients with mental ill health were being met.
- The service had a virtual ward model that had improved the access and flow and helped to decrease avoidable hospital admissions.
- The divisional leadership team had a good understanding of the local demographic and their health needs. They understood the local health landscape and were passionate about the integration of the virtual ward in to the service and working with community partnerships.
- The service managed medical outliers effectively. Patients who were medical outliers were cohorted and managed on pre-identified host wards and were reviewed and managed by the medical team allocated to the outliers. One matron had responsibility for medical outliers and they were discussed daily.
- The service had a renewed focus on avoiding night-time transfers after 10pm. Improvement was enabled by the work undertaken by the department on patient flow. The Chief Operating Officer had oversight of the work stream.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Throughout the service the signage was confusing. This made navigating throughout the service and between different wards difficult at times.
- The environment throughout the service was not sufficiently adapted to provide people with care in a way that met their needs. However the service had plans to adapt the environment to be more person-centred, this was in its early stages at the time of our inspection.

## Is the service well-led?

Good  

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. A triumvirate of a divisional clinical director, a divisional general manager and a divisional head of nursing led the division of integrated medicine. Ward areas had a matron and nurse in charge (ward manager). Matrons provided strategic and managerial support for the wards under their responsibility. This structure provided direct nursing and medical leadership.
- The service had a vision for the future and workable action plans developed with involvement from staff, patients, and key groups representing the local community. There was a vision and strategy that was quality driven and focused on core values.

# Medical care (including older people's care)

- Managers in the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff that we spoke to felt that they were valued and respected by their peers and leaders. Many of the staff we spoke to had worked for the trust for a number of years.
- The service had an associate chief nurse for quality improvement who reported to the chief nurse. This role contributed to the governance and quality improvement measures in the division.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There was a departmental risk register, which measured the impact and likelihood of the risk and documented the controls and mitigations in place to manage the risk. This fed in to the corporate risk register so that the board were sighted on local risks.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Staff were able to access patient information using an electronic patient record system. Every member of staff we spoke to was positive and engaged with the new electronic patient record system.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. We saw particularly good examples of effective engagement around dementia care, elderly care and infection prevention and control.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. We saw examples of innovative practice, continuous learning, research projects and quality improvement.

## 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.

# Surgery

Good   

## Key facts and figures

The trust has five main operating theatres and 10 surgical wards. The Division provides and delivers acute, elective and day case surgery within four Directorates: The Digestive Diseases, Urology and Vascular Surgery Directorate; the Theatres & Critical Care Directorate; the Orthopaedics, Plastics & Breast Directorate; and the Head and Neck Directorate.

*(Source: Trust website)*

The Division of Surgery, Anaesthesia and diagnostics runs elective services across five hospital sites in the city of Bradford: Bradford Royal Infirmary; St Luke's Hospital; Eccleshill Hospital, Westwood Park Hospital and Shipley Hospital. The division has the following theatres; Modular Theatres 1-4, Theatres 5-8, Nucleus Theatres 1-4 and ENT Theatres.

The division is a Specialist Centre for Upper GI Cancer, Urology (including robotic surgery) and Head and Neck Cancer. Bradford Teaching Hospitals NHS Foundation Trust hosts the Yorkshire Cochlear Implant Centre and the surgical division provides services to neighbouring Trusts in Ophthalmology, ENT, Plastics, Maxillo Facial and Acute Vascular Services.

The trust has 233 inpatient beds with an additional six assessment trolleys.

*(Source: Routine Provider Information Request (RPIR) – Sites tab)*

The trust had 38,405 surgical admissions from August 2016 to July 2017. Emergency admissions accounted for 16,267 cases (42%), 15,793 (41%) were day cases, and the remaining 6,345 (17%) were elective.

*(Source: Hospital Episode Statistics)*

During this inspection we visited surgical wards 5 (general surgery), 8 (general surgery, male), 11 (general surgery, female), 12 (gynaecological), 14 (urology), 18 (head and neck, progressive care unit), 20 (surgical assessment unit), 25 (gastroenterology), 26 (vascular), 27 (orthopaedics, plastics and trauma) and 28 (elective orthopaedic and breast surgery).

We spoke with 56 patients and relatives and 63 members of staff. We observed care and treatment and looked at 29 care records. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

## Summary of this service

Our overall rating of this service stayed the same. We rated it as good because:

- Patients were protected from abuse because staff had received training in safeguarding, there was a lead nurse for safeguarding and staff reported good support from the psychiatric liaison team.
- Staffing numbers were reviewed regularly to ensure they were safe despite significant challenges.
- Learning was evident in discussions with staff about incidents and staff knew how to report incidents.
- The trust had ensured relevant staff working in surgery complied with the five steps to safer surgery process and that the WHO surgical safety checklist was consistently followed and audited.

# Surgery

- Policies and pathways were based on guidance from the Royal College of Surgeons and the National Institute for Health and Care Excellence (NICE).
- Enhanced recovery pathways were in place, for example for patients undergoing elective joint replacement surgery.
- Staff worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide care.
- The trust had a multi-faith chaplaincy service and bereavement service and patients confirmed staff provided emotional support. The bereavement service scored positively in recent audits.
- All wards were dementia friendly and had a wide range of resources available for people living with and caring for people with a dementia. Specialist dementia nurses were employed by the trust and access to learning disability liaison support was available.
- The trust's performance for elective and non-elective admissions relating to overall length of stay was better than the England average.
- The surgical division had a management structure in place with clear lines of responsibility and accountability; senior staff were motivated and enthusiastic about their roles and had clear direction with plans in relation to improving patient care.
- Staff told us the division had strong leadership and senior managers were visible and engaged with staff.

However:

- Although staff received mandatory training, compliance rates were variable; the rates of completion for Mental Capacity Act training and also for the completion of staff appraisals were below trust targets.
- Environmental issues were identified with floors in theatres although these were in the process of being addressed by the trust.
- The trust recognised there remained a risk of contamination of the clean scrub area during the movement of dirty instruments from theatre.
- The trust had higher than expected risks of readmission for both elective and non-elective admissions when compared to the England averages.
- The percentage of cancelled operations at the trust was higher than the England average.
- The trust had received a concern from the National Joint Registry Outlier Committee drawing attention to the mortality rate for knee replacements.
- The trust was not meeting its policy that complaints should be resolved within 30 days of receipt and took an average of 55 days to investigate and close.
- Patients described the care they received in positive terms and friends and family recommendation rates were over 90% but response rates were very low.

## Is the service safe?

Good  

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

# Surgery

- Patients were protected from abuse because staff had received training in safeguarding, there was a lead nurse for safeguarding and staff reported good support from the psychiatric liaison team.
- Patient records were mainly electronic and so were legible, detailed and signed and medicines were stored and dispensed safely.
- The trust had ensured relevant staff working in surgery complied with the five steps to safer surgery process and that the WHO surgical safety checklist was consistently followed and audited.
- The environment was accessible to wheelchair users and visibly clean and there were systems in place to control infections.
- Staff reported they had enough equipment to provide safe care. The equipment was maintained and ready to use.
- Staff made use of the electronic patient record system to record observations on patients and received alerts to take action if the patient rapidly became unwell.
- Staffing numbers were reviewed regularly to ensure they were safe, despite there being high nurse vacancy rate, turnover rate, sickness rate and a dependency on agency use. Medical staffing was less challenging.
- Learning was evident in discussions with staff about incidents and staff knew how to report incidents.

However:

- Although staff received mandatory training, compliance rates were variable and this had been impacted by the introduction of an electronic patient record system.
- Environmental issues with some floors in theatres were in the process of being addressed by the trust.
- The trust recognised there remained a risk of contamination of the clean scrub area during the movement of dirty instruments from theatre.

## Is the service effective?

Good   

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

- Policies and pathways were based on guidance from the Royal College of Surgeons and the National Institute for Health and Care Excellence (NICE).
- Enhanced recovery pathways were in place, for example for patients undergoing elective joint replacement surgery.
- Managers monitored the effectiveness of care and treatment through continuous local and national audits.
- The electronic patient record system provided up to date patient clinical information available to all members of staff.
- Staff worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide care.
- Patient outcomes were in line with England averages.

However;

- The trust had higher than expected risks of readmission for both elective and non-elective admissions when compared to the England averages.

# Surgery

- The trust had received a concern (September 2017) from the National Joint Registry (NJR) Outlier Committee drawing attention to the mortality rate for knee replacements. A senior member of clinical staff was assigned to examine and validate trust data and to carry out an audit of the mortality cases.
- The rates of completion for Mental Capacity Act training and also for the completion of staff appraisals were below trust targets.

## Is the service caring?

Good  → ←

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

- Patients described the care they received in positive terms and friends and family recommendation rates were over 90% but response rates were low.
- We saw staff deal with patients compassionately and patients were well cared for.
- When providing care, staff closed doors and drew curtains to enhance patient dignity and privacy.
- The trust had a multi-faith chaplaincy service and bereavement service and patients confirmed staff provided emotional support. The bereavement service scored positively in recent audits.
- Patients we spoke with understood about their care, and the trust told us about initiatives they had taken, for instance, to involve and understand patients with learning disabilities.

However:

- Although staff tried to engage with patients to receive their feedback, response rates to feedback requests remained lower than England averages.

## Is the service responsive?

Good  → ←

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

- Referral to treatment (RTT) within 18 weeks had been slightly below the England average but had improved to be in line with the England average from June 2017. There had been significant improvement in Trauma and Orthopaedics but General Surgery remained below the England average.
- From June 2017 onwards the trust's referral to treatment performance increased to bring it to a similar level to the England average.
- Specialist dementia nurses were employed by the trust and access to learning disability liaison support was available.
- All wards were dementia friendly and had a wide range of literature and resources available for people living with and caring for people with a dementia.
- The trust's performance for elective and non-elective admissions relating to overall length of stay was better than the England average.
- A discharge team worked with other agencies and social services to develop packages of care taking mental health needs into consideration.

# Surgery

- The percentage of cancelled operations at the trust where the patient was not treated within 28 days was better than the England average.
- The surgical services addressed the needs of different groups through leaflets in different languages, multi-faith chaplaincy, prayer rooms and foods was provided in line with their cultural needs.

However:

- The percentage of cancelled operations at the trust showed a trend of decline, and was generally higher than the England average.
- The trust was not meeting its policy that complaints should be resolved within 30 days of receipt and took an average of 55 days to investigate and close.

## Is the service well-led?

Good   

Our rating of well-led stayed the same. We rated it as good because:

- The surgical division had a management structure in place with clear lines of responsibility and accountability; senior staff were motivated and enthusiastic about their roles and had clear direction with plans in relation to improving patient care.
- All ward sisters said they were supported well by the senior management team and that members of the board were visible and regularly visited the wards.
- Staff told us the division had strong leadership and senior managers were visible and engaged with staff.
- All staff felt they received appropriate support from management to allow them to perform their roles effectively.
- There was a systematic programme of clinical and internal audit, which was used to monitor quality and systems to identify where action should be taken.

## 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.



# Maternity

Requires improvement 

## Key facts and figures

A full range of maternity services are provided at Bradford teaching Hospitals NHS Foundation trust and in community settings for women and families in the Bradford area. There were seven community teams providing antenatal and post-natal care and 10 specialist midwives. The trust delivered approximately 5,800 babies each year.

The trust had a comprehensive inspection in October 2014. All five domains were inspected in maternity and an overall rating of good was given. The safe domain was rated requires improvement, all other domains were rated as good.

A follow up inspection was done in January 2016. Within maternity only the safe domain was inspected, this remained requires improvement.

The main areas of concern from the last inspection and the areas the trust were told they must address were:

- The trust must ensure that robust arrangements are in place to ensure that policies and procedures (including local rules in diagnostics) are reviewed and updated.
- The trust must ensure that there are in operation effective governance, reporting and assurance mechanisms that provide timely information so that risks can be identified assessed and managed.
- The trust must ensure that there are alert systems in place to identify when actions are not effective and need to be reviewed.
- The trust must ensure that at all times there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance, taking into account patients' dependency levels.
- The trust must ensure all staff have completed mandatory training, role specific training and had an annual appraisal.

We also said the trust should:

- Ensure that the amount of epidural waste destroyed is recorded, in-line with best practice.
- Ensure that PAT testing of electrical equipment takes place and is recorded.
- Consider having a policy regarding the use, monitoring and security of the baby milk refrigerators.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity and we re-inspected all domains and key questions.

During this inspection we visited the labour ward, obstetric theatres and birth centre; the antenatal (M3) and post-natal ward (M4) which included the transitional care unit. We also visited the maternity assessment centre, antenatal clinic and the antenatal day unit.

We spoke with 15 patients and relatives and 46 members of staff. We observed staff delivering care, and looked at 10 patient records and 10 prescription charts. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

# Maternity

## Summary of this service

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

We rated this service as requires improvement because:

- We rated safe, effective and well led as requires improvement, caring and responsive were rated as good.
- We found some of the areas of concern had not changed from the last inspection. Mandatory training rates and compliance with the World Health Organisation (WHO) safety checklist was variable. Infection prevention and control audit data was not being consistently collected each month. We also found some concerns in relation to medicines management and midwifery staffing.
- Care and treatment was evidence based however we found a number of guidelines past their review date. Some patient outcome data was worse than regional averages.
- Care was patient centred and compassionate; we received positive feedback from the patients and relatives we spoke with.
- We found patient care to be individualised and plans were in place to improve access and flow in the department.
- We were concerned over the identification of some risks to the service and the slow pace in implementing actions from audits and reviews.

## Is the service safe?

**Requires improvement** ●

We rated it as requires improvement because:

- Overall mandatory training compliance for midwifery staff was 73% which was below the trust target of 95%. The trust failed to meet their target for 15 of the 22 courses.
- We found infection prevention and control audit data was not being completed by every area each month.
- We did not observe full team engagement with the World Health Organisation (WHO) safety checklist. The process did not seem to be embedded with all staff. This was supported by audit data from the trust.
- Midwifery staffing was a challenge, particularly when midwives from labour ward had to support in the obstetric theatres. We were also concerned that 1:1 care during labour was only occurring 70% of the time.
- Maternity leave within the obstetric consultant staffing was having an effect on workload especially when no locum cover was available. Clinics were over booked and added to the medical workload.
- The combination of records used caused some concern and most staff, both midwifery and medical, commented on how much time they spent completing records. Despite the challenges staff described, we found that records were generally clear and contained completed risk assessments and care plans.
- There was a lack of assurance that medication fridges were always at the correct temperatures. We also found some gaps in daily controlled drug checks and wastage from epidural infusions was not being recorded on labour ward.

# Maternity

- Maternity did not receive a clinical pharmacy service. In the 10 records we reviewed there was no record of whether medicines reconciliation had been completed and we found four records where the reason for omitted medications was not recorded.
- All staff were aware of how to report incidents. However we lacked assurance from speaking to staff that all incidents were reported. It was felt there were missed opportunities for sharing learning as safety huddles were not embedded. Whilst there were other processes in place for sharing learning; staffing constraints meant that most staff did not have time to attend meetings or read newsletters; consequently many were not aware of themes or actions in response to incidents. We were not assured that incidents relating to staffing were always reported due to the frequency that this occurring.
- Safety thermometer data which showed the levels of harm free care was not displayed in the areas we visited.

However:

- Staff were aware of their safeguarding responsibilities and felt experienced in his area. Safeguarding training compliance was generally good with figures for adults and children's safeguarding exceeding the trust target of 95%. Good links had been established with other agencies such as the Multi-Agency Risk Assessment Conference (MARAC) and Bradford children's safeguarding board.
- We identified concerns in relation to access and security to the maternity unit and the baby abduction policy being out of date. These concerns were raised at the time of inspection and immediate action was taken.
- We observed appropriate infection prevention and control measures including the use of personal protective equipment.
- There were robust systems in place for the escalation of clinical concerns. We found processes in place to identify patients who were deteriorating, modified early warning score (MEWS) were accurately completed and sepsis bundles used as appropriate.
- From the records we reviewed we saw they were fully completed with appropriate risk assessments and care plans and in line with national guidance.

## Is the service effective?

**Requires improvement** ●

We rated it as requires improvement because:

- Care and treatment followed evidence based practice and guidance. However we found that eight out of the 17 policies we reviewed were past their date for review.
- Nationally recognised patient pathways were in use such as the national stillbirth care bundle. The trust had made a decision not to use customised growth charts, however we found conflicting guidance in relation to this.
- Patient Group Directions (PGDs) were in use in maternity; however staff referred to paper copies kept on the wards which were past their date of review, rather than accessing up-to-date electronic versions.
- We were concerned that a 'fresh eyes' review of cardiotocography (CTG), was not routinely taking place for all women during labour. This was supported by audit data from the trust.

# Maternity

- The trust had a consistently higher than average number of still births compared to the regional average. The number of babies with a low birth weight at term was also higher than the regional average for five of the months between January 2017 and December 2017.
- The overall appraisal rate for midwifery staff was 70% against a trust target of 100%.

However:

- Pain levels were monitored and effective pain relief provided. We also found good support for women with breastfeeding.
- The number of women having elective caesarean section was below the England average. The trust also had a higher rate of non-interventional deliveries.
- We observed that patient records had evidence of good multi-disciplinary working. We observed information displayed on health promotion during and after pregnancy.
- Mental capacity training compliance rates were good and staff understood the need to gain consent and understood the relevant consent and decision making requirements. This was supported by audit data.

## Is the service caring?

**Good** ●

We rated it as good because:

- The women and their relatives we spoke with gave positive feedback. They reported staff were caring and supportive and we observed privacy and dignity being maintained.
- Friends and family test data was positive and the service performed better than other trusts for three questions in the CQC maternity survey 2017.
- Staff recognised the importance of the emotional needs of patients. Specialist midwives and chaplaincy services were available to provide additional support when required.
- From speaking with patients and their relatives and reviewing care records, we found evidence of their involvement in care planning and delivery.

## Is the service responsive?

**Good** ●

We rated it as good because:

- Services were planned to meet the needs of the diverse local population. There were examples of ways in which different groups were being involved in services to improve links with the local community.
- The service consistently achieved better than the regional target of 90% for antenatal booking appointments at gestation less than 13 weeks. Services were changing to address service demands, for example the plan to open the maternity assessment centre 24 hours a day.
- We saw evidence of individualised patient care with women able to make informed decisions. Specialist midwives helped provide support and care planning for vulnerable patients such as those with a learning disability.

# Maternity

- We were provided with examples of women being supported with their decisions over place of birth and additional care put in place to support this.
- There were a range of specialist midwives available to support women throughout their pregnancy. The service had recently established a perinatal mental health service, with the support of community psychiatric nurses and medical staff. The transitional care unit allowed mothers to stay with their baby when additional support was needed. For some women, this meant they did not have to be separated from their baby; for example, cases where baby would have otherwise been transferred to the special care baby unit.

However:

- There were no follow up facilities for baby loss outside of the maternity unit.
- We received a number of concerns from medical staff that the time allocated in clinic for the number of patients was not sufficient.
- The length of time it had taken the trust to respond to complaints was not in line with trust policy.
- We received mixed feedback from staff in relation to the use of interpreters. We were not provided with information that the potential gaps in the SANDS audit in relation to interpreters had been addressed.

## Is the service well-led?

**Requires improvement** ●

We rated it as requires improvement because:

- Not all areas of concern from the previous inspection had been addressed. In particular that of mandatory training and updating of policies.
- Whilst governance processes had strengthened, some opportunities for sharing learning had not been embedded. For example the safety huddle. Ward meetings were not occurring regularly and were poorly attended. This was reflected in staff having limited knowledge of learning from incidents.
- We identified risks which did not feature on the departmental risk register. We lacked assurance that immediate action would have been taken if it had not been highlighted by the inspection team.
- We observed the World Health Organisation' (WHO) surgical safety checklist and found the whole team were not engaged and processes not fully embedded; audit data supported this. We lacked assurance that the actions in response to audit data were robust enough to ensure improvement.
- On the days we visited the labour ward the coordinator was not in a supervisory capacity. As they were providing direct care they had limited time to provide other roles, for example providing 'fresh eyes' review of CTG's.
- We were concerned that a number of midwives fed back that they were not reporting incidents relating to care and treatment as the situation arose frequently. For example the ability to provide 1:1 care during labour.
- We were not assured that there was timely response to audit reports and recommendations.

However:

- The leadership team were committed to service improvement and clearly patient focused. We saw good local leadership.

# Maternity

- Staff were aware of the trust's vision and values and the management team were clear about plans to develop the service.
- Despite staffing challenges staff morale was good with a strong culture of team working.
- Staff engagement had improved and we were provided with several examples of how the trust was engaging with the public and vulnerable patient groups.

## 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.

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](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://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 12 HSCA (RA) Regulations 2014 Safe care and treatment

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Lorraine Bolam, Head of hospital inspections led this inspection. An executive reviewer, Gerry McSorley, Independent Chair, supported our inspection of well-led for the trust overall.

The team included a CQC inspection manager, 10 inspectors and 16 specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.