

# Airedale NHS Foundation Trust

## Inspection report

Skipton Road  
Steeton  
Keighley  
West Yorkshire  
BD20 6TD  
Tel: 01535652511  
www.airedale-trust.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?	Good 
Are services caring?	Good 
Are services responsive?	Good 
Are services well-led?	Requires improvement 
Are resources used productively?	Good 
<b>Combined quality and resource rating</b>	<b>Good</b> 

# Summary of findings

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.

## Background to the trust

The trust has approximately 324 inpatient beds located at Airedale general hospital. The trust serves a population of over 200,000 people in a large area of 700 square miles within Yorkshire and Lancashire. The area served includes areas of North Bradford and Guiseley in West Yorkshire and extends into Colne and Pendle in eastern Lancashire.

The number of whole time equivalent (WTE) staff employed by the trust as of June 2018 was 2,343 with an additional 269 WTE staff employed in a wholly owned subsidiary company (called AGH Solutions Ltd) which provides estates, facilities and procurement services.

The trust's services are commissioned mainly by the Airedale, Wharfedale and Craven, and Bradford city, and Bradford district clinical commissioning groups.

There are three care groups;

- Integrated care (see below)
- Surgery
- Women and Children (which includes maternity).

Integrated care includes:

- Emergency department
- Acute assessment unit
- Ambulatory care
- Adult medicine
- Care of the elderly
- Palliative care
- Community services
- Therapies
- Pharmacy

The trust has a strategic clinical partnership with a neighbouring NHS foundation trust, which supports Airedale in providing sustainable services with stroke care, ENT services, ophthalmology, oral surgery, and orthodontics. There is also a strategic clinical partnership with a large teaching hospitals NHS trust, which provides support in a number of paediatric services.

The trust is a partner in a limited liability partnership (LLP- known as 'Immedicare') to provide telemedicine services, delivering 24 hour clinical care from specialist nurses and doctors directly into nursing and residential care homes. The trust also provides telehealth services to 37 prisons across England. (Telehealth is a term used to describe technology to support remote health monitoring, and to deliver services to patients in another location).

# Summary of findings

The trust is also a partner in another LLP with a local NHS trust providing pathology services to both trusts. The trust established a wholly owned subsidiary in March 2018 to provide estates, procurement and facilities services to the trust.

The previous chief executive retired and the new chief executive was appointed in June 2018. It is their first chief executive position. They were previously the executive director of nursing and deputy chief executive at a neighbouring trust. The new chief executive also had a system leadership role for the local health and care partnership across Airedale, Wharfedale, and Craven; this was one of seven underpinning partnerships for the West Yorkshire and Harrogate health and care partnership.

## Overall summary

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



## What this trust does

The trust's acute services are provided at Airedale general hospital; some of its community services are also provided or based there. Two of the trust's community adult's services, the Craven collaborative care team and Craven virtual ward, are based at Skipton hospital as are a number of other services including therapy services and community midwives. Skipton hospital also hosted services provided by other health care providers.

Castleberg hospital, at Giggleswick, near Settle, is registered as a separate location to provide the following regulated activities:

- Diagnostic and screening procedures;
- Nursing care;
- Treatment of disease, disorder or injury.

Castleberg hospital was closed temporarily in April 2017 on patient safety grounds. In May 2018, the clinical commissioning group (CCG) announced the re-opening of Castleberg hospital during 2019.

The trust provides the following acute services;

- Critical care
- Diagnostic imaging
- End of life care
- Gynaecology
- Maternity
- Medical care
- Outpatients
- Services for children and young people
- Surgery
- Urgent and emergency care

The following community services were also provided;

# Summary of findings

- Airedale collaborative care team
- Community adults
- Community midwives
- Continence services
- Craven collaborative care team
- Craven virtual ward
- Phlebotomy
- Physiotherapy
- Speech and language therapy

## 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 13 November and 22 November 2018 we carried out an unannounced inspection of urgent and emergency care, medical care (including older people's care), surgical services, critical care, and diagnostic imaging provided by this trust at Airedale general hospital. We inspected these services because they were either rated as requires improvement at our last inspection, or had given us concern through our monitoring processes.

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, all trust inspections now include inspection of the well-led key question at the trust level. Our findings are in the section headed "is this organisation well-led?" We carried out the unannounced well led inspection between 18 and 21 December 2018.

## What we found

### Overall trust

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

We rated urgent and emergency care, and surgery as requires improvement. We rated medicine, critical care, and diagnostic imaging as good.

# Summary of findings

- We had concerns about nurse and medical staffing. There were high numbers of unfilled shifts for registered nurses in some clinical areas. Staff told us they gave medications late and completed poor or infrequent documentation as a result of poor staffing. Completion of paediatric sepsis pathway documentation was poor.
- We found that some concerns highlighted following our last inspections in 2016 and 2017 had not been addressed despite us telling the trust they must make improvements. Use of the World Health Organisation (WHO) checklist was not embedded and the environment in a theatres area was not compliant with national standards related to airflow.
- There were gaps in medical cover in the emergency department and the trust was not compliant with national standards for the out of hours medical cover in the critical care unit. We had raised concerns about out of hours medical cover in 2016 and 2017.
- Risk assessments were not always completed or reviewed. Patients were not always assessed for delirium in line with best practice. Risks that threatened the delivery of safe and effective care were not always identified promptly. For example, ward staff did not consistently report the impact of suboptimal staffing levels on patient care. This had been a concern at our previous inspection.
- Staff did not always recognise, report or record incidents and not all incidents were effectively investigated. This meant opportunity for learning from incidents was missed. We were not assured systems to communicate lessons learned from serious incidents and never events to all staff were always effective
- We had concerns about the assessment and management of patients with mental health needs. Patients waited several hours in the emergency department to be assessed, and the gaps in out of hours mental health liaison meant patients who had arrived during the night were often still waiting the next morning.
- In some areas, there was poor compliance with the trust's infection prevention and control policy; this included staff not adhering to the uniform policy and there was an inconsistent approach to labelling of clean equipment. Some environments, particularly the walls and fixtures on two surgical wards were in poor order; they required repair and could not be cleaned effectively. Equipment cleaning schedules on wards were not comprehensively completed and visibly dirty equipment was stored with visibly clean equipment and consumables.
- Processes intended to keep staff safe had not always been followed. For example, there was no evidence checks on the lead aprons in the x ray department had taken place since 2012.
- There were both paper and electronic records in use. This meant in some areas, staff recorded information on paper forms then had to transcribe that to electronic records. There were potentials for error, and it took staff extra time to do this.
- We were not assured that storage of patient records on the wards was compliant with data protection regulations; there was a risk that patient's confidential information could be accessed inappropriately. Paper patient records were not stored securely.
- Complaint investigation and response times did not consistently meet the trust target of 40 days; on average it took 56 days to investigate and close complaints.
- Governance over policies, procedures, other documents such as patient pathways was not robust; several were past the date for review and there was limited evidence of document control.
- Several clinical and non-clinical areas were in a poor state of repair and reflected the ageing buildings.

However;

# Summary of findings

- We found all staff to be caring and responsive to patients' needs. Staff cared for patients with compassion. There was a strong focus in all the areas we visited to put patient need first. Staff at all levels worked to do their best for patients and treat them with dignity and respect. We saw staff calmly putting patients and their families at ease during difficult situations.
- Without exception, the staff we spoke with were friendly, warm and welcoming. We saw good examples of teamwork where clinical and non-clinical staff worked together for the benefit of patients. Therapy teams and other health and social care professionals worked well alongside nursing and medical staff for the benefit of patients.
- Feedback from patients we spoke with confirmed that staff treated them well and with kindness. Patients and their relatives told us that they were involved in planning their care and that communication with staff was good. Patients told us they felt safe and well looked after.
- Staff we spoke with had a good understanding of safeguarding processes and understood their roles and responsibilities under the Mental Health Act, and the Mental Capacity Act. Most staff knew how to support patients who lacked capacity to make decisions about their care; staff knew what action they needed to take in such situations.
- Staff worked hard to provide for the needs of vulnerable groups of patients such as those living with dementia or those with learning disabilities.
- Leaders of the core services were approachable, supportive and promoted a positive culture. Most staff told us the leaders were supportive, inclusive, visible, and approachable. They told us the trust felt like a better place to work in the last five or six months prior to our inspection.
- Management of medicines had improved since our last inspection. We saw areas where pharmacy staff were present on wards to provide support to ward teams.
- When something went wrong, staff were open and honest. They had good awareness of duty of candour.
- The environments had been improved in some of the areas we visited. Most of the areas we visited were visibly clean and tidy, and free from clutter.

## Are services safe?

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

- We had concerns there was not always enough suitably qualified, competent, skilled and experienced staff to meet the needs of patients. Nurse staffing was not always at safe levels. Staffing levels and staff skill mix had been identified as an issue at our last inspection. Short notice agency requests contributed to the number of unfilled shifts. Some acutely ill or dependent patients received less than two hours of care from a registered nurse each day and around four hours of care from support workers.
- Staff told us they did not always report sub-optimal staffing levels and how this impacted on patient care. Managers were aware of instances where there was one registered nurse on duty which had not been reported on the electronic incident reporting system. This had been identified at our last inspection.
- At our last inspection we found the national guidance for registered children's nurse provision was not being met. At this inspection there was still a shortage of children's nurses, although mitigations were in place.
- Medical staffing remained a concern. There had been increased on-call commitments for doctors over recent months. Consultant cover was not always in line with national guidance in emergency department, critical care or obstetrics. If an emergency surgical or obstetric patient needed to go to theatre, there were insufficient numbers of appropriately trained medical staff available to safely care for patients. Not all patients were assessed by medical staff before being admitted to critical care.

# Summary of findings

- Only half of all patients in emergency department received an initial assessment within 15 minutes of arrival. It was unclear from the nursing records we looked at on the wards, whether there was a standard set of risk assessments for all patients as not all patients had all risk assessments. We found that risk assessments such as falls and manual handling were not always reviewed when they should be.
- There was inconsistent compliance with world health organisation (WHO) safer surgery checks. During 2018 there had been never events related to poor compliance with the checklist.
- Patient safety incidents were not consistently well managed. Although staff recognised incidents, they did not always appropriately report them and there was not a robust lessons- learned process.
- Both paper and electronic records were in use in some areas. Staff told us they found this confusing, and we saw it lead to some inconsistencies and incomplete documentation. Sepsis audits found incomplete documentation.
- We were not assured that patient records on the wards were always stored securely and there was a risk of access to records by unauthorised persons.
- Although we saw improvements in mandatory training overall, there were gaps in compliance with essential training (including safeguarding training) for registered nurses and doctors.
- There were inconsistencies in infection prevention and control measures. Staff did not ensure all ward areas and equipment were clean and cleaned equipment was not always labelled. Some walls and fixtures on the wards were damaged significantly and could not be cleaned effectively. Some staff did not always adhere to the trusts uniform policy.
- There were theatre areas which were not compliant with national guidance around airflow.
- Risk assessments and treatment plans for patients with mental health problems were inconsistent; records we checked indicated no documented risk assessment for nine patients who waited up to two hours before they were reviewed. Some patients waited over five hours for an assessment. The mental health assessment room in emergency department did not meet the required standards.

However;

- There was improved oversight of mandatory training in some areas where there was a clinical educator in post. Compliance levels for mandatory training were increasing and staff told us they had better access to complete some training online and through other means such as workbooks.
- Most staff we spoke with had a good understanding of safeguarding, what action they need to take when they had concerns and knew who to go to if they needed advice or support.
- Medicines reconciliation practices had improved since our last inspection. Medicines were stored, prescribed, and administered safely.
- There were appropriate measures to prevent the spread of infection. Patient movement was appropriately restricted to prevent spread of infection during outbreaks.
- When things went wrong, staff apologised and gave patient's honest information and suitable support.
- Most areas we visited were clean and tidy.
- Handwritten records were legible, dated, timed, and signed.

## Are services effective?

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

# Summary of findings

- Trust policies were available for staff to access on the trust intranet. These included a range of pathways and guidance which reflected national evidence based best practice and guidelines. Care and treatment was mostly based on national guidance.
- Services monitored the effectiveness of care and treatment, and used the findings to improve care. There had been reduction in some patient harms, for example, falls, by using national guidance.
- Staff assessed and monitored patients regularly using suitable assessment tools, to see if they were in pain. They supported those who found it difficult to communicate. We saw overall improvements in documentation of pain assessments.
- Staff of different kinds worked together to benefit patients. Registered staff, non-registered support workers, allied health and social care professionals and support services worked well together. We saw positive examples of good teamwork.
- Patients were supported with their nutrition and hydration needs. Overall, staff referred to dieticians when specialist advice or support was needed. Support was provided at mealtimes to make sure patients received food and drink on time. Services took account of patients' religious, cultural, and other preferences.
- Staff received training in consent, the Mental Capacity Act and Deprivation of Liberty Safeguards, and overall, demonstrated good knowledge of these; they knew how to support patients who lacked the capacity to make decisions about their care.
- Overall, staff received annual appraisals, and were supported to learn and develop. Some areas exceed the trust target for staff receiving an appraisal.
- There were some pre-operative education sessions to enhance patient recovery of some patients undergoing planned surgery.

However;

- Performance in some audits was mixed; standards were not always achieved.
- Consent was not routinely obtained in accordance with best practise, as a two- stage process.
- There were higher unplanned re-attendance rates in emergency department, and higher than expected risk of readmission for non-elective and elective admissions.
- Information provided to us by the trust before our inspection showed some appraisal rates of staff were well below the trust target; however by December 2018 the appraisal rate was 96% on average.
- There was no seven-day therapy service for patients recovering from stroke or requiring ongoing rehabilitation for other conditions. Physiotherapy rehabilitation outcome measures were not audited; therefore services could not measure if desired outcomes were met for patients.
- We saw evidence that some pathways and processes had not been reviewed which meant staff were not always able to follow the most recent guidance.

## Are services caring?

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

- We saw all staff cared for patients with compassion. Feedback from patients during the inspection was positive. We found staff of all grades to be polite, respectful, professional, and non-judgmental in their approach.



# Summary of findings

- We observed staff responding to patients' needs in a compassionate and timely manner. Staff involved patients and those close to them in decisions about their care and treatment. We saw that patients were provided with regular updates regarding their treatment, and patients told us they felt well informed.
- We saw discreet and confidential communication, and curtains were used between bed spaces, or side ward doors were closed before treatment commenced to maintain privacy and dignity.
- Staff supported patients with their emotional needs. Some patients also had access to specialist nurses for further information and support.
- We saw staff introduce themselves by name and sometimes ask patients what they preferred to be called.
- The response rate for the friends and family test was better than the England average. There were consistently high recommendation rates of over 90%.
- We observed staff responded promptly to call bells or requests for assistance from patients.
- There was a multi-faith chaplaincy service which supported staff, patients, and families with religious, spiritual, and pastoral support.

## Are services responsive?

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

- Services were generally planned and provided to meet the needs of local people. The services worked in partnership with clinical commissioning groups (CCGs) and other providers across clinical networks to deliver the services people needed.
- Some planned operations were carried out on a Saturday morning for the benefit of patients and to reduce waiting lists.
- There were integrated pathways and positive examples of services working together with other care providers to improve service delivery to the local population.
- Some clinical areas had been designed and improved to be more responsive to patient needs, for example the emergency department and acute assessment unit.
- There had been some adaptations to other areas to make the environment more suitable for patients living with dementia or those with learning disabilities.
- Services worked hard to reduce length of stay where appropriate, and work had been done to reduce delays in discharge or transfer of care from hospital.
- Interpretation services were available and staff knew how to access them when needed.
- There were more compliments than complaints received into the core services, and we saw lots of thank you cards. Information about how to raise a concern was clearly displayed.
- Learning from complaints was generally shared within teams.

However;

- Overall, complaints were not responded to and closed within the trust target of 40 days. The average response time was 56 days; we saw delays over 64 days.
- Responsiveness to the needs of patients with mental health needs was not always timely. There were gaps in the out of hours service.

# Summary of findings

- Some performance times in the emergency department were worse than the national average, for example the time from arrival to treatment.
- From October 2017 to September 2018 the trust consistently failed to meet the four hour emergency care standard. However, apart from one month (August 2018) the trust consistently performed better than the England average.
- There were longer lengths of stay for some patients, for example those with some respiratory conditions.
- There were backlogs in waiting times which were not in line with national standards.

## Are services well-led?

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

- We found that concerns highlighted following our last inspection had not been addressed; these related to nurse staffing, initial assessment of patients, mandatory training compliance for medical staff, compliance with the safer surgery checklist and record keeping. We were not assured services had adequate oversight of these issues. We saw the pace of improvement since our last inspection was too slow. Following our previous inspection, we told the trust they must take action in respect of these issues.
- We were not assured that managers fully understood the staffing situation in terms of nurse to patient ratios and we were concerned that staffing risk was not fully mitigated. For example some managers were unclear how suboptimal staffing levels impacted on patient care; that risks associated with staffing threatened the delivery of safe and high quality care.
- There had been limited progress on some actions to ensure the critical care unit fully met national standards. In particular we were concerned about the out of hours medical cover which meant patients' safety could be at risk due to their being insufficient numbers of appropriately trained medical staff available. This could also result in a perceived lack of support available for more junior staff.
- There was limited or no evidence of action plans after some audits, for example the royal college of emergency medicine audits.
- Ward managers had limited time to carry out their management duties as they were part of the 'numbers' on their wards.
- We had concerns about the security of patient records in ward areas as these were stored in unlockable trolleys in public areas of the wards.
- A limited number of staff told us they did not always feel supported. They felt pressured and told us morale was low.
- Some consultants told us services were more target driven than patient focussed. Although they said the recent appointment of the two deputy medical directors was supportive and was helping.

However;

- Service leaders were approachable, visible, supportive, and well respected. Front line staff and leaders were appreciative of each other's roles and of how they contributed to delivering a high standard of patient care and positive patient experience.
- Front line staff were enthusiastic, open, welcoming and friendly without exception. They told us about the 'right care' vision and values, and what they wanted to achieve for patients. Leaders told us of collaboration with clinical networks, other providers, staff, patients, and local community groups.
- All staff we spoke with told us Airedale hospital was a good place to work. They told us the culture was positive and that there was a sense of purpose for the benefit of patients.

# Summary of findings

- We saw improved governance structures in most areas; there was oversight of performance targets and patient safety measures. Some wards and clinical areas had development plans which identified actions and named people responsible to make improvements where needed.
- There was positive engagement with patients, staff, the public and local organisations to seek feedback as a way to improve services. Staff we spoke with told us they felt listened to and we heard examples from staff and service managers who had been, or were involved in quality improvement work.
- Generally, there was commitment to learn from things going well, or when something went wrong. Some services had been proactive to improve since the last inspection.
- Staff were supported to learn and develop through in-house courses and university based learning.
- There were some approaches to address recruitment difficulties and work with local universities to train nursing associates. Support workers were engaged in a programme of up-skilling to undertake extended roles.

## Outstanding practice

We found examples of outstanding practice in the emergency department, medical services, surgical services, and critical care.

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

## Areas for improvement

We found areas for improvement including 13 breaches of legal requirements that the trust must put right. We found 17 things that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

## Action we have taken

We issued four requirement notices to the trust.

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

## What happens next

We will check that the trust takes the necessary action to improve its services. We will continue to monitor the safety and quality of services through our continuing relationship with the trust and our regular inspections.

## Is this organisation well-led?

Our comprehensive inspections of NHS trusts have shown a strong link between the quality of overall management of a trust and the quality of its services. For that reason, we look at the quality of leadership at every level. We also look at how well a trust manages the governance of its services – in other words, how well leaders continually improve the quality of services and safeguard high standards of care by creating an environment for excellence in clinical care to flourish.

We rated well led at the trust as requires improvement because:

- Not all leaders had the experience or capability to lead and govern effectively. Some of the executives were not always clear about their roles or their accountability for quality. They were not always able to fully describe the challenges, risks, or issues for the trust or what actions were needed to address issues of quality and sustainability. We did not always see clear or strong leadership of the nursing and medical workforce.

# Summary of findings

- There were risks to the safety and quality of patient care that we had highlighted in our reports in 2016 and 2017 that had either not been addressed, or not fully addressed. This included out of hours anaesthetic consultant cover and non-adherence to national guidance around theatre environments.
- The correlation between risks related to nurse staffing levels and adverse impacts to patient care had not been fully addressed since our previous inspections. Senior leaders told us some quality and patient experience issues such as delays to medications being administered were not reported or measured. We were not assured that the adverse impact on patient care and experience had always been thoroughly considered.
- There had been four never events in 2018, these related to poor adherence to world health organisation (WHO) safer surgery checklists. Compliance with their use had improved but it was not embedded.
- There were risks to patients who had sepsis. The trust failed to meet any standards in the latest severe sepsis and septic shock audits. None of the paediatric sepsis audits in emergency department we looked at during this inspection had been completed.
- Until September 2018 there had not been any sub committees responsible for assurance, or certainty around risk, safety, performance, or compliance with regulation. In addition, there had not been sub committees to provide assurance around the workforce, organisational development strategies, or the effectiveness of people management in the trust. There had been an executive assurance group (EAG) and a wide range of issues including risk, safety and workforce reported into that group. Governance arrangements were reviewed and were planned to change in January 2019.
- Some senior leaders were not able to fully articulate the process for learning from deaths. In addition, there was no evidence of findings from internal reviews being fed back to the mortality review group so it was unclear how assurance was gained. There were delays in learning from deaths; cases we looked at took up to four months before they were reviewed.
- There had not been an external review of the leadership and governance provided by the board since 2014.
- There was no mental health strategy or one which considered how the needs of other vulnerable patients would be met (such as those with learning disabilities or people living with dementia). We were concerned about the assessment of patients with mental health needs in the emergency department.
- Senior leaders told us the service level agreement with the mental health trust was 'a little vague'; patients had waited between two and five hours on average for a mental health assessment. We had concerns around process related to patients who self-harm, or who were at risk of suicide; they were managed on a case by case basis, there was no oversight of the process. There were gaps in out of hours provision for patients with mental health needs.
- There had been high numbers of whistle-blowers who had raised concerns internally at the trust over the period of a year from July 2017. The majority of all concerns raised (71%) were about behaviour and attitude, or bullying and harassment. The trust had investigated these concerns.
- Complaints were not responded to within the trusts own target of 40 days; the average response time was 56 days.
- Equality and diversity had not always been consistently promoted at the trust; senior equality leads had met with some equality groups in the community; however we could not see how this had resulted in improvements for staff or patients.
- The trust was not compliant with legislation around the accessible information standard in relation to people with communication needs relating to a disability, impairment or sensory loss.

However;

# Summary of findings

- Overall, we saw that leaders were visible, approachable and demonstrated compassionate leadership. We saw and heard from both the core service and well led inspections, that the new chief executive had a positive impact on leadership, culture and morale within the trust.
- The chair and non-executive directors had the experience, capacity, capability, and integrity to ensure the strategy could be delivered, and that risks to performance were addressed.
- There was a clear vision and set of values which was patient focused; front line staff could articulate how they worked within the values and behaviours of the trust. Staff were proud to work at the trust and there was a strong focus to provide high quality, compassionate care for patients.
- The updated clinical strategy was clear and driven by quality and sustainability. The objectives were clear and had been developed through collaboration with key groups; it was aligned to local and regional plans for the wider health and care economy.
- The trust had invested in 20 advanced clinical practitioners (ACPs-some of whom were still in training) to support clinical decision making. They filled gaps in the junior doctors' rota.
- Leaders encouraged compassionate, inclusive and supportive relationships amongst staff.
- As a result of the whistleblowing incidences, a respect and dignity campaign was launched and well received. Action was taken to address issues around bullying in specific areas.
- Overall, when something went wrong, staff were open and transparent with patients, families and carers.
- Front line staff told us they that they felt more supported and listened to, and able to discuss concerns or give feedback to line managers and senior leaders. There had been proactive engagement with staff over the last year to shape services and culture.
- There was a strong focus on learning and improvement. There were a number of systems in place to support staff development and there was good knowledge of improvement systems which were in place to make improvements for patients.
- The trust had delivered a financial surplus for the previous two years, and forecasted delivery of the financial plan for 2018/19.

## 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 ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Requires improvement ↔ Mar 2019	Requires improvement ↔ Mar 2019

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.

### Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Requires improvement ↔ Mar 2019	Requires improvement ↔ Mar 2019
Community	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Outstanding Aug 2016	Good Aug 2016
<b>Overall trust</b>	Requires improvement ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Requires improvement ↔ Mar 2019	Requires improvement ↔ Mar 2019

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 Airedale General Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Requires improvement ↓ Mar 2019	Requires improvement ↓ Mar 2019
Medical care (including older people's care)	Requires improvement ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019
Surgery	Requires improvement ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Requires improvement ↔ Mar 2019	Requires improvement ↔ Mar 2019
Critical care	Requires improvement ↓ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019	Good ↑ Mar 2019
Maternity	Good Sept 2017	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Sept 2017	Good Sept 2017
Services for children and young people	Good Sept 2017	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Sept 2017	Good Sept 2017
End of life care	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Diagnostic imaging	Requires improvement ↔ Mar 2019	N/A	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019	Good ↔ Mar 2019
Outpatients & diagnostic imaging	Good Aug 2016	N/A	Good ↔ Aug 2016	Good ↔ Aug 2016	Good ↔ Aug 2016	Good ↔ Aug 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 services for adults	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Outstanding Aug 2016	Good Aug 2016
Community health inpatient services	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Community end of life care	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
<b>Overall*</b>	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Outstanding Aug 2016	Good Aug 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.



# Airedale General Hospital

Skipton Road  
Steeton  
Keighley  
West Yorkshire  
BD20 6TD  
Tel: 01535652511  
[www.airedale-trust.nhs.uk](http://www.airedale-trust.nhs.uk)

## Key facts and figures

### Locations at this trust

The trust's acute services are provided at Airedale general hospital; some of its community services are also provided or based there. Two of the trust's community adults services, the Craven collaborative care team and Craven virtual ward, are based at Skipton hospital as are a number of other services including therapy services and community midwives.

Skipton hospital also hosts services provided by other health care providers.

There are three care groups;

- Integrated Care (which includes medicine)
- Surgery
- Women and Children (which includes maternity)

Integrated care includes:

- Emergency department
- Acute assessment unit
- Ambulatory care
- Adult medicine
- Care of the elderly
- Palliative care
- Community services
- Therapies
- Pharmacy

The trust has approximately 324 inpatient beds located at Airedale general hospital. The trust serves a population of over 200,000 people in an area of 700 square miles within Yorkshire and Lancashire. The area served includes areas of North Bradford and Guiseley in West Yorkshire and extends into Colne and Pendle in eastern Lancashire.

# Summary of findings

The number of whole time equivalent (WTE) staff employed by the trust as of December 2018 was 2,343 with an additional 269 WTE staff employed in a wholly owned subsidiary company (called AGH Solutions) that provides estates, additional clinical and administrative and clerical services.

The trust's services are commissioned mainly by the Airedale, Wharfedale and Craven, and Bradford city, and Bradford district clinical commissioning groups.

Airedale NHS foundation trust (thereafter to be called the trust) is an integrated trust providing acute, elective, specialist and community care.

In 2017- 2018;

- The trust treated over 32,000 inpatients, 31,000 non-elective patients and 144,000 outpatients
- The emergency department saw more than 58,000 patients
- Over 2,000 babies were born at the hospital

There are;

- 13 wards,
- 37 day case beds
- 20 children's beds
- 23 orthopaedic outpatient clinics per week

The trust has a strategic clinical partnership with a neighbouring NHS foundation trust, which supports Airedale in providing sustainable services with stroke care, ENT services, ophthalmology, oral surgery, and orthodontics. There is also a strategic clinical partnership with a large teaching hospitals NHS trust, which provides support in a number of paediatric services.

The trust is a partner in a limited liability partnership (LLP- known as 'Immedicare') to provide telemedicine services, delivering 24 hour clinical care from specialist nurses and doctors directly into nursing and residential care homes. The trust also provides telehealth services to 37 prisons across England. (Telehealth is a term used to describe technology to support remote health monitoring, and to deliver services to patients in another location).

The trust is also a partner in another LLP with a local NHS trust providing pathology services to both trusts. The trust established a wholly owned subsidiary in March 2018 to provide estates, procurement and facilities services to the trust.

## Summary of services at Airedale General Hospital

**Requires improvement**   

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

We rated urgent and emergency care, and surgery as requires improvement. We rated medicine, critical care and diagnostic imaging as good.

- We found that some concerns highlighted following our last inspections in 2016 and 2017 had not been addressed despite us telling the trust they must make improvements. Use of the World Health Organisation (WHO) checklist was not embedded and the environment in theatre areas was not compliant with national standards related to airflow.

# Summary of findings

- We had concerns about nurse and medical staffing. There were high numbers of unfilled shifts for registered nurses in some clinical areas. Staff told us they gave medications late and completed poor or infrequent documentation as a result of poor staffing. Completion of paediatric sepsis pathway documentation was poor.
- There were gaps in medical cover in the emergency department and the trust was not compliant with national standards for the out of hours medical cover in the critical care unit. We had raised concerns about out of hours medical cover in 2016 and 2017.
- Risk assessments were not always completed or reviewed. Patients were not always assessed for delirium in line with best practice. Risks that threatened the delivery of safe and effective care were not always identified promptly. For example, ward staff did not consistently report the impact of suboptimal staffing levels on patient care. This had been a concern at our previous inspection.
- Staff did not always recognise, report or record incidents and not all incidents were effectively investigated. This meant opportunity for learning from incidents was missed. We were not assured systems to communicate lessons learned from serious incidents and never events to all staff were always effective.
- We had concerns about the assessment and management of patients with mental health needs. Patients waited several hours in the emergency department to be assessed, and the gaps in out of hours mental health liaison meant patients who had arrived during the night were often still waiting the next morning.
- In some areas, there was poor compliance with the trust's infection prevention and control policy; this included staff not adhering to the uniform policy and there was an inconsistent approach to labelling of clean equipment. Some environments, particularly the walls and fixtures on two surgical wards were in poor order; they required repair and could not be cleaned effectively. Equipment cleaning schedules on wards were not comprehensively completed and visibly dirty equipment was stored with visibly clean equipment and consumables.
- There were both paper and electronic records in use. This meant in some areas, staff recorded information on paper forms then had to transcribe that to electronic records. This transcription introduced an additional risk of errors, and it took staff extra time to do this.
- We were not assured that storage of patient records on the wards was compliant with data protection regulations; there was a risk that patient's confidential information could be accessed inappropriately. Paper patient records were not secure and compliance with information governance training was poor.
- Complaint investigation and response times did not consistently meet the trust target of 40 days; on average it took 56 days to investigate and close complaints.
- Governance over policies, procedures, other documents such as patient pathways was not robust; several were past the date for review and there was limited evidence of document control.
- Several clinical and non-clinical areas were in a poor state of repair and reflected the aging buildings.

However;

- We found all staff to be caring and responsive to patient's needs. Staff cared for patients with compassion. There was a strong focus in all the areas we visited to put patient need first. Staff at all levels worked to do their best for patients and treat them with dignity and respect. We saw staff calmly putting patients and their families at ease during difficult situations.
- Without exception, the staff we spoke with were friendly, warm and welcoming. We saw good examples of teamwork where clinical and non-clinical staff worked together for the benefit of patients. Therapy teams and other health and social care professionals worked well alongside nursing and medical staff for the benefit of patients.

# Summary of findings

- Feedback from patients we spoke with confirmed that staff treated them well and with kindness. Patients and their relatives told us that they were involved in planning their care and that communication with staff was good. Patients told us they felt safe and well looked after.
- Staff we spoke with had a good understanding of safeguarding processes and understood their roles and responsibilities under the Mental Health Act, and the Mental Capacity Act. Most staff knew how to support patients who lacked capacity to make decisions about their care; staff knew what action they needed to take in such situations.
- Staff worked hard to provide for the needs of vulnerable groups of patients such as those living with dementia or those with learning disabilities.
- Leaders of the core services were approachable, supportive and promoted a positive culture. Most staff told us the leaders were supportive, inclusive, visible and approachable. They told us the trust felt like a better place to work in the last five or six months prior to our inspection.
- Management of medicines had improved since our last inspection. We saw areas where pharmacy staff were present on wards to provide support to ward teams.
- When something went wrong, staff were open and honest. They had good awareness of duty of candour.
- The environments had been improved in some of the areas we visited. Most of the areas we visited were visibly clean, tidy, and free from clutter.

# Urgent and emergency services

Requires improvement   

## Key facts and figures

Airedale General Hospital has one emergency department (ED), which accepts both adults and children. A new, purpose built, department was opened in December 2014. The department has trauma unit status within the Yorkshire major trauma network. Since April 2013 most major trauma care has been diverted to the trauma centre at Leeds General Infirmary. However, due to the geography of the region, the department continues to see major trauma patients whose journey time to hospital would exceed the stipulated 45-minute transfer time to Leeds General Infirmary. There is a helicopter landing pad on site; access to the ED requires a secondary ambulance transfer from this site.

The ED is open 24 hours a day, seven days a week. There is an adjacent acute assessment unit (AAU) which also has an ambulatory care unit (ACU). Urgent and emergency care is part of the trust's integrated care group which also includes medical care and therapy services.

From June 2017 to May 2018 there were 58,700 attendances at the trust's urgent and emergency care services: 13,224 resulted in admission to hospital. The percentage of A&E attendances at this trust that resulted in admission decreased in 2017/18 compared to 2016/17. In both years, the proportions were higher than the England averages.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We carried out a comprehensive inspection in 2016 and all domains were rated as good. In 2017, following a focused inspection of the safe and well-led domains, we rated the safe domain as requires improvement.

At this inspection we visited all areas of the department. We spoke with 36 members of staff of all grades, and 21 patients and relatives. We observed practice, looked at patients' records and reviewed trust policies and performance information.

## Summary of this service

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

- We found that concerns highlighted following our last inspection had not been addressed at this inspection.
- We had concerns about nurse staffing levels and consultant cover in the department.
- Time from arrival to initial assessment was consistently worse than the England median, meaning patients did not always receive timely clinical triage.
- We had concerns about the assessment of patients with mental health needs.
- Mandatory training compliance for medical staff did not meet the trust's target.
- Completion of paediatric sepsis pathway documentation was poor.
- The department failed to achieve the Royal College of Emergency Medicine (RCEM) audit standards.
- The median time to treatment was higher than the England average.
- The trust consistently failed to meet the four-hour emergency care standard, although performed better than the England average.

However:

# Urgent and emergency services

- We saw improvements in staff training management and compliance, including provision of training for staff caring for sick children.
- The department was clean and tidy, with well-maintained equipment.
- Medicines were managed safely.
- Senior staff had a focus on improving department security.
- Incidents were reported and learning from incidents was shared with staff.
- Staff had a comprehensive induction, regular appraisals and were supported to develop their knowledge and skills.
- We saw good examples of teamwork within the department, and with the wider multi-disciplinary team.
- We found all staff to be caring and responsive to patients' needs.
- Patients were kept up to date with information regarding their care, and were given opportunities to provide feedback.
- Leaders were approachable, supportive and promoted a positive culture.
- Managers had oversight of issues relating to performance.
- Staff and patient engagement was encouraged and valued.

## Is the service safe?

**Requires improvement** ● → ←

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

- We were concerned that nurse staffing was not always safe, particularly overnight. Staffing levels and staff skill mix had been identified as an issue at our last inspection.
- Time from arrival to initial assessment was consistently worse than the England median from September 2017 to August 2018.
- We reviewed 20 sets of patients' notes and only 50% received initial assessment within 15 minutes. The remaining 50% waited between 20 and 40 minutes after registering before they received clinical assessment. We found similar delays at our last inspection.
- At our last inspection we found the guidance for registered children's nurse provision was not being met. At this inspection the department continued to have a shortage of children's nurses, although mitigations were in place. Each shift was led by a nurse trained in advanced paediatric life support, and staff were well supported to develop skills in the care of sick children.
- At the time of our inspection, consultant cover in the department was not in line with national guidance. However, the trust provided us with evidence of a trial consultant rota due to commence in February 2019, which would ensure that guidance was met.
- Although we saw improvements in mandatory training overall, five of the 11 mandatory training modules for medical staff did not meet the trust's compliance target. Medical staff had also failed to meet the trust's compliance target at our previous inspection.

# Urgent and emergency services

- During the unannounced inspection it was noted that the mental health assessment room did not meet the required standards. Following our inspection, the trust carried out a risk assessment and put an action plan in place. Senior leaders told us patients did not have unsupervised access to the room.
- Risk assessments and treatment plans for patients presenting with mental health problems were inconsistent; records we checked indicated no documented risk assessment for nine patients who waited up to two hours before they were reviewed.
- A paediatric sepsis pathway had been introduced in the department, but audit results showed completion of documentation was poor.
- Computers in the resuscitation room had not been locked following use.
- At our last inspection the department was planning to move from paper records to an electronic records system. At this inspection a combination of paper and electronic records was in use, which staff found confusing and which led to inconsistencies in documentation.

However:

- Updated mandatory training compliance figures showed improvement, and there was clear oversight of nurse training from the department's clinical educator.
- We saw evidence of good safeguarding awareness, and training compliance had improved.
- Gaps in medical cover were well mitigated.
- The department was clean and tidy, and senior staff maintained oversight of cleaning standards.
- Equipment in the department was stored appropriately and was well maintained.
- We observed safe medicines management.
- The department had processes in place for sharing learning from incidents.
- Improvements were being implemented to improve security within the department.
- The department had clear training in place for staff to care for sick children and trauma patients.

## Is the service effective?

**Good** ● → ←

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

- Policies, procedures and pathways were based on national guidance.
- Patients' nutrition and hydration needs were well attended to.
- Pain scores were consistently recorded for adults and children, and patients received pain relief in a timely manner. This indicated improvement as previous audit results showed poor documentation of pain assessments.
- The department had procedures in place for the management of children and patients with traumatic injuries.
- Staff received a comprehensive induction and attended regular training updates within the department.
- Staff received regular appraisals, and were well supported to learn and develop.
- We saw examples of good teamwork within the department and with the wider, multidisciplinary team.

# Urgent and emergency services

- We saw that good support systems were in place from the on-site psychiatric liaison team.
- Staff received training in consent, the Mental Capacity Act and Deprivation of Liberty Safeguards, and demonstrated good knowledge in relation to their role.

However:

- The department's performance in Royal College of Emergency Medicine (RCEM) audits was mixed: of 15 standards none were achieved. Five standards were above the UK average, five were below the UK average and four were in the middle 50% of results. The trust did not submit data for one standard.
- From September 2017 to August 2018, the department's unplanned re-attendance within seven days was worse than the national standard, but better than the England average.

## Is the service caring?

Good   

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

- We found staff of all grades to be polite, respectful, professional and non-judgmental in their approach.
- We observed staff responding to patients' needs in a compassionate and timely manner, whilst involving relatives and carers.
- Patient comfort rounds were completed and recorded.
- Patients told us they were happy with their care, and they thought staff were caring and friendly.
- We saw that patients were provided with regular updates regarding their treatment, and patients told us they felt well informed.
- We observed staff providing effective emotional support to distressed and agitated patients and relatives.
- Friends and family test information was readily available, and the department's performance was consistently better than the England average from August 2017 to July 2018.
- Staff maintained patients' privacy and dignity at all times.

## Is the service responsive?

Good   

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

- Patients told us they felt well informed about their care and treatment, and waiting times were clearly displayed.
- There were processes in place to support frequent attenders to the department.
- The department was accessible and patients with specific needs were well supported.
- The ambulance assessment area was well utilised and improved flow in the department.
- From October 2017 to September 2018 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was consistently better than the England average.



# Urgent and emergency services

- Over the 12 months from October 2017 to September 2018, there were no patients that waited more than 12 hours from the decision to admit until being admitted.
- We saw a gradual decrease in the number of patients leaving the trust's urgent and emergency care services before being seen or treated. In August 2018, no patients left prior to assessment: the England average was 2.1%.

However:

- Mental health assessments and admissions out of hours were not always timely.
- In February 2018 the trust's median time to treatment was 68 minutes compared to the England average of 61 minutes. Performance had deteriorated to 86 minutes in August 2018, compared to the England average of 56 minutes.
- From October 2017 to September 2018 the trust consistently failed to meet the emergency care standard. However, except for August 2018, the trust consistently performed better than the England average. Managers had oversight of this and clear improvement processes had been implemented.

## Is the service well-led?

**Requires improvement** ● ↓

Our rating of well-led went down. We rated it as requires improvement because:

- We found concerns highlighted at our last inspection relating to nurse staffing, initial assessment, mandatory training compliance for medical staff, and record keeping had not been fully addressed at this inspection, although managers were aware of the issues and mitigations and monitoring were in place.
- At the time of our inspection, consultant cover in the department was not in line with national guidance. However, the trust provided us with evidence of a trial consultant rota due to commence in February 2019, which would ensure that guidance was met.
- We were concerned that care of patients with mental health problems was inconsistent.
- We did not see evidence of action plans following RCEM audits.

However:

- Leaders were approachable, supportive and well respected.
- Staff of all grades were encouraged to develop and training for nursing staff was well supported.
- The trust developed partnerships in the local area and focused on providing the right care for the local population.
- The culture within the department was open and inclusive.
- Staff were encouraged to report incidents and there were embedded processes for sharing learning.
- Senior staff were focused on improving departmental security for staff and patients.
- Managers had oversight of issues relating to the emergency care standard.
- We saw examples of the implementation of risk mitigation and improvement processes.
- Patients and staff were involved in improvements and encouraged to provide feedback; their contributions were valued.

# Urgent and emergency services

## Outstanding practice

- The Trauma and Resuscitation Team Skills (TaRTS) course was created by ED staff at Airedale in 2017 and was being implemented in other hospitals, with evidence-based resources and guidance provided by the team at Airedale.
- The department's clinical educator had a focus on improving access to training, and training compliance, for nursing staff, and provided support and encouragement.

## Areas for improvement

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

- The trust must ensure there are sufficient numbers of suitably skilled, qualified and experienced staff at all times, in line with best practice and national guidance, and taking into account patients' dependency levels.
- The trust must ensure that mandatory training compliance, particularly for junior doctors, meets the trust standard.
- The trust must maintain the safety of patients presenting with mental health problems, and ensure risk assessments and management plans are completed as appropriate.
- The trust must ensure that patient confidentiality is not compromised by unauthorised access to the computers in the resuscitation room.
- The trust must ensure that paediatric sepsis pathway documentation is initiated and completed.

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

- The trust should ensure that patients receive initial clinical assessment and treatment in a timely manner, in line with trust policy and national guidance.
- The trust should maintain continued focus to ensure that patients are admitted, transferred or discharged within four hours of arrival in the emergency department, in line with the emergency care standard.
- The trust should improve RCEM audit performance and action plans, and aim to achieve the required standards.

# Medical care (including older people's care)

Good ● ↑

## Key facts and figures

The medical service at Airedale General Hospital is delivered and managed as part of the Integrated Care Group which also includes: the emergency department, acute medicine (acute assessment unit and ambulatory care). Medical specialties include: cardiology, respiratory medicine, elderly care, gastroenterology, diabetes and endocrinology, oncology, palliative care, rheumatology, neurology, stroke and specialist rehabilitation services, therapies, community services and pharmacy.

There are 163 medical inpatient beds located across the acute assessment unit and five medical wards (1, 4, 5, 6, and 7). In addition; there are 11 beds on ward 19 which are flexible between surgery, haematology and private patients. The hospital has a haematology and oncology day unit which provides day case treatments and chemotherapy to haematology and oncology patients and a mobile chemotherapy unit. There is an endoscopy unit and a cardiac catheter laboratory which carries out day case procedures, these areas were inspected as part of this core service.

The trust had 29,355 medical admissions from June 2017 to May 2018. Emergency admissions accounted for 12,951 (44.1%), 286 (1.0%) were elective, and the remaining 16,118 (54.9%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 11,775
- Gastroenterology: 5,299
- Medical oncology: 5,211

Previously, the medical service was comprehensively inspected in March 2016 and was rated as good in the effective, caring and responsive key questions, however was rated as requires improvement in safe and well-led. This provided the service with an overall rating of 'requires improvement'.

The service was further visited in March / April 2017 with a focus on the safe and well-led domains to see if improvements had been made. We did not re-rate the service at this time.

This inspection was carried out between the 13 and 15 November 2018 and was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected all of the medical wards and departments except wards 4 and 6 as these had restricted access due to cases of suspected norovirus.

During this inspection we spoke with around 48 members of staff (including managers, doctors, nurses, allied health professionals and support staff), we reviewed nine sets of patients records and 11 electronic prescription charts. We spoke to 5 patients and family members/carers and observed care delivery. We also reviewed information and data about and provided by the trust and took account of what staff and patients had told us through individual contacts and during focus groups leading up to the inspection.

## Summary of this service

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

The service had taken action to address the following concerns from our last inspection.

# Medical care (including older people's care)

- The service was managing incidents well, staff were reporting incidents that were investigated and were receiving feedback. Learning was shared across departments through newsletters and emails and was discussed at staff meetings and safety huddles.
- Action had been taken to improve the environment in the haematology and oncology day unit, within the limits of the department.
- An escalation process for opening extra capacity beds had been introduced and staff felt this had improved the situation.
- The service leadership was embedded and staff reported service managers as inclusive, visible, approachable and supportive.

In addition;

- Staff we spoke with had a good understanding of safeguarding and understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients who lacked the capacity to make decisions about their care and what action they need to take when they had concerns.
- The service took part in several national and local audits and there was a monthly programme of nursing audits which were used to inform ward development plans. National Falls and Lung cancer audits showed good results.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. The relative risk of readmission and length of stay was generally better than the England average.
- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. The service had a strong patient focus and staff at all levels advocated for a positive patient experience.
- The service took account of patients' individual needs and worked hard to provide for the needs of vulnerable groups of patients such as those with dementia and learning disabilities
- The service had a vision for what it wanted to achieve and was working towards this by engaging with clinical networks, other providers, staff, patients, commissioners and local community groups. There were a number of examples service improvements and innovation where staff and stakeholders were involved.

However;

- Nursing and medical staffing remained a concern for medical services. While staff the main felt patients were safe, they did give; late medicine administration, poor or infrequent documentation, stressed staff and very limited management time as examples of the impact of low numbers of staff. Ward managers were part of the registered staff to patient numbers and did not have any protected time for management duties and we were concerned that staffing risk was not fully understood or mitigated due to the process of short-notice requests for agency staff and need for executive approval, which was likely to contribute to the high number of unfilled nursing shifts.
- We found that risk assessments were not always completed or reviewed when they should be, food and fluid charts were not always fully completed and fluid balance was not calculated.
- The appraisal rates for nursing staff and additional clinical staff were; 63.7% and 77% respectively which were below the trust target of 85%. Mandatory training compliance was below the trust target of 80% at the time of our inspection.
- Paper patient records were not secure as these were stored in unlockable trolleys in public areas of the wards.
- There was no seven-day therapy service for patients recovering from stroke or requiring ongoing rehabilitation for other conditions.

# Medical care (including older people's care)

- Despite the work the service was undertaking to reduce delayed transfers of care, from April 2018 to November 2018 benchmarked in the upper quartile (highest) in the NHS Improvement daily dashboard. In November the trust had managed to reduce the delays to 1.7%.
- Length of stay and relative risk of readmission for respiratory patients was worse than the England average.

## Is the service safe?

**Requires improvement** ● → ←

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

- Nursing staffing remained a concern for medical services. While mitigations were in place and improvements had been made to escalation processes, and the planned levels of qualified nurses had increased from March 2018 to June 2018, the actual numbers of RNs in post had gone down. Staff of all levels and managers told us that staffing remained their top concern and risk. Patients on the medical wards also told us they felt more nursing staff were needed. We were concerned that short notice agency requests contributed to the number of unfilled shifts.
- Medical staffing remained a concern for medical service managers and consultants. Although there was an increased feeling of confidence regarding recruitment and retention of medical staff and good support from other practitioners and collaborative networks, there were ongoing medical vacancies. Medical staff were concerned about the resilience of their colleagues, over the coming winter period, due to increased on-call commitments over the past few months and about the longer-term sustainability of some services, where there were vacancies.
- We had concerns about the security of records on the wards and the completeness of nursing records.
- Although staff completed and updated risk assessments for each patient, it was unclear from the nursing records, we looked at, whether there was a standard set of risk assessments for all patients as not all patients had all risk assessments. We found that risk assessments such as falls and manual-handling were not always reviewed when they should be.

However;

- Staff we spoke with had a good understanding of safeguarding, what action they need to take when they had concerns and knew who to go to if they needed advice or support.
- The service took appropriate measures to prevent the spread of infection. During the inspection wards 4 and 6 were closed to admissions and patient movement was restricted to prevent spread of infection.
- The service had suitable premises and equipment and looked after them well and staff followed best practice when prescribing, giving, recording and storing medicines.
- The service managed patient safety incidents well. Staff recognised incidents and reported them appropriately. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information.

## Is the service effective?

**Good** ● → ←

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

# Medical care (including older people's care)

- The service provided care and treatment based on national guidance and evidence of its effectiveness. The service took part in several national and local audits and there was a monthly programme of nursing audits which were used to inform ward development plans.
- Staff gave patients enough food and drink to meet their needs. They used special feeding and hydration techniques when necessary and referred to dieticians when specialist advice or support was needed.
- Staff assessed and monitored patients regularly to see if they were in pain. They used suitable assessment tools and gave pain relieving medicine.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. The relative risk of readmission overall for elective and non-elective medical patients was similar to the national average, where results were worse than the national average, action had been taken to make improvements. National falls and lung cancer audits showed good results. The trust recognised performance in the sentinel stroke audit needed to be improved and was working locally and in collaboration with clinical network partners to make improvements.
- Staff were competent in their roles and the service supported staff with training and development to deliver safe and effective care.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care. Multidisciplinary team meetings were held with colleagues from partner organisations where relevant for individual patient pathways.
- There were examples of staff delivering health promotion activities with inpatients and the wider public.
- Staff we spoke with understood how and when to assess whether a patient had the capacity to make decisions about their care. They understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005 and knew how to support patients who lacked the capacity to make decisions about their care.

However;

- Food and fluid charts were not always fully completed and fluid balance was not calculated.
- The appraisal rates for nursing staff and additional clinical staff were; 63.7% and 77% respectively which were below the trust target of 85%. However the trust used a rolling target, and following our inspection, provided us with updated compliance figures of 91.11% for Nursing & Midwifery staff and 89.6% for additional clinical services.
- There was no seven-day therapy service for patients recovering from stroke or requiring ongoing rehabilitation for other conditions.

## Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness. The service had a strong patient focus and staff at all levels advocated for a positive patient experience.
- The service took patient feedback seriously and had a high response rate (41%) in comparison to the national average (25%) for the friends and family test.
- Staff provided emotional support to patients to minimise their distress and worked well with specialist nurses and other services to ensure emotional needs were met.

# Medical care (including older people's care)

- Staff involved patients and those close to them in decisions about their care and treatment.

## Is the service responsive?

Good   

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

- The service planned and provided services in a way that met the needs of local people. The service worked in partnership with clinical commissioning groups (CCGs) and other providers across clinical networks to deliver the services people needed. The trust was working in an integrated way to improve service delivery to its population. For example, it had developed a mobile chemotherapy unit in partnership with a charitable organisation to be able to deliver this service closer to people's homes.
- The service took account of patients' individual needs and worked hard to provide for the needs of vulnerable groups of patients such as those with dementia and learning disabilities. For example, the service had made environmental adaptations to wards 4 and 6 to make them dementia friendly and to provide distraction for patients.
- People could access the service when they needed it. Medical waiting times from referral to treatment (RTT) tended to be better than the England average. The hospital worked hard to minimise length of stay which was lower (better) overall than the England average for medical elective and non-elective patients.
- The service treated concerns and complaints seriously and shared learning with all staff.

However;

- Despite the work the service was undertaking to reduce this, from April 2018 to November 2018 the delayed transfers of care benchmarked in the upper quartile (highest) in the NHS Improvement daily dashboard. In November the trust had managed to reduce the delays to 1.7%. Although the reasons for this were often due to funding issues / differences across the three local CCGs and preferred place of the discharge, the trust was continuing to work with multi-agency partners and patients / families to reduce these as much as possible.
- The length of stay and relative risk of readmission were worse for respiratory patients than the national averages. The service had taken some actions and was working with partners to improve this.
- The medical service was not meeting its target for responding to complaints within 40 working days; the average length of time to close the 15 complaints within this data submission was 64.1 working days.

## Is the service well-led?

Good  

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

- Leadership at all levels within the medical service was reported as supportive, inclusive and approachable. Staff and managers were appreciative of each other's roles and their contribution to delivering a high standard of patient care and positive patient experience.
- The service had a vision for what it wanted to achieve and was working towards this in collaboration with clinical networks, other providers, staff, patients, and local community groups.

# Medical care (including older people's care)

- The service had a positive culture that included, supported and valued staff, creating a sense of common purpose based on shared values. All staff we spoke with told us Airedale hospital was a good place to work.
- The medical service had a clear governance structure for acute and planned care. Governance structures were in place that provided oversight of performance against key performance targets and patient safety measures. Wards had development plans which identified actions and responsible people to make improvements where needed.
- The service had good systems to identify risks, plan to eliminate or reduce them, and cope with both the expected and unexpected. It was evident that risks were reviewed regularly and risk ratings were reflective of the mitigations taken.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. Staff we spoke with told us they felt listened to and we heard examples from staff and unit managers who had been, or were, actively involved in quality improvement work.
- The service was committed to improving services by learning from when things went well or wrong, promoting training, research and innovation. The service had acted to improve the issues discovered at the last inspection within the limitations of the service environment in the cardiac catheter lab and the oncology / haematology unit. There were examples of innovation to improve services such as; endoscopy, cardiology and oncology / haematology.

However;

- Ward managers had limited time to carry out their management duties as they were part of the registered staffing to patient numbers on their wards.
- We were not assured that managers fully understood the staffing situation in terms of actual numbers of RNs on the wards / RN to patient ratios and we were concerned that staffing risk was not fully mitigated due to the current process for short-notice requests for agency staff and need for executive approval which was likely to contribute to the high number of unfilled nursing shifts.
- We had concerns about the security of patient records in the ward areas as these were stored in unlockable trolleys in public areas of the wards.
- Some staff on the AAU did not always feel supported or listened to and reported feeling pressured and confused due to recent changes and staff shortages which were impacting on morale. However, the service was taking action to improve this situation.
- There was some feeling among consultants that the executive team priorities were different to those of the clinical team and could seem more target driven than patient focussed. However, the consultants felt that the deputy medical directors were tackling issues and working collaboratively with them to improve these.

## Outstanding practice

- The oncology and haematology services had successfully developed and recently implemented a mobile chemotherapy unit for oncology and haematology patients in collaboration with a national charity 'Hope for Tomorrow'. The mobile unit gave patients the option to have their care delivered closer to home, reduced the frequency of hospital visits, enhanced the overall patients experience and had increased the Trust's capacity to deliver treatments to oncology and haematology patients.



# Medical care (including older people's care)

- The endoscopy unit was successfully delivering a growing service, there were no waiting lists, all targets were being met and there was a good uptake of bowel screening, which staff had promoted through a community health promotion event. The service had introduced a pre-assessment role which had demonstrated improvements for patients, reduced same day cancellations and had resulted in cost efficiencies.
- The service took account of patients' individual needs and worked hard to provide for the needs of vulnerable groups of patients such as those with dementia and learning disabilities. For example, the service had network groups which advocated for patient groups and had made significant environmental adaptations to wards 4 and 6 to make them dementia friendly and to provide distraction for patients.

## Areas for improvement

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

- The trust must take action to ensure the security of patients' paper medical records.
- The trust must continue to take all possible actions to recruit, retain and mitigate for medical and nursing staff vacancies. This should include; reviewing the information used to inform the 'Nursing and Midwifery Staffing Exception Report' to board and a review of the process for booking agency staff which is currently short-notice and is likely contributing to the high number of unfilled shifts.

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

- The medical service should continue to take action to improve compliance with mandatory training and monitor this to ensure improvements are made and sustained.
- The medical service should consider reviewing patient risk assessments to determine whether a standard set of these would be appropriate and clinical managers should continue to monitor that completion and review of patient risk assessments are being carried out appropriately.
- The medical service should consider the training needs of nursing staff in relation to the use of food and fluid charts which may reduce some inappropriate use and continue to monitor the completion of food and fluid charts so improvements can be made where needed.
- The medical service should continue to take action to improve appraisal rates for nursing staff and additional clinical staff.
- The medical service should continue to work with patients, families and partner agencies to minimise delayed discharges / transfers of care.
- The medical service should continue its work to reduce the length of stay and relative risk of readmission for respiratory patients.

# Surgery

Requires improvement   

## Key facts and figures

Airedale NHS Foundation Trust surgery service provides elective and non-elective treatments for male and female adults, with a range of specialities including breast surgery, general surgery, lower and upper gastro-intestinal surgery, trauma, orthopaedics and urology.

The surgery service has four in-patient wards, a day-case ward, a day-case theatre, six main operating theatres, and one obstetric operating theatre. In addition: there are 11 beds on ward 19 which are flexible between surgery, haematology and private patients.

Day case procedures include vascular, maxillofacial, ear, nose and throat, oral surgery and ophthalmology. There is one additional operating theatre in the Dales Suite, for visiting specialities; primarily ophthalmology and community dental cases.

At the time of inspection, there were 94 inpatient beds across the surgical wards.

The trust had 18,659 surgical admissions from June 2017 to May 2018. Emergency admissions accounted for 5,873 of admissions (31.5%), 1,934 of these (10.4%) were elective, and the remaining 10,852 (58.2%) were day case.

Our inspection was unannounced (staff did not know we were coming). At our previous inspection we rated surgery services as requires improvement. At this inspection we inspected and rated all five key questions. To help us make our judgements, we visited all the wards, main operating theatres, day-case unit and the Dales Suite. We looked at the environment and we spoke with sixteen patients and two relatives. We spoke with forty-five staff members including all grades of medical and nursing staff, non-registered nursing staff, housekeepers, administrative staff and therapists at the hospital. We also interviewed the senior team for the service. We observed practice, staff interactions with patients and viewed twenty sets of care records. Before and after our inspection, we reviewed performance information about the trust and information provided to us by the trust.

## Summary of this service

Our rating of this service stayed the same. We rated effective, caring and responsive as good and safe and well-led as requires improvement.

We rated surgery overall as requires improvement because:

- There were actions we told the provider they must address at our last inspection, which were not fully addressed at this inspection.
- The environment in the Dales Suite, specifically, provision of a specialist ventilation system was not in place and did not comply with national guidance. This was a concern at our previous inspection.
- In some ward areas, we observed poor compliance with the trust's infection prevention and control policy and there was an inconsistent approach to labelling of clean equipment.
- Some environmental areas, particularly the walls and fixtures in clean utility rooms on two surgical wards were in poor order and required repair and could not be cleaned effectively.

# Surgery

- Equipment cleaning schedules on wards were not comprehensively completed and we saw dirty phlebotomy trays stored with visibly clean equipment and consumables. There was no consistent system of labelling to indicate that equipment had been cleaned and was fit for use.
- We had concerns in theatres that compliance with the WHO safer surgery process was not fully embedded and this was a concern at our previous inspection.
- We had concerns that surgical wards were not always staffed safely, particularly at night. Nurse staffing was a concern at our previous inspection.
- Risks that threatened the delivery of safe and effective care were not always identified promptly. For example, ward staff did not consistently report the impact of suboptimal staffing levels on patient care. This was a concern at our previous inspection.
- Staff did not always recognise, report or record incidents and not all incidents were effectively investigated. This meant opportunities for learning from incidents were missed.
- We were not assured that storage of patient records on the wards was compliant with General Data Protection Regulations and there was a risk that patient's confidential information could be accessed.
- We were not assured systems in place to communicate lessons learned from serious incidents and never events to all staff were effective.
- Complaint investigation and response times did not consistently meet the trust target of forty days; for fifteen complaints that had been closed at the time of data submission, the trust took an average of 53.1 working days (mean) to investigate and close these complaints.

However:

- There was good compliance with recording of safety checks for emergency equipment on the wards and in theatres.
- Management of medicines had improved since our last inspection.
- Staff had good awareness of duty of candour and we were assured this was imbedded.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not control infection risk consistently well. Staff did not ensure all ward areas and equipment were clean and cleaned equipment was not always labelled.
- Some environmental areas, particularly walls and fixtures in clinical rooms on the wards, were damaged significantly and could not be cleaned effectively.
- The Dales Suite theatre did not adhere to national guidance as it did not have a specialised ventilation system despite it being used for both local and general anaesthetic procedures.
- Theatre staff did not demonstrate consistent compliance with WHO safer surgery checks. For example, we observed inconsistent communication of patient allergies during a team brief, incorrect patient pathway documentation used and team brief information was not always displayed in accordance with National Safety Standards for Invasive procedures guidance.

# Surgery

- We had concerns there was not always enough suitably qualified, competent, skilled and experienced staff deployed to meet the needs of patients.
- Staff told us they did not always report sub-optimal staffing levels and how this impacted on patient care. Managers were aware of instances of one registered staff on duty at night, that had not been reported on the electronic incident reporting system.
- We were not assured that patient records on the wards were always stored securely and there was a risk of access to records by unauthorised persons, when unattended.
- Patient safety incidents were not consistently well managed. Although staff recognised incidents, they did not always appropriately report them and there was not a robust lessons- learned process.

However, we also found:

- Staff were compliant with uniform policy and demonstrated good hand hygiene.
- Compliance with emergency resuscitation equipment daily and weekly checks was predominantly good and in accordance with local policy.
- Staff kept clear records, which were legible, dated, timed and signed. Staff asked for clinical support when necessary.
- Medicines reconciliation practices had improved since our last inspection. Medicines were stored, prescribed and administered safely.
- When things went wrong, staff apologised and gave patients honest information and suitable support.

## Is the service effective?

Good ● → ←

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

- The service provided orthopaedic care and treatment based on NHSI's Enhanced Care Model. The effectiveness of this was monitored and the service demonstrated a reduction in reported falls.
- Trust policies were available for staff to access on the trust intranet, Aireshare. These reflected national evidence-based best practice and guidelines. National Institute for Healthcare Excellence guidance was used to develop new services in theatre.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for patients' religious, cultural and other preferences.
- Staff assessed and monitored patients regularly using suitable assessment tools, to see if they were in pain. They supported those unable to communicate and gave additional pain relief to ease pain.
- Managers monitored the effectiveness of care and treatment and used the findings to improve them.
- The service made sure staff were competent for their roles. Managers appraised all staff- groups' work performance and compliance exceeded the trust target of 85%.
- Staff of different kinds worked together as a team to benefit patients. Doctors, nurses and other healthcare professionals supported each other to provide good care and all staff reported they experienced good teamwork

# Surgery

- The service introduced seven-day working by therapists on the orthopaedic wards, as best practice from the national fractured neck of femur database.
- The service held pre-operative education sessions for patients undergoing joint replacement, to facilitate informed consent and enhance patient recovery.
- Staff understood how and when to assess whether a patient had the capacity to make decisions about their care. They followed the trust policy and procedures when a patient could not give consent.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. They knew how to support patients experiencing mental ill health and those who lacked the capacity to make decisions about their care.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- From April 2017 to March 2018, 93.3% of staff in surgery at the trust received an appraisal compared to a trust target of 85%. The target was met for all staff groups.

However, we also found:

- For May 2017 to April 2018, trust data showed patients in trauma and orthopaedics had a higher than expected risk of readmission for non-elective and elective admissions. The trust informed us the data may be inaccurate due to incorrect coding.
- Consent was not routinely obtained in accordance with best practise, as a two- stage process.

## Is the service caring?

Good   

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

- Staff cared for patients with compassion. Feedback from patients confirmed that staff treated them well and with kindness.
- Staff provided emotional support to patients to minimise their distress. Patients also had access to specialist nurses for further information and support when required.
- Staff involved patients and those close to them in decisions about their care and treatment.
- The response rate for the friends and family test was better than the England average. From August 2017 to July 2018 most surgical wards had consistently high recommendation rates of over 90%.
- Staff responded promptly to call bells or requests for assistance and had enough time for patients.
- The trust had a multi-faith chaplaincy service which staff accessed to support patients.

## Is the service responsive?

Good   

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

# Surgery

- The trust planned and provided services in a way that met the needs of local people. Elective orthopaedic operations were routinely carried out on a Saturday morning to meet the needs of the service.
- The service took account of patients' individual needs.
- People could access the service when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with good practice.
- From August 2017 to July 2018 the trust's referral to treatment time (RTT) for admitted pathways for surgery was consistently better than the England average.
- We saw lots of compliment cards displayed. Information about how to raise a concern was clearly displayed.

However, we also found:

- The average length of time taken to investigate and respond to complaints exceeded the trust's target of forty working days.

## Is the service well-led?

**Requires improvement** ● → ←

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

- We saw the pace of improvement since our last inspection was too slow. Following our previous inspection, action we told the trust they must take in respect of Dales Suite environment, nurse staffing provision and WHO safer surgery compliance remained as concerns at this inspection.
- We were not assured that important governance information, such as lessons learned from trust-wide incidents and complaints was communicated effectively throughout the service. This was because staff told us they did not access the intranet to read the minutes and ward meetings were held inconsistently.
- The service had a risk register which fed into the corporate risk register. Managers had overview but we were not assured staff below management level had clear understanding of the purpose or content of the risk registers.
- Managers were unclear how suboptimal staffing levels impacted on patient care and risks associated with staffing, that threatened the delivery of safe and effective care were not always identified promptly.
- There were several shifts with one registered nurse on duty on surgical wards and this was not in accordance with budgeted staffing establishment.

However, we also found:

- There was a clear leadership structure. Staff told us that their line manager and the senior team were visible, approachable and supportive.
- The trust reviewed its governance arrangements since our last inspection and a new governance structure will be implemented and embedded from January 2019.
- The trust reviewed different ways of addressing recruitment difficulties and worked with local universities to train nursing associates. Support workers were engaged in a programme of up-skilling to undertake extended roles.
- Staff were supported to develop their careers through in-house and university based learning.
- There were good examples of innovative practice which improved patient experience for those with learning difficulties or living with dementia.

## Outstanding practice

- The trust engaged in pioneering work to improve patient pre-assessment through innovative use of SystemOne. This initiative reduced readmissions and achieved a 'Pride of Airedale' award.

## Areas for improvement

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

- The trust must ensure that, during each shift, there are enough suitably qualified, competent, skilled and experienced staff deployed to meet the needs of the patients.
- The trust must ensure the five steps for safer surgery including the World Health Organisation (WHO) safety checklist is consistently applied and embedded.
- The trust must ensure that the environment of the Dales suite is fit for purpose, in accordance with national guidelines and recommendations.
- The trust must ensure that patient records are stored securely.

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

- The trust should continue its work to ensure new governance systems and processes are embedded from January 2019
- The trust should ensure that systems to communicate to staff important governance information, such as lessons learned from incidents and complaints, are effective.
- The trust should ensure there is a consistent approach to infection prevention and control and labelling of equipment as cleaned and fit for use.
- The trust should ensure equipment such as phlebotomy trays are included on cleaning schedules and cleaned in accordance with them.

# Critical care

Good  

## Key facts and figures

Airedale NHS Foundation Trust has one critical care unit based at Airedale General Hospital (AGH).

The critical care service is a combined intensive care unit (ICU) and high dependency unit (HDU). The HDU provides level two (patients who require pre-operative optimisation, extended post-operative care or single organ support) and the ICU provides level three care (patients who require advanced respiratory support or a minimum of two organ support) to adult patients. The service had previously included a coronary care unit, but this had been relocated since our last inspection in 2017. The unit had 11 bed spaces. The trust declared three level three beds and four level two beds to the critical care network. However, the bed use could be flexed to meet the needs of patients.

Intensive Care National Audit and Research Centre (ICNARC) data showed between 1 April 2017 and 31 March 2018, there were 476 admissions with an average age of 63 years. Of these, 191 (38.5%) patients were unplanned non-surgical admissions, 56 (11.3%) were planned following elective surgery, 79 (15.9%) were unplanned post-surgical admissions. The average length of stay on the unit was 2.4 days.

The critical care outreach team provides a supportive role to medical and nursing staff on the wards and departments throughout the hospital when they are caring for deteriorating patients or supporting patients discharged from critical care. The outreach team is available seven days a week, 24 hours a day.

The critical care service is part of the West Yorkshire Critical Care Network.

Our inspection was unannounced (staff did not know we were coming). At our previous inspection we rated the unit as requires improvement. At this inspection we inspected and rated all five key questions. To help us make our judgements, we visited the critical care unit, we looked at the environment and we spoke with one patient and three relatives. We spoke with 28 staff members including all grades of medical and nursing staff, non-registered nursing staff, housekeepers, administrative staff and therapists at the hospital. We also interviewed the senior team for the service. We observed practice, staff interactions with patients and viewed four sets of care records. Before and after our inspection, we reviewed performance information about the trust and information provided to us by the trust.

## Summary of this service

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

- We rated effective, caring, responsive and well-led as good. We rated safe as requires improvement.
- Compliance levels for mandatory training were positive and staff told us they were supported to attend training. All areas we visited were clean and well maintained.
- Staff assessed patients and escalated their care when necessary. Medical and nursing staffs' documentation was clear, legible, dated, timed and signed in line with the guidelines for the provision of intensive care services and their registering bodies.
- Staff were aware of how and when to report incidents, including safeguarding concerns. The unit displayed patient safety information, this showed 98% of incidents resulted in low or no harm to patients.
- There had been one never event on the unit however, we saw that staff received feedback and lessons learned were shared and duty of candour was applied.



# Critical care

- The unit had introduced mortality and morbidity meetings and staff told us these were beneficial in supporting learning from deaths.
- Guidelines, pathways and policies were produced in line with national best practice guidelines and recommendations.
- Patients were assessed and supported effectively with their individual needs including nutrition, hydration and pain relief.
- We saw effective working between all staff involved in the care of patients on the unit during our inspection and staff reported positive working relationships with all members of the multidisciplinary team.
- The service participated in national audit and undertook local audits. We saw evidence of action plans to address any improvements that were identified.
- The service had a dedicated clinical educator which was in line with GPICS standards.
- There were sufficient numbers of skilled nursing staff to safely care for patients. All staff had an up to date appraisal and staff were supported to professionally develop.
- We saw staff seeking patient consent before providing care and treatment. Staff had a good understanding of restraint, the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Patients and their relatives gave positive feedback: patients told us they felt safe on the wards and that staff were caring and compassionate.
- The unit displayed Friends and Family Test (FFT) feedback. This showed 100% of patients and their families recommending the unit, in September 2018
- Patients and their relatives told us that they were involved in planning their care and that communication with staff was good.
- Staff provided emotional support to patients and their loved ones. The unit also had access to a psychologist to provide emotional support.
- The unit had initiatives in place to support children visiting loved ones in the unit and also those who suffered a bereavement.
- Services were planned to meet the needs of local people. The unit was part of the local and regional critical care network.
- The unit had introduced a follow up clinic and rehabilitation after critical illness in line with GPICS and National Institute for Health and Care Excellence (NICE) CG83.
- The unit had 11 bed spaces. The trust declared three level three beds and four level two beds to the critical care network. However, the bed use could be flexed to meet the needs of patients.
- The service had an outreach team available 24 hour per day, seven days a week to provide support for patients discharged from the unit or those who were acutely unwell on other wards or departments across the hospital.
- We saw positive examples of how the staff provided care based on individualised needs. The unit had open visiting however visiting could be varied depending on the activity within the unit and individual patient and family needs.
- Information was displayed on the unit about translation and interpreter services.
- The trust participated in the Intensive Care National Audit Research Centre (ICNARC). Hospital mortality and non-clinical transfers were within the expected range.

# Critical care

- There were low numbers of complaints and high numbers of compliments. We saw compliment cards and information displayed on the unit about how to raise a concern.
- There was a clear leadership structure. Staff told us that their line manager and the senior team were visible, approachable and supportive.
- We found the culture of the unit was open and inclusive for staff and patients. The staff we spoke with were friendly, warm and welcoming, without exception.
- Local governance arrangements were robust, and the team was aware of the risks to their service. We saw a detailed report which included the developments, risks and strategic aims for the unit.
- All staff had access to 'Aireshare', the trusts intranet, each area had their own section on the site which allowed staff to access policies and procedures most relevant to their area of work and also access to meetings minutes.
- The unit had developed a written patient engagement strategy and had purchased a memory tree, to allow relatives to leave feedback.
- We saw positive examples of innovation and improvement.

However, we also found:

- There had been limited progress on some of the actions required to ensure the unit fully met GPICS standards. The unit was not meeting the GPICS standards for medical care cover.
- Some staff reported concerns about out of hours admissions. We were told that these sometimes happened without discussion with or assessment by the on call medical team.
- Some staff did not always adhere to the trusts uniform policy.
- We found poor stock rotation processes and out of date items of equipment.
- Not all medical devices showed when they were last checked and serviced.
- Waste disposal containers for sharp instruments and medicines were not always stored safely. However, these concerns were addressed immediately during our inspection.
- Patients were not assessed for delirium in line with best practice guidance.
- ICNARC data showed the proportion of non-delayed, out-of-hours discharges to a ward was 'worse than expected'.
- We were also told that delayed discharges, for medically fit patients, sometimes happened because the speciality team, the patient was being cared for, had requested admission to a specific ward where a bed was unavailable.

## Is the service safe?

**Requires improvement** ● ↓

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

- The unit was still not meeting the GPICS standards for medical care cover. This meant, if an emergency surgical patient needed to go to theatre and there was an emergency in obstetrics, there were insufficient numbers of appropriately trained resident medical staff available to safely care for patients already within the unit or patients requiring admission to the unit.
- Some staff did not always adhere to the trusts uniform policy related to infection prevention and control.

# Critical care

- We found some out of date items of single use equipment.
- Not all medical devices showed when they had last been serviced.
- Waste disposal containers for sharp instruments were not always stored safely.
- Waste medicine containers were not stored safely.
- The unit had trolleys available for staff to access in the event of other emergencies, for example a difficult intubation trolley. However, we saw two sets of guidelines on the difficult intubation trolley (2004 and 2015).
- Staff raised concerns that not all patients were assessed by medical staff before being admitted to the HDU.
- Patients were not assessed for delirium in line with best practice guidance.

However, we also found:

- Compliance levels for mandatory training were predominantly positive and staff told us they were supported to attend training.
- All areas we visited were clean and well maintained. Infection control safety performance was positive and data was displayed on the unit.
- Medical and nursing documentation was clear, legible, dated, timed and signed in line with staffs registering bodies.
- Emergency resuscitation equipment on the unit had daily and weekly checks completed in line with policy.
- Staff we were able to clearly define their responsibilities in relation to safeguarding patients.
- Staff were aware of how and when to report incidents, including safeguarding concerns.
- The unit displayed patient safety information, this showed 98% of incidents resulted in low or no harm to patients. We saw that staff received feedback and lessons learned were shared.

## Is the service effective?

Good ● → ←

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

- Trust policies were available for staff to access on the trust intranet. These included a range of pathways and guidance for critical care which reflected national evidence based best practice and guidelines.
- Patients were supported with their nutrition and hydration needs. There was not a dedicated dietician for the unit, however we were told that staff had access to a responsive multidisciplinary nutritional support team.
- The service made sure staff were competent for their roles. There was a clinical educator who coordinated all aspects of an effective training and induction programme for new staff.
- During our inspection we looked at the update to date information and found that 100% of eligible staff had an up to date appraisal.
- At this inspection data seen on site showed that 57% of staff had a post registration qualification in critical care, which meant the unit had exceeded the GPICS standard.
- The service held records of staff who had received training for specialist equipment. The clinical educator kept and reviewed a central training and competency log.

# Critical care

- We saw effective working between all staff involved in the care of patients on the unit during our inspection and staff reported positive working relationships with all members of the multidisciplinary team.
- Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty safeguards (DoLs) and how the need for restraint in patient's best interest applied in relation to critical care.
- We saw staff seeking consent before providing care and treatment. We saw capacity assessments documented in three of four records we reviewed.

However, we also found:

- We were told that physiotherapy rehabilitation outcome measures were not audited, therefore the unit would not be able to recognise if improvements were required to enable patients to meet their desired outcomes.

## Is the service caring?

Good ● → ←

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

- Staff of all grades and disciplines were observed being caring, compassionate, polite and respectful.
- We saw discreet and confidential communication, and curtains were used between bed spaces, or side ward doors were closed before treatment commenced to maintain privacy and dignity.
- Friends and family test feedback was captured and displayed on the unit.
- The trust provided data which showed the overall FFT response rate for the unit from August 2017 to July 2018 was 47% with 100% recommending the unit in 11 of the 12 months.
- The unit provided a patient's diary called 'critical reflections'. These were used to fill any memory gaps patients may have following their discharge.
- The unit had a 'tell me tree' which was available in the relative's room and allowed family and friends of patients to leave feedback for staff.
- The unit had access to a psychologist to provide emotional support.
- Patients and relatives told us all staff introduced themselves, spoke to them with respect and explained their treatment
- The unit provided 'Winston's wish memory boxes' which were supplied by a national charity to support children through bereavement.

## Is the service responsive?

Good ● ↑

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

- The unit was actively involved in the local and regional critical care networks.

# Critical care

- The service was planned to meet the needs of patients. The unit had 11 bed spaces. The trust declared three level three beds and four level two beds to the critical care network. However, the bed use could be flexed to meet the needs of patients.
- The unit had implemented a follow up clinic and was now meeting the GPICS and the National Institute of Health and Care Excellence (NICE) CG83 rehabilitation after critical illness best practice guidance.
- The service had an outreach team available 24 hour per day, to support patients recently discharged from the unit, patients requiring parental nutrition, or those who were outside the unit and were acutely unwell or potentially deteriorating.
- There was a number of dementia friendly initiatives available and staff used patient passports for those with a learning disability.
- The unit had implemented a 'big ear'. This was an audio device which had been installed to reduce noise levels. Research had shown these to be effective in critical care units, without introducing any other means of noise reduction.
- The trust chaplains regularly visited the unit and could be contacted 24 hours per day through the hospital switchboard.
- Interpretation and translation services were available and staff knew how to access them when needed.
- There were low numbers of complaints and we saw lots of compliment cards displayed. Information about how to raise a concern was clearly displayed.

However, we also found:

- ICNARC data showed the proportion of non-delayed, out-of-hours discharges to a ward was 'worse than expected'.
- We were also told that delayed discharges, for medically fit patients, sometimes happened because the speciality team, the patient was being cared for, had requested admission to a specific ward where a bed was unavailable.
- Some staff reported concerns about out of hours admissions. We were told that these sometimes happened without discussion with the on call medical team.

## Is the service well-led?

**Good** ● ↑

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

- There was a clear leadership structure. Staff told us that their line manager and the senior team were visible, approachable and supportive.
- The nursing and medical teams were established with experienced staff who provided clinical and professional leadership. Staff told us they were well supported in their roles and had a clear understanding of their responsibilities.
- Staff we spoke with, including newly recruited staff were aware of the trusts vision and values.
- The senior team provided evidence of their assessment of the risks and actions to mitigate these risks, improvements and strategic aims for the unit.
- We found the culture of the unit was open and inclusive for staff and patients. The staff we spoke with were friendly, warm and welcoming, without exception.

# Critical care

- Medical and nursing staff we spoke with felt valued and respected by their peers and leaders.
- Local governance arrangements were robust, and the team was aware of the risks to their service.
- All staff had access to 'Aireshare', the trusts intranet; each area had their own section on the site which allowed staff to access policies and procedures most relevant to their area of work and also access to meetings minutes.
- The unit had an effective written patient engagement strategy and had developed the mechanisms for receiving and acting on feedback. This included written information and a 'tell me tree' which enabled relatives to leave feedback.
- We saw examples of innovation and improvement.

However, we also found:

- There had been limited progress on some of the actions required to ensure the unit fully met GPICS standards. In particular we were concerned about the out of hours medical cover which meant patients safety could be at risk due to their being insufficient numbers of appropriately trained medical staff available. This could also result in a perceived lack of support available for more junior staff.

## Outstanding practice

Work with the local and regional critical network had led to changes in practice, for example improved medicine labelling and safety and also the introduction of a bowel care competency for staff.

As part of their follow up patients were offered the opportunity to visit and look round the unit as many patients were unable to recall their inpatient experience on the unit. Patients had provided positive feedback about this.

During our inspection we witnessed the 'music in hospitals' initiative. This involved a musician playing music and signing for the patients. Staff and patients told us they enjoyed this.

We were told the pharmacy team and dieticians were working on a new initiative, which involved patients receiving a feeding product which was high in nitrogen as this products use had been shown to reduce length of stay.

The unit had implemented a 'big ear'. This was an audio device which had been installed to reduce noise levels. Research had shown these to be effective in critical care units, without introducing any other means of noise reduction.

## Areas for improvement

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

- The trust must ensure medical staffing for critical care meets GPICS guidance.
- The trust must ensure that patients in critical care are assessed for delirium in line with best practice guidance and that this is audited to ensure compliance.
- The trust must ensure all staff follow the correct procedures for out of hours admissions to critical care.

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

- The trust should ensure that all staff in critical care comply with the hospitals uniform policy.
- The trust should ensure that a robust stock rotation process is implemented in the critical care unit.
- The trust should ensure that waste disposal containers for sharp instruments and medicines are stored safely in the critical care unit. Sharps containers should have temporary closures in place when not in use and waste medicine containers should not be left in patient and public areas.

# Critical care

- The trust should ensure physiotherapy rehabilitation outcome measures are audited to provide assurance that patients, in critical care, are meeting their desired outcomes.
- The trust should ensure it addresses and improves the proportion of non-delayed, out-of-hours discharges to a ward.

# Diagnostic imaging

Good 

## Key facts and figures

The main radiology department at Airedale General Hospital has three general radiology rooms, one flat panel C-arm fluoroscopy room, one mammography room, three ultrasound rooms, a magnetic resonance imaging (MRI) scanner and two computerised tomography (CT) scanners.

The department performs approximately 150,000 examinations per year.

The department was extended and refurbished in 2003.

In addition, the trust provides plain film at two satellite units and plain film and ultrasound at a further satellite unit. During the inspection we visited the diagnostic imaging department at Airedale General Hospital.

The MRI unit opened between 06:30am and 8pm Monday to Friday. One day a week the unit was open until 9pm. The MRI was open on a Saturday and Sunday between 8am and 7pm depending on the waiting lists.

All equipment is digital and linked to the trust's picture archive communication systems (PACS). Equipment is routinely replaced under a private finance initiative, which is contracted until 2020.

Our inspection was unannounced (Staff did not know we were coming). We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings. At this inspection we inspected and rated all key questions. During the inspection we spoke with 34 staff, 10 patients and reviewed 15 records.

## Summary of this service

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- We rated safe as requires improvement, effective was not rated, caring, responsive and well led as good.
- Staff had access to incident reporting systems and were aware of how to report incidents. Areas visited we visibly clean and tidy. Medicines checked were stored securely.
- Staff could describe the audits the service completed and had access to radiation protection advisors and there were radiation protection supervisors in the department.
- Staff could offer patients food and drink as required in the department. Most staff told us they had appraisals and there were reporting radiographers in the department. Mental capacity act training compliance achieved the trust target between April 2017 and March 2018.
- Staff provided compassionate care and provided reassurance to patients as required. Chaperones were available as required in the service. Patient feedback during the inspection was positive.
- There were local diagnostic imaging business meetings to manage capacity and demand and managers could describe how the service planned services. The service had a weekly metric meeting to manage and monitor waiting times and reporting times.



# Diagnostic imaging

- There was a department bookings team for diagnostic imaging and staff told us interpreters were available as required.
- Managers could describe the vision for the service and there was a management structure in place in the department. The service had introduced a governance lead in each modality.
- Managers could describe the risks to the service and there was a risk register in place.
- Staff told us the department culture had improved and there was good teamwork in the teams.
- Staff had access to the required information systems and managers had access to weekly metric reports to monitor performance and key performance indicators across the service.

However, we also found:

- There were various policies, procedures and documents which had not been reviewed and there was limited evidence of document control in the department.
- Mandatory training compliance was not always achieved. The trust target for safeguarding children mandatory training was not achieved for nursing staff. WHO safety checklist audits had recently been implemented, however the audit results did not highlight overall compliance. There had been two never events in the previous 12 months.
- There were issues with patient group directions (PGD) with the authorising manager section of the PGD not being signed, incorrect expiry and review dates and one PGD had an incorrect route of administration as the document name. The refrigerator temperature checklist had missing checked dates in September 2018 and oxygen and suction checklist had missing dates between July 2018 and November 2018.
- There were paper copies of the pathways seen during the inspection past their review date.
- From April 2017 to March 2018, 77.1% of staff in diagnostic imaging at the trust received an appraisal compared to a trust target of 85%.
- The service had not always met the six week waiting targets in the previous 12 months, although this had improved in the previous two months prior to the inspection and data provided by the trust showed areas where there were reporting backlogs and waiting times breaching targets.
- The service did not investigate and close complaints in line with the trust policy.
- The governance structure had recently been reviewed and was not fully embedded.

## Is the service safe?

### Requires improvement

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated it as requires improvement because:

- Mandatory training compliance did not always achieve the trust targets in all mandatory training areas. The trust target for safeguarding children mandatory training was not achieved for nursing staff.
- The service did not complete record audits and although the World Health Organisation (WHO) checklist was used in the department, the service had only recently started to audit the checklist for compliance. Audit results for the WHO safety checklist did not highlight overall compliance.

# Diagnostic imaging

- Patient Group Directions (PGD) checked highlighted that five PGDs did not have the authorising manager signed off on the document, one PGD did not have the correct review/expiry date and one PGD had incorrect route of administration as the document name.
- There were fourteen dates not documented for refrigerator temperature checking in September 2018.
- The oxygen and suction checklist had 53 dates missing between July 2018 and November 2018.
- The service had two never events in the previous 12 months.

However, we also found:

- Staff we spoke with were aware of how to report a safeguarding concern and told us there was a safeguarding lead at the trust for further advice.
- Areas we visited were visibly clean and tidy and the department had recently implemented daily cleaning checklists.
- The department had access to a resuscitation trolley and records seen showed this had been checked daily. There was warning signage on display in the diagnostic imaging department.
- Medicines checked were stored securely.
- Staff were aware of how to report incidents and had access to an electronic incident reporting system. Staff we spoke with were aware of the never events and there had been a department briefing after the incidents.

## Is the service effective?

We do not rate effective in diagnostic imaging, however we found:

- Policies, procedures and protocols were available on the system used by the department to staff. Staff could describe the evidence based guidance used across the department.
- The service had access to a radiation protection advisor and there were radiation protection supervisors available in the department.
- Staff could describe the audits completed such as the lead apron audit and there was an audit for determining background and scatter doses being done at the time of the inspection.
- Staff could offer patients food and drink as required in the department.
- Staff we spoke with during the inspection told us they had appraisals and there were staff in the department who had completed additional training, for example there were four reporting radiographers.
- Staff described multidisciplinary team working across the service.
- The MRI unit opened between 06:30am and 8pm Monday to Friday. One day a week the unit was open until 9pm. The MRI was open on a Saturday and Sunday between 8am and 7pm depending on the waiting lists.
- The trust reported that from April 2017 to March 2018 Mental Capacity Act (MCA) training was completed by 90.3% of staff in diagnostic imaging compared to the trust target of 80%.

However, we also found:

- From April 2017 to March 2018, 77.1% of staff in diagnostic imaging at the trust received an appraisal compared to a trust target of 85%.
- There was no health promotion information on display in the unit.

# Diagnostic imaging

- There were paper copies of the pathways seen during the inspection past their review date.

## Is the service caring?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Staff cared for patients with compassion. Feedback from patients during the inspection was positive. Friends and family test results were positive for the department.
- Chaperones were available to patients as required in the service.
- Staff interacted with patients during the scan and Clinical assistants in the MRI and CT department greeted patients.
- Staff provided reassurance as required to patients.
- In the MRI unit, as one radiographer would scan the patient the second radiographer would go through patient safety and speak with the patient.
- The service could accommodate patients to visit the department prior to a scan if required.

## Is the service responsive?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- Managers could describe how services were planned and described how capacity and demand was managed through the local diagnostic business meetings.
- The service had a bookings team who facilitated appointment bookings to the department.
- Staff told us they could access interpreters for patients as required.
- The service monitored waiting times and reporting backlogs through a weekly metric meeting.

However, we also found:

- The service had not always met the six week waiting targets in the previous 12 months, although this had improved in the previous two months prior to the inspection and data provided by the trust showed areas where there were reporting backlogs and waiting times breaching targets.
- The service did not investigate and close complaints in line with the trust policy.

# Diagnostic imaging

## Is the service well-led?

**Good** ●

We previously inspected diagnostic imaging jointly with outpatients so we cannot compare our new ratings directly with previous ratings.

We rated it as good because:

- The service had a vision for what it wanted to achieve.
- There had been changes to the management structure and governance structure since the previous inspection. These were in place, however were not fully embedded. There was a management structure in place in the department.
- The service had recently restructured the governance system and arrangements in the department and each modality had a governance lead. Risks could be described by the service and there was a risk register. Managers in the service had completed a governance gap analysis.
- Staff told us the department culture had improved and there was good teamwork in the teams.
- Staff had access to the required information systems and managers had access to weekly metric reports to monitor performance and key performance indicators across the service.

However, we also found:

- Governance structure had recently been reviewed and were not fully embedded.
- There were various policies, procedures and documents which had not been reviewed and there was limited evidence of document control in the department.

## Areas for improvement

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

- The provider must ensure:
- Policies, procedures, pathways, patient group directions and protocols in diagnostic imaging are reviewed as required and there is suitable document control in place.
- Safeguarding children mandatory training compliance targets are achieved.
- Waiting times targets are achieved and reporting backlogs are addressed.

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

- Ensure mandatory training compliance is achieved.
- Ensure trust appraisal targets are achieved.
- Ensure complaints are investigated and closed in line with trust policy.
- Continue to implement the WHO checklist audit in diagnostic imaging.
- Continue to document cleaning on the recently implemented checklists.
- Continue to implement the recently restructured governance structures in the department.

# Diagnostic imaging

- Continue to improve the six week waiting targets.

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 18 HSCA (RA) Regulations 2014 Staffing

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

#### 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 15 HSCA (RA) Regulations 2014 Premises and equipment

# Our inspection team

Sarah Dronsfield, Head of Hospital Inspections led this inspection.

An executive reviewer, Diane Sarkar, Chief Nurse, supported our inspection of well-led for the trust overall.

The team included 9 inspectors, one executive reviewer and 6 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.