

# Calderdale and Huddersfield NHS Foundation Trust

## Inspection report

The Royal Infirmary  
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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

Good 

Are services safe?

Requires improvement 

Are services effective?

Good 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Requires improvement 

Combined quality and resource rating

Good 

# 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

Calderdale and Huddersfield NHS Foundation Trust is an integrated trust. It provides acute and community health services. The trust serves two populations; Greater Huddersfield which has a population of 248,000 people and Calderdale with a population of 205,300 people.

The trust operates acute services from two main hospitals; Calderdale Royal Hospital and Huddersfield Royal Infirmary. The trust also provides community services in the Calderdale area. The trust has approximately 800 beds and 6,000 staff.

The trust saw over 102,000 inpatient admissions between January 2017 and December 2017. There were also over 427,238 outpatient attendances in the same period. There were over 150,000 accident and emergency attendances, 5,361 babies delivered and 1,632 patient deaths in the same period.

The trust provides urgent and accident and emergency services at both the Huddersfield Royal Infirmary and Calderdale Royal Hospital. The accident and emergency departments at both hospitals provides a 24 hour, seven day a week service. Huddersfield Royal Infirmary is a designated trauma unit.

The trust has critical care units at Huddersfield Royal Infirmary and Calderdale Royal Hospital. Both units provide combined intensive care and high dependency care. There are 19 inpatient beds but the services have a maximum capacity of nine level three and four level two patients.

The trust provided a full range of maternity services for women and families at both hospital sites and in community settings. Huddersfield Royal Infirmary has a six-bed midwifery-led birth centre for women considered low risk. Maternity services at Calderdale Royal Hospital include two postnatal wards, antenatal area, labour ward and antenatal clinic which included a maternity assessment area. The community midwifery teams also provide antenatal and postnatal care in women's homes, clinics, children's centres and general practice locations in the Calderdale area.

The children's service is located at both hospital sites; however, the majority of children's services, which include inpatient medical, and surgery take place at Calderdale Royal Hospital. Children's outpatient and child development services, a children's diabetes Team and a community children's nursing Team are also available.

The community inpatient service (community place) is a step down facility for those people who are medically fit for discharge and who are waiting for some social support on discharge. It is a joint initiative between the trust and the local authority. The trust closed this service in April 2018.

Calderdale integrated sexual health service was established in 2015 and provides a fully integrated level three sexual health service to the population of Calderdale. The service is based at Broad Street Plaza in Halifax. There are two satellite clinics based in Todmorden and Brighouse.

We inspected the trust in March 2016 and rated the trust as requires improvement. We rated safe, effective, and well led as requires improvement; caring and responsive were rated as good. We rated the Huddersfield Royal Infirmary and Calderdale Royal Hospital as requires improvement and community services as good. We found the trust was in breach of regulations and issued requirement notices in regard to Regulation 12: Safe care and treatment; Regulation 17: Good governance and Regulation 18: Staffing. The trust put action plans in place, which have been implemented and monitored by CQC.

# Summary of findings

## Overall summary

**Our rating of this trust improved since our last inspection. We rated it as Good** ● ↑

## What this trust does

Calderdale and Huddersfield NHS Foundation Trust is an integrated trust. It provides acute and community health services. The trust serves two populations; Greater Huddersfield which has a population of 248,000 people and Calderdale with a population of 205,300 people.

The trust operates acute services from two main hospitals; Calderdale Royal Hospital and Huddersfield Royal Infirmary. The trust also provides community services in the Calderdale area. The trust has approximately 800 beds and 6,000 staff.

Calderdale and Huddersfield NHS Foundation Trust provides the following acute core services: Urgent and emergency care, medical, surgical, maternity, gynaecology, critical care and children's and young people's services, end of life care and outpatient and diagnostic imaging services.

The community health services in Calderdale are provided from the acute hospital and local health centres. These include St Johns Health Centre, Todmorden Health Centre and Broad Street Plaza.

The trust saw over 102,000 inpatient admissions between January 2017 and December 2017. There were also over 601,310 outpatient attendances in the same period. There were over 150,000 accident and emergency attendances, 5,361 babies delivered and 1,632 patient deaths in the same period.

### 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.

We inspected the trust on 6-8 March 2018. As part of this inspection, we inspected the urgent and emergency, critical care, maternity and children and young people's services provided at Calderdale Royal Hospital and Huddersfield Royal Infirmary. We also inspected the community sexual health services and community inpatient services during 20-22 March 2018, as part of our continual checks on the safety and quality of healthcare services.

We inspected urgent and emergency because there was intelligence to suggest concern in a number of areas.

We inspected the critical care, maternity and children and young people's services because they were previously rated as requires improvement.

We inspected the community sexual health services and community inpatient services because these had not previously been inspected by CQC.

# Summary of findings

We also inspected well-led at trust level in a separate inspection between 3 and 5 April 2018. Our comprehensive inspections of NHS trusts have shown a strong link between the overall management of a trust and the quality of its services. For that reason, all trust inspections now include an inspection of the well-led key question at the trust level. Our findings are in the section headed: Is this organisation well-led?

What we found

## Overall trust

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

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

## Are services safe?

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

- Medical care services were rated as requires improvement for safe during our previous inspection. We did not inspect medical care as part of this inspection so the previous rating remains in place. We rated safe as requires improvement in the urgent and emergency care services and the critical care service at Calderdale Royal Hospital during this inspection. We rated safe as inadequate in the community inpatients services.
- We rated safe as requires improvement in the urgent and emergency care services and the critical care service at Calderdale Royal Hospital during this inspection. We rated safe as inadequate in the community inpatients services.
- We found shortfalls in the critical care consultant cover at Calderdale Royal Hospital because consultants had other areas of responsibility when on call and the rota did not provide continuity of care for patients.
- The urgent and emergency care services did not have sufficient consultants to staff a full weekend rota. This did not meet the Royal College of Emergency Medicine guidance of consultant presence 16 hours a day.
- In the community inpatient service, patient risks relating falls, pressure care, infection nutrition were not managed effectively. We identified shortfalls in staffing within the service. We also found that only 40% of staff had completed basic life support training in the last 12 months.
- Medicines, including controlled drugs were not managed effectively in critical care and the urgent and emergency services. We found expired medicines and consumable items, errors and omissions in the controlled drugs log books and medicine fridge temperatures were not always recorded.
- In the critical care and urgent and emergency services, we found that emergency equipment checks were not carried out and documented effectively.
- The emergency care services did not have suitable rooms to accommodate patients presenting with mental ill health. A risk assessment of the facilities had been completed but at the time of our inspection action had not been taken to minimise risks to patients such as ligature risks. We also found there were ligature risks in the toilets and the small waiting room areas.

# Summary of findings

- Most staff had completed mandatory training but the training completion rate was below the trust target of 95% across most of the services we inspected.

However,

- Staff assessed and responded to patient risks appropriately. There were systems in place to protect vulnerable adults and children from abuse.
- Most staff understood the process for reporting incidents. Incidents were investigated and shared with staff to aid learning.

## Are services effective?

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

- We rated effective as good in five of the six core services we inspected.
- Care and treatment provided was based on national guidance such as the National Institute for Health and Care Excellence (NICE) guidelines and the Royal College's guidance.
- The trust participated in local and national audits to improve patient outcomes. Audit results were used to benchmark and compare with other trusts locally and nationally. The emergency department.
- The critical care services performed similar to other trusts for patient outcome measures in the Intensive Care National Audit and Research Centre (ICNARC) audit. Staff in the emergency department had carried out follow up audits to improve compliance with Royal College of Emergency Medicine (RCEM) national audits.
- The maternity services showed improvements in stillbirth rates and the proportion of women who experienced a third or fourth degree tear.
- Patients received care and treatment by qualified and competent staff that worked well as part of a multidisciplinary team. Most staff had completed their annual appraisal and the trust's appraisal compliance target of 95% had been achieved by most services.
- The electronic patient record (EPR) enabled staff to securely access up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff sought consent from patients before delivering care and treatment. Most Staff understood the legal requirements of the Mental Capacity Act 2005 and deprivation of liberties safeguards. Staff working with children and young people received training in and understood Fraser guidelines and Gillick competence.
- Patient's nutritional needs were met and pain score tools were used to identify and manage pain symptoms. Patients spoke positively about the choice and availability of food and drink offered to them.

However,

- The critical care outreach team were not collecting data for the national critical care outreach activity outcome data set due to time constraints within the team.
- The critical care outreach team were not compliant with a number of standards in relation to the teams' professional development.
- In the community inpatient services, patients' nutrition and hydration needs were not always met, patient outcome data was not collated or monitored and staff induction and competency training processes were not effective.

## Are services caring?

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

# Summary of findings

- Staff were caring and provided compassionate care. Patients were treated with dignity and respect and their privacy was respected. Patients spoke positively about the care they received.
- Staff involved patients and those close to them in decisions about their care and treatment and supported their emotional needs.
- Friends and family test feedback was positive across the core services we inspected. Test scores were in line with national averages and showed most patients would recommend the trust's services to their friends and family.

However,

- The response rates for the friends and family test across some services (such as urgent and emergency care and community services) were lower than the national average which does affect the significance of the results. The trust had plans in place to try and address this.

## Are services responsive?

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

- We rated responsive as good in five of the six core services we inspected.
- Staff understood the needs of the local population and were able to identify and plan care to meet people's individual needs. There were systems in place to support patients with mental health needs and patients with a learning difficulty or living with dementia.
- Staff could access interpreter services and British sign language services if needed.
- There had been improvements with the access and flow through the critical care services. This had resulted a reduction of the number of bed days with a delay of more than eight hours and the percentage of non-clinical transfers was in line with that of similar units.
- The trust did not achieve the emergency care four hour wait times standard. However, the urgent and emergency services performed better than the England average with performance between 89% and 97% across the previous 12 months.
- Follow up care for critical care patients following discharge from hospital had been implemented through a clinic. This was in line with the guidelines for the provision of intensive care services (GPICS) standard.
- Specialist midwives were available for pregnant women who might require additional help or support; for example, with respect to smoking cessation, substance misuse, and domestic violence.
- The community sexual health services held clinics six days a week and also held evening clinics at all three locations to enable timely access. The service was able to provide tests and treatments at the clinics. Microscopy was undertaken on site at the main clinic which meant some test results were available immediately.

However,

- Complaints were investigated and shared with staff to aid learning. However, complaint responses were not always completed within the specified timelines.
- Three closures of Huddersfield birth centre had taken place since January 2018 due to insufficient medical and surgical capacity across sites.
- The community inpatients service was not responsive to patient's needs. The service aimed to discharge patients within seven days but 54% of patients had stayed longer than 14 days. We also found that care plans did not fully meet the needs of patients that required additional support, such as those with a learning disability.

# Summary of findings

## Are services well-led?

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

- We rated well-led as good in five of the six core services we inspected.
- Governance systems in the critical care, maternity and children and young people services had been strengthened and we found significant improvements had been made since our last inspection.
- There was strong, visible and effective leadership across the majority of services we inspected. There was an open culture and most staff felt supported by their line managers.
- The trust routinely engaged with staff, patients and the public. We found examples of innovation and improvement across most of the services we inspected.
- There were effective governance and quality monitoring processes across most of the services we inspected. Key risks were identified and escalated effectively.

However,

- The governance and monitoring processes in the community inpatients service were not effective. The leadership model was confusing, roles and responsibilities were not clear and there was insufficient clinical oversight of patients.

## Ratings tables

The ratings tables show the ratings overall and for each key question, for each service, hospital and service type, and for the whole trust. They also show the current ratings for services or parts of them not inspected this time. We took all ratings into account in deciding overall ratings. Our decisions on overall ratings also took into account factors including the relative size of services and we used our professional judgement to reach fair and balanced ratings.

## Outstanding practice

We found examples of outstanding practice in critical care, maternity and urgent and emergency care services across the trust and in the community sexual health services

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

## Areas for improvement

We found areas for improvement including 24 breaches of legal requirements that the trust must put right. We found 52 areas that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

For more information, see the Areas for improvement section of this report.

## Action we have taken

We issued three requirement notices to the trust. Our action related to breaches of legal requirements in urgent and emergency care, critical care and community inpatient services.

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

## What happens next

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

# Summary of findings

## Outstanding practice

We found examples of outstanding practice during the inspection.

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

- The department had a website called EM Beds which was used as a repository for the standard operating processes (SOPs), patient pathways, policies and guidelines in use across both hospital sites. The system had been designed in-house by a member of the medical team. The service ensured new staff had access to the system prior to commencing employment to aid their understanding of key policies, processes and pathways in use in the department.
- The Calderdale Royal Hospital department had developed resources to help children feel more comfortable with what to expect from their journey through the department. There was an innovative display called 'Ted's Journey' that showed a soft toy 'Ted', making his way through the department with pictures of Ted receiving treatment from staff in the department using the equipment they would use on a child.

### **In Critical Care services:**

- The unit had developed partnership working with improving access to psychological therapies (IAPT), as part of critical care follow up clinic.

### **In Maternity services:**

- We saw outstanding collaborative care packages put in place with the local hospice where expected babies were diagnosed to have life limiting conditions. This included work with not only parents but siblings. The staff were nominated for a national award.

### **In Community Sexual Health services:**

- Staff visited many areas of the local population, in an effort to reach vulnerable members of society who may not be able to readily access services. The work the team did to promote the service through 'seasonal' campaigns and to identify hard to reach groups was very positive and had shown great achievement.

## Areas for improvement

Action the trust **MUST** take is necessary to comply with its legal obligations. Action a trust **SHOULD** take is to comply with a minor breach that did not justify regulatory action, to prevent it failing to comply with legal requirements in future, or to improve the quality of services.

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

- We told the trust that it must take action to bring services into line with legal requirements. This action related to concerns in the services we inspected.
- The trust must improve its financial performance to ensure services are sustainable in the future.

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

#### **Huddersfield Royal Infirmary**

- The trust must ensure they have robust systems for checking equipment and consumables and identifying and disposing of expired items.



# Summary of findings

- The trust must ensure that systems and processes are in place and followed for the safe storage, security, recording and administration of medicines including controlled drugs.
- The trust must ensure that they meet environmental audit targets for cleanliness or infection control.
- The trust must ensure that deviations to appropriate fridge temperatures are escalated in line with internal policies.
- The trust must ensure there is a suitable ligature room to accommodate patients presenting with mental ill-health.
- The provider must remove ligature risks identified in key areas of the department.

## **Calderdale Royal Hospital**

- The trust must ensure that systems and processes are in place and followed for the safe storage, security, recording and administration of medicines including controlled drugs.
- The trust must ensure that deviations to appropriate fridge temperatures are escalated in line with internal policies.
- The trust must ensure there is a suitable ligature room to accommodate patients presenting with mental ill-health.
- The trust must remove ligature risks identified in key areas of the department.
- The trust must ensure that they meet environmental audit targets for cleanliness or infection control.
- The trust must ensure they have robust systems for checking equipment and consumables and identifying and disposing of expired items.

## **In Critical Care services:**

### **Calderdale Royal Hospital**

- The trust must ensure medical staffing at Calderdale is in line with Guidelines for the Provision of Intensive Care Services 2015 (GPICS) standards.
- The trust must ensure paper prescription charts are fully completed ensuring second signatures and batch numbers are recorded.

## **In Community Inpatient services:**

- The trust must ensure all incidents are identified, reported and investigated, in a timely way.
- The trust must ensure that learning from incidents is shared, implemented, monitored and tested to embed lessons learned.
- The trust must ensure at all times there are sufficient numbers of suitably skilled, qualified and experienced staff to reflect patients' clinical needs.
- The trust must ensure at all times there is sufficient staffing skills mix in line with best practice and national guidance to ensure clinical oversight and respond to patients' clinical needs.
- The trust must ensure staff complete induction training to enable them to carry out the duties they are employed to perform.
- The trust must ensure staff complete mandatory training to enable them to carry out the duties they are employed to perform, including training in life support and in assessing and responding to patient's risks.
- The trust must ensure staff have the necessary competencies to enable them to carry out the duties they are employed to perform.

# Summary of findings

- The trust must ensure patient record systems are in place to ensure staff have access to the information they need to respond to risks to patients and provide high quality care.
- The trust must ensure risks to patients are assessed, monitored and mitigated.
- The trust must ensure the nutrition and hydration needs of patients are met.
- The trust must ensure care is sufficiently personalised to take account of individual needs.
- The trust must ensure leadership and management processes are clear and roles and escalation processes are effective.
- The trust must ensure governance systems and processes enable oversight of operational risks and challenges.
- The trust must ensure systems are in place to measure the effectiveness and responsiveness of the service, and that relevant data is used to inform service-planning and evaluation.

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

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

## **Trust wide:**

- The trust should improve engagement and involvement with all staff groups with protected characteristics, such as staff with a disability or LGBT staff.
- The trust should improve the effectiveness of the Freedom to Speak up process.
- The trust should develop processes to measure the outcomes of mental health patients in order to identify opportunities to improve care.
- The trust should strengthen on-going assurance and management oversight processes across the trust.
- The trust should improve medicines management processes including monitoring of staff compliance and availability of pharmacy team support and oversight.

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

### **Huddersfield Royal Infirmary**

- The trust should continue to strengthen staff knowledge and training in relation to mental capacity act and deprivation of liberty safeguards.
- The trust should ensure there are leaflets and resources available to patients whose first language is not English.
- The trust should ensure that all staff complete mandatory training to meet their own targets for completion.
- The trust should ensure they work to meet the Royal College of Emergency Medicine recommendations of 16 hours consultant presence in the department.
- The trust should ensure that children are seen in an appropriate environment by staff that are suitably skilled, qualified and experienced.

### **Calderdale Royal Hospital**

- The trust should ensure that all staff complete mandatory training to meet their own targets for completion.
- The trust should ensure they work to meet the Royal College of Emergency Medicine recommendations of 16 hours consultant presence in the department.

# Summary of findings

- The trust should continue to strengthen staff knowledge and training in relation to mental capacity act and deprivation of liberty safeguards.
- The trust should ensure there are leaflets and resources available to patients whose first language is not English.

## **In Critical Care services:**

### **Huddersfield Royal Infirmary**

- The trust should ensure paper prescription charts are fully completed ensuring second signatures and batch numbers are recorded.
- The trust should continue to work with staff to ensure sepsis screening is clearly recorded within the correct part of the electronic patient record.
- The trust should encourage incident reporting within the unit to ensure all incidents including near misses are reported.
- The trust should ensure staff are aware of safety performance within the unit and up to date information is displayed.
- The trust should ensure data is collected for National Outreach Forum (NOF) and the achievement of West Yorkshire Critical Care Operational Delivery Network (WYCCODN) competencies and standards within the critical care outreach team.
- The trust should use patient diaries in line with the guidelines for the provision of intensive care services (GPICS) recommendations.

### **Calderdale Royal Hospital**

- The trust should ensure the system for checking emergency equipment and transfer equipment in the intensive care unit at Calderdale is clear, and should consider signing and dating the seal on the resuscitation trolley to provide assurance that the contents have not been tampered with between checks.
- The trust should continue to work with staff to ensure sepsis screening is clearly recorded within the correct part of the electronic patient record.
- The trust should encourage incident reporting within the unit to ensure all incidents including near misses are reported.
- The trust should ensure staff are aware of safety performance within the unit and up to date information is displayed.
- The trust should ensure data is collected for National Outreach Forum (NOF) and the achievement of West Yorkshire Critical Care Operational Delivery Network (WYCCODN) competencies and standards within the critical care outreach team.
- The trust should use patient diaries in line with GPICS recommendations.

## **In Maternity services:**

### **Huddersfield Royal Infirmary**

- The trust should ensure all staff are up to date with mandatory training.
- The trust should respond to complaints in a timely manner and in line with their policy.
- The trust should ensure that there is adequate staffing and accessible on-call cover at Huddersfield Birth Centre.
- The trust should upgrade the attendance times of ambulances for priority one cases at Huddersfield birth centre from presenting a low risk to presenting a moderate risk on the maternity risk register.

# Summary of findings

- The trust should continue to monitor transfer rates from Huddersfield Birth centre to the Calderdale site, and review why rates appear high compared to national averages.
- The trust should consider the necessity of closures of Huddersfield birth centre and their effect on the viability of the centre.

## **Calderdale Royal Hospital**

- The trust should ensure all staff are up to date with mandatory training.
- The trust should respond to complaints in a timely manner and in line with their policy.
- The trust should ensure all staff are up to date with safeguarding training; including safeguarding adults training.
- The trust should consider the security arrangements in maternity areas to include the continued plans for electronic tags for babies. Additional guidance should be included in the abduction policy as regards vulnerable infants.

## **In Children and Young People services:**

### **Huddersfield Royal Infirmary**

- The trust should ensure that best practice staffing guidance as identified by the Royal College of Nursing (2013) is fully implemented.
- The trust should ensure that the 'Facing the Future' standards are fully achieved.
- The trust should ensure that children and young people's mental health training sessions are available for staff.
- The trust should ensure that arrangements are in place to monitor when band five staff are in charge of ward 18 without the advanced paediatric nurse practitioner (APNP) being present.

### **Calderdale Royal Hospital**

- The trust should ensure that best practice staffing guidance as identified by the Royal College of Nursing (2013) is fully implemented.
- The trust should ensure that the 'Facing the Future' standards are fully achieved.
- The trust should ensure that children and young people's mental health training sessions are available for staff.
- The trust should ensure that all medical equipment in the neonatal unit is serviced as per contract identified.
- The trust should ensure that the records trolley on the neonatal unit is locked.
- The trust should ensure that all staff in the children's outpatient department are aware of where to access a resuscitation trolley.

## **In Community inpatient services:**

- The trust should ensure patients' capacity is considered in care planning.
- The trust should improve local audit systems, including documentation and environmental audits.
- The trust should ensure patient outcomes are measured and monitored.
- The trust should ensure systems are in place to meet patients' language support needs
- The trust should ensure appropriate equipment is available to support staff in keeping patients safe, such as manual handling and falls prevention equipment.

# Summary of findings

## Is this organisation well-led?

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

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

- The trust board had the appropriate range of skills, knowledge and experience to perform its role. A new chair had been appointed in April 2018. Non-executive directors had a broad range of leadership experience and provided appropriate challenge.
- Newly appointed directors underwent formal induction and training specific to their role. Leadership development and succession planning processes were in place. A number of staff had participated in the Compassionate Leader in Practice (CLIP) programme since its launch in June 2017.
- There was routine engagement with staff, patients and the public. The executive and non-executive directors undertook a scheduled programme of walkabouts across the directorates and reported these back at board meetings.
- Most staff reported that the leadership team were visible and approachable. Staff could post queries and concerns directly to the chief executive and queries were responded to.
- The trust had a black, asian and minority ethnic (BAME) network group and BAME staff were positively engaged and supported by senior leaders and the chief executive. Equality impacts were undertaken to mitigate any potential risks to staff with protected characteristics.
- The trust's strategic objectives were incorporated into the five year strategy and associated one year plan. These were supported by a number of other core strategic plans, strategies and framework documents. The trust involved staff, patients and key stakeholders in the development of the strategy.
- The strategy was aligned to local plans in the wider health and social care economy. The trust worked in partnership with other trusts as part of the West Yorkshire Association of Acute Trusts and the West Yorkshire and Harrogate sustainability and transformation plan to promote good patient care improve efficiency of services.
- There was an open and friendly culture across the trust with a strong focus on patient safety. The trust vision and the four 'pillars' of behaviours were widely understood by staff across the trust. Most staff felt supported and spoke positively about working for the trust and within their teams.
- There was a clear governance structure that supported the escalation of information and key risks to the trust board through various committees and assurance groups. The trust had made improvements to governance arrangements in 2016 following an independent review of governance.
- There were processes in place for identifying, recording and managing risks, issues and mitigating actions. The corporate risk register and board assurance framework was suitably maintained, reviewed and updated.
- The trust had appointed a Guardian of safe working hours. They were provided with suitable resources and support to help staff to raise concerns.
- The launch of the electronic patient record (EPR) system in 2017 enabled staff within the trust and externally to access patient records remotely.

# Summary of findings

- There were effective systems in place to report, investigate and learn from serious incidents, safeguarding incidents, complaints and patient deaths. The trust was compliant with the statutory and contractual Duty of Candour requirement.
- Staff took part in quality improvement projects to improve service delivery and efficiencies. Quality impact assessments were completed for improvement programmes that could impact on the delivery of care.
- The trust achieved most targets for cancer wait times and referral to treatment during 2017/18 and consistently performed better than national average against the emergency care four hour wait standard.

However:

- The trust reported that further work was required as part of the equality and diversity strategy to establish staff network groups for staff with a disability or lesbian, gay, bisexual and transgender (LGBT) staff.
- The Freedom to Speak up process was not fully embedded across the trust. The Freedom to Speak up Guardian was a non-executive director and we were not assured they had the capacity to undertake the full aspects of this role due to their limited working hours in the trust.
- The trust was developing an overarching mental health strategy and did not routinely audit the outcomes of mental health patients. There were plans to improve this through the creation of a mental health working group.
- The current financial position posed a significant risk to the long term sustainability of the trust. The trust board understood the priorities and challenges facing the trust. However, we found they did not have a collective view or clear alternative solutions to address the key challenges the trust faced including financial performance and the delay to the trust reconfiguration plan.
- The NHS improvement (NHSi) Use of Resources review on 28 March 2018 also identified areas for improvement in relation to the trust's financial performance. The trust was rated as requires improvement for Use of Resources.
- We found there was a lack of management oversight in the community inpatient service because the concerns we raised with the trust had not been addressed in a timely manner and these concerns had not previously been identified through the trust's own monitoring processes. The trust voluntarily closed the service immediately following the inspection to mitigate any on-going patient risks.
- Shortfalls in medicines management processes within the core service areas highlighted that the local level governance and quality monitoring was not effective and there was a lack of monitoring and support from the pharmacy teams.

## Use of resources

See separate report at [www.cqc.org.uk/provider/RWY/reports](http://www.cqc.org.uk/provider/RWY/reports)

## 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 ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018

The rating for well-led is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions are from combining ratings for services and using our professional judgement.

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Huddersfield Royal Hospital	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Calderdale Royal Hospital	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
<b>Overall trust</b>	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018

Ratings for the trust are from combining ratings for hospitals. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

### Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Community	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Requires improvement ↓ Jun 2018
<b>Overall trust</b>	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018

The rating for the well-led key question is based on our inspection at trust level, taking into account what we found in individual services. Ratings for other key questions take into account the ratings for different types of service. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.



## Ratings for Huddersfield Royal Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018
Medical care (including older people's care)	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Surgery	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Critical care	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Maternity	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Services for children and young people	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
End of life care	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Outpatients	Good Aug 2016	Not rated	Good Aug 2016	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016
<b>Overall*</b>	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for Calderdale Royal Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018
Medical care (including older people's care)	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Surgery	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Critical care	Requires improvement ↓ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
Maternity	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
Services for children and young people	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018
End of life care	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Outpatients	Good Aug 2016	Not rated	Good Aug 2016	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016
<b>Overall*</b>	Requires improvement ↔ Jun 2018	Good ↑ Jun 2018	Good ↔ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018	Good ↑ Jun 2018

\*Overall ratings for this hospital are from combining ratings for services. Our decisions on overall ratings take into account the relative size of services. We use our professional judgement to reach fair and balanced ratings.

## Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good Aug 2016	Requires improvement Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Community health services for children and young people	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Community health inpatient services	Inadequate Jun 2018	Requires improvement Jun 2018	Good Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018	Requires improvement Jun 2018
Community end of life care	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016	Good Aug 2016
Community sexual health services	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018	Good Jun 2018
<b>Overall*</b>	Requires improvement ↓ Jun 2018	Requires improvement ↓ Jun 2018	Good ↔↔ Jun 2018	Good ↔↔ Jun 2018	Good ↔↔ Jun 2018	Requires improvement ↓ Jun 2018

\*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.

# Calderdale Royal Hospital

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## Key facts and figures

Calderdale and Huddersfield NHS Foundation Trust is an integrated trust. It provides acute and community health services. The trust serves two populations; Greater Huddersfield which has a population of 248,000 people and Calderdale with a population of 205,300 people.

The trust operates acute services from two main hospitals; Calderdale Royal Hospital and Huddersfield Royal Infirmary. The trust also provides community services in the Calderdale area. The trust has approximately 800 beds and 6,000 staff.

Calderdale Royal Hospital provides a full range of acute services. The accident and emergency department provides a 24 hour, seven day a week service. The critical care unit at the hospital provides combined intensive care and high dependency care. Maternity services at Calderdale Royal Hospital include two postnatal wards, antenatal area, labour ward and antenatal clinic which included a maternity assessment area. Children's services including inpatient medical and surgery services are available at the hospital. Children's outpatient and child development services, a children's diabetes Team and a community children's nursing team are also available.

Calderdale Royal Hospital saw over 52,700 inpatient admissions between February 2017 and January 2018. There were also over 275,900 outpatient attendances in the same period.

We inspected Calderdale Royal Hospital in March 2016 and rated the hospital as requires improvement. We rated safe, effective, responsive and well led as requires improvement and caring was rated as good. We found the hospital was in breach of regulations and issued four requirement notices in regard to Regulation 12: Safe care and treatment; Regulation 17: Good governance and Regulation 18: Staffing.

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

As part of this inspection, we visited the urgent and emergency care, critical care, maternity and children and young people's services. We visited the wards and clinical areas. We spoke with 84 members of staff from all levels and reviewed over 34 patient and prescription records. We also spoke with over 37 patients or carers. We observed daily practice and before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

# Summary of findings

## Summary of services at Calderdale Royal Hospital

Good ● ↑

Our overall rating of the hospital improved since the last inspection. We rated it as good because:

- We rated the hospital as good overall. This improved from the rating of requires improvement following our previous inspection.
- We rated caring at this hospital as good. This stayed the same as our previous rating. Across all the services we inspected, we found staff treated patients with kindness, compassion, and respect. Patients and their relatives commented positively about the care they received.
- We rated effective, responsive and well-led at this hospital as good. This improved from the rating of requires improvement following our previous inspection. The services we inspected had visible leadership and a positive staff culture. There were effective systems in place for governance, risk management and quality monitoring. Services were planned and delivered to meet patient needs and most patients were admitted and discharged from the hospital in a timely manner.
- Our rating for safe at this hospital stayed the same as our previous rating. We rated safe at this hospital as requires improvement. This was because we rated safe as requirement in the urgent and emergency care and critical care services during this inspection. There was also one service (medical care) that was not inspected on this visit that was rated as requires improvement.
- We rated urgent an emergency care as good overall. Our rating stayed the same since the last inspection. We rated effective, caring, responsive and well led as good. We rated safe as requires improvement because we identified areas for improvement in relation to medicines management, we found consumable items were not regularly checked and the environment was not suitable for patients with ill mental health because of ligature risks. The service did not meet national guidelines for consultant presence for 16 hours per day.
- We rated critical care as good overall. Our rating stayed the same since the last inspection. We rated effective, caring, responsive and well-led as good. We rated safe as requires improvement because we identified areas for improvement in relation to consultant cover arrangements, emergency equipment checks and medicines management.
- We rated the maternity and services for children and young people as good overall. All five domains were rated as good for these services. These had improved since the last inspection. In maternity services, patient engagement had improved since our last inspection and the views and experiences of people who used maternity services were acted upon to shape and improve the service and culture.

# Urgent and emergency services

Good   

## Key facts and figures

The trust provides urgent and accident and emergency services at the Huddersfield Royal Infirmary and Calderdale Royal Hospital.

The accident and emergency department at Calderdale Royal Hospital provides a 24 hour, seven day a week service to the local population. Between April 2017 and March 2018, there were 76,375 accident and emergency department attendances at Calderdale Royal Hospital and 72,068 attendances at Huddersfield Royal Infirmary. This equates to an average of 406 patients a day across urgent and emergency care services at the trust.

The accident and emergency department at Calderdale Royal Hospital is not a designated trauma unit.

There is no 'separate' paediatric accident and emergency department at Calderdale Royal Hospital but there are paediatric triage and treatment rooms. Between 1 March 2017 and the 28 Feb 2018 there had been 18,087 paediatric attendances.

The accident and emergency department had four resuscitation bays, one of which was dual equipped for adults and children. There were 13 cubicles to treat patients with major injuries and illnesses, four cubicles to treat minor injuries, an eye room, an ambulance assessment room for rapid assessment, an adult triage room, a GP triage room, a paediatric triage room, a paediatric treatment room, a small waiting room in majors and a five bedded clinical decisions unit split in to bays of three beds and two beds, for single sex accommodation. The clinical decisions unit also had a side room that was used as a small seated waiting area

Patients who go to the hospital with minor injuries or illnesses register with reception before a triage nurse assesses them. There is an out of hours GP in the department ran between the hours of 6am and 10pm Mondays to Friday and 10am to 10pm at weekends. Where patients were triaged and deemed suitable to be streamed to the GP, they would be sent there from triage. There was paediatric triage and streaming in the department between the hours of 1pm and 9pm, seven days per week.

We inspected the whole core service and looked at all five key questions. In order to make our judgements, we spoke with 13 patients and carers and 18 staff from different disciplines. We observed daily practice and viewed five sets of records. Before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

## Summary of this service

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

- The service provided care and treatment based on national guidance such as the National Institute for Health and Care Excellence guidelines and the Royal College of Emergency Medicine's clinical standards for emergency departments.
- The department had a website called EM Beds which was used as a repository for the standard operating processes (SOPs), patient pathways, policies and guidelines in use across both hospital sites.
- The service supported staff so they were competent for their roles. Nursing appraisal rates had improved since the last inspection.

# Urgent and emergency services

- Staff cared for patients with compassion, treating them with dignity and respect. Feedback from patients confirmed that staff treated them well and with kindness.
- There were still issues with meeting national targets and standards in relation to patients waiting for treatment and admission to hospital, however the performance was generally better than the England average.
- Learning from complaints and incidents was cascaded to staff and there was a clear focus on quality and continuous improvement.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us they were proud to work in the department.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There was a clear management structure at directorate and departmental levels. The managers knew about the quality issues, priorities and challenges in the department.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. The department had an education strategy for emergency nursing with a focus on educating, developing and growing a strong and competent nursing workforce.

However:

- There was consultant presence five days per week on a rota and weekends on a voluntary rota basis. Work was continuing to meet national guidelines of consultant presence for 16 hours per day.
- At the time of our inspection the service was not recording or storing medicines appropriately. We found out of range fridge temperatures and gaps in recording of controlled drugs.
- There was no suitable room to accommodate patients presenting with mental ill-health.
- The service did not have registered paediatric nurses on shift. However, paediatric advanced nurse practitioners could be utilised from the paediatric ward and staff undertook two days paediatric training on induction, including basic paediatric life support.
- The service did not always meet environmental audit targets for cleanliness or infection control. We found some areas on inspection that required deep cleaning.
- Consumables in some areas of the department did not appear to be checked regularly and were expired. However, this was rectified immediately on site.
- Staff understood the incident reporting process. However we found examples where staff did not always report issues as an incident, such as errors in the recording of controlled drugs or out of range fridge temperatures.

## Is the service safe?

**Requires improvement** ● → ←

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

- The service did not have a suitable room to accommodate patients presenting with mental-ill health. We found ligature risks in the toilets and the small waiting room in the majors area, as well as the cubicle used to accommodate patients presenting with mental ill-health.

# Urgent and emergency services

- Medicines were not managed appropriately. We found expired medicines, out of range fridge temperatures that had not been escalated and mistakes in the controlled drugs register that had not been appropriately completed as per the trust policy.
- The consultant cover did not meet the Royal College of Emergency Medicine guidance for consultant presence of 16 hours a day during the weekends.
- Recent environmental audits showed that the department did not meet targets set for key areas, including the isolation of infected patients.
- Equipment and consumables were not consistently checked in line with the daily checklists. We found out of date consumables in the department, however staff removed these immediately.
- The service did not have two registered paediatric nurses on shift over a 24 hour period. Paediatric nurses did not work overnight. However, adult nursing staff undertook two days of paediatric training on induction that was delivered by a dual registered nurse consultant and included basic paediatric life support.

However:

- Staff knew how to report incidents and there was an investigation process in place. However staff did not always recognise issues around the recording of controlled drugs or out of range fridge temperatures as incidents that needed to be reported.
- The service used safety monitoring results well. Staff were able to identify and respond appropriately to patients at risk of deteriorating. Staff kept appropriate records of patients' care and treatment.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so.
- A paediatric liaison sister reviewed all attendances of children 17 years old or under on a daily basis, to provide a safety net to ensure that safeguarding referrals and concerns were not missed.
- Managers acknowledged that staffing had historically been a challenge, but new staff had been recruited. Interviews for band 6 sisters were taking place whilst we were inspecting the service.
- The service provided mandatory training in key skills to all staff and had plotted a positive trajectory for completion before the end of March 2018.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance such as the National Institute for Health and Care Excellence guidelines and the Royal College of Emergency Medicine's clinical standards for emergency departments.
- The department had a website called EM Beds which was used as a repository for the standard operating processes (SOPs), patient pathways, policies and guidelines in use across both hospital sites.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. Staff used a pain score tools to assess if patients had pain.



# Urgent and emergency services

- The service participated in national audits, such as those identified by the Royal College of Emergency Medicine. Performance in national audits was varied and some standards were not met, however the department had re-audited several outcomes, including sepsis and had seen improvements.
- There was a clinical practice educator who coordinated training and induction for staff. The department had development and competency plans tailored for the staff members' banding and experience. Development plans included comprehensive objectives and development opportunities.
- Staff worked together as a team to benefit patients. We observed effective multidisciplinary working.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Patient information was accessible using an electronic patient record (EPR) system.
- The unplanned re-attendance rate in seven days was higher than the trust target; however it was better than the England average.

However:

- Staff did not always show they understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. However, staff understood the basic principles of the acts and were able to explain how the principles worked in practice in the A&E department.

## Is the service caring?

Good ● → ←

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

- Staff cared for patients with compassion and treated them with dignity and respect.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients, families and carers gave positive feedback about their care.
- Staff provided emotional support to patients to minimise their distress.

However:

- The department did not have a dedicated viewing room for recently deceased patients in the department, however another room could be utilised and staff told us they could facilitate requests to wash and prepare the body in line with religious, spiritual and cultural beliefs.

## Is the service responsive?

Good ● → ←

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

- The trust planned and provided services in a way that met the needs of local people. The A&E department had acknowledged the mental health needs of the local population and had access to mental health services 24 hours a day via the psychiatric liaison team.

# Urgent and emergency services

- The service took account of patients' individual needs. The service had an innovate display called 'Ted's Journey' which showed children what to expect from their journey through the department, which staff they may see and what equipment might be used to treat them.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service understood the local demographic of the population and could tell us the most popular languages they required interpreters for.
- The service could request British Sign Language interpreters via the trust's main switchboard.
- The department met the four hour wait time standard three times from January 2017 to December 2017. However, the service performance better than the England average with performance between 89% and 97% across the previous 12 months.

However:

- There were no leaflets on display in the department in languages other than English and patient advice leaflets that were printed on demand were only available in the English language.

## Is the service well-led?

Good   

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

- The service had managers at all levels with the right skills and abilities to run the service. There was a clear management structure at directorate and departmental levels. The managers knew about the quality issues, priorities and challenges in the department.
- The department had an education strategy for emergency nursing with a focus on educating, developing and growing a strong and competent nursing workforce.
- The service had a clear vision and strategy which looked to transform patient access to urgent and emergency care. The service had governance, risk management and quality measures to improve patient care, safety and outcomes.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards.
- The department submitted quality dashboards that allowed the leadership team to track the department's performance and set positive targets for improvement.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff said leaders were visible and approachable. Staff described the culture within the service as open and positive. Staff could raise concerns and felt listened to.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

# Urgent and emergency services

However:

- The leadership team were aware of issues around performance and were exploring whether the implementation of a new patient record system (EPR) was causing deterioration in performance due to a data capture issue.
- We identified governance issues around medicines management, stock rotation and expiry of medicines and consumables and the recording of controlled drugs. We escalated these issues to the leadership team but when we revisited key areas on the well led inspection, there was little improvement noted.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Critical care

Good  

## Key facts and figures

Calderdale and Huddersfield NHS Foundation Trust have two critical care units. The Calderdale Royal Hospital site is a combined intensive care unit (ICU) and high dependency unit (HDU). This provides level two (patients who require pre-operative optimisation, extended post-operative care or single organ support) and level three (patients who require advanced respiratory support or a minimum of two organ support) care to adult patients. The second larger unit is at Huddersfield Royal Infirmary.

The unit has five beds with the capability to flex to six. Currently five beds are in use. There is the availability of two single rooms as required. Cross site there is a maximum capacity of nine level three and four level two patients.

Intensive Care National Audit and Research Centre (ICNARC) data showed that between 1 April 2017 and 30 September 2017 at this site, there were 105 admissions with an average age of 55 years. Eighty four percent of admissions were non-surgical, 12% were planned surgical admissions and 4% were emergency surgical admissions. The average length of stay on the unit was two days.

A critical care outreach team provides a supportive role to the wards medical and nursing staff when caring for deteriorating patients and support to patients discharged from critical care. The team is available seven days a week from 7.30am to 8pm. Overnight cover is provided by the hospital out of hours programme (HOOP) team.

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

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. At the last inspection three key questions were rated requires improvement, these being effective, responsive and well led. We re-inspected all five key questions during this inspection.

During this inspection we visited the critical care unit. We spoke with three patients, three relatives and 18 members of staff. We observed staff delivering care, looked at four patient records and prescription charts. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

## Summary of this service

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

- We rated effective, responsive, caring and well led as good and safe as requires improvement.
- We found there was a focus on training. Mandatory training compliance was high and the number of staff with a post registration certificate in critical care had significantly improved.
- Nurse staffing levels were delivered in line with Guidelines for the Provision of Intensive Care Services 2015 (GPICS) standards and patient outcomes were in line with those of similar units.
- The systems and processes in place for management of patient records and the assessment of patient risks were reliable and followed national guidance.
- Care was evidence based and feedback from patient and relatives was positive. The privacy and dignity of patients was maintained and care was compassionate.

# Critical care

- There was consideration given to the individual needs of patients and there had only been one complaint about the service.
- Access and flow through the unit had improved. The number of delayed discharges and non-clinical transfers had improved since the last inspection.
- There was a vision and strategy for the service. There was clear medical and nursing leadership with an understanding of the risks and challenges to the service.

However;

- There were some areas on non-compliance against the GPICS standards, namely medical out of hour's provision and dietetic support.
- There were specific groups of staff with low levels of morale and a lack of designated leadership within the critical care outreach team.

## Is the service safe?

**Requires improvement** ● ↓

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

- There had been issues identified at the previous inspection over staffs' understanding of incident reporting and grading. Whilst we found incidents were appropriately graded, we lacked assurance around incident reporting as a very low number of incidents had been reported by staff.
- We found the same situation with regards to medical staffing as at the previous inspection. Guidelines for the Provision of Intensive Care Services 2015 (GPICS) standards were not met as consultants had other areas of responsibility when on call and the rota did not provide continuity of care for patients. However it was hoped that the appointment of an additional consultant in line with the workforce strategy would allow the necessary changes to be made in the near future.
- In addition we found a number of omissions in the paper element of the prescription charts we reviewed such as an absence of second signatures and batch numbers of drugs. Audit data from the trust also showed a decline in the compliance with daily checking of controlled drugs.
- We found multiple checklists in place for the resuscitation trolley. We found gaps on the check lists this and the transfer ventilator. We also found that the system for checking the resuscitation trolley and the transfer bag did not provide assurance over the contents between checks.
- From speaking with staff and reviewing data in the quality and performance report it was identified the process for recording sepsis screening needed to be embedded within the electronic patient record (EPR) to ensure information was captured in the correct part of the record.
- We lacked assurance that staff were aware of the safety performance within the unit; safety thermometer data was not displayed. Some safety data that was displayed, however we found this was not all up to date.
- We were concerned that level three patients were seen left unsupervised for short periods of time.

However;

- Nurse staffing levels met GPICS standards and a significant amount of work had been done to reduce the turnover of staff.

# Critical care

- We found the unit to be visibly clean and tidy and the unit infection rates were below average when compared with similar units.
- Mandatory training was good and exceeded the trust target in most areas for nursing and medical staff.
- Safeguarding training compliance was good for nursing and medical staff and staff demonstrated a good level of knowledge and understanding.

## Is the service effective?

Good ● ↑

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

- There was a high number of staff who had undergone appraisal. All training compliance was monitored via a performance dashboard. The number of staff with a post registration award in critical care exceeded the 50% standard. This was a significant improvement from the last inspection.
- We found care was evidence based and there were systems of peer review in place to facilitate the review and benchmarking of guidelines and policies.
- We found assessment and monitoring of pain and the nutritional status of patients was in place, and we observed care plans to support this. The ward assurance tool was in its pilot phase this provided audit data in areas such as pain management.
- There was participation in national audit. Patient outcome data for the unit was in line with that of similar units.
- Staff we spoke with demonstrated a good knowledge with regards to consent and mental capacity; this was supported by high levels of training compliance.

However:

- Whilst medical staff had received an appraisal one third of them had taken place more than 12 months after their previous one.
- The critical care outreach team were not collecting data for the national critical care outreach activity outcome data set due to time constraints within the team.
- The critical care outreach team were not compliant with a number of standards in relation to the teams' professional development.
- Whilst we found evidence of multidisciplinary care from the notes we reviewed, attendance during wards rounds was variable and not in line with national guidance.

## Is the service caring?

Good ● → ←

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

- Feedback from the patients and relatives we spoke with was positive. We observed care and interactions which were kind and compassionate and patients' privacy and dignity was maintained at all times.
- From speaking to and observing the multidisciplinary team, there was a clear patient centred focus.

# Critical care

- Staff recognised and responded to the emotional needs of their patients and relatives.
- The patient records we reviewed showed evidence of patient and carer involvement. This was supported by patients and the families we were able to speak with.

## Is the service responsive?

Good ● ↑

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

- There were a number of improvements found from the last inspection, these included. Service planning was based on people's needs. The number of bed days with a delay of more than eight hours, and the percentage of non-clinical transfers was better than those in similar units.
- The follow up care for critical care patients following discharge from hospital was in line with the guidelines for the provision of intensive care services (GPICS) standard.
- Staff were able to identify and plan care to meet people's individual needs. They felt confident in providing care for patient who may require additional support, for example those with a learning difficulty or living with dementia.
- The unit had only had one formal complaint in the 12 month period preceding the inspection.

## Is the service well-led?

Good ● ↑

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

- We found overall there were improvements in staff morale. This was reflected in the significant reduction in nursing staff turnover. This was achieved by acting on feedback from exit interviews and implementing changes.
- This included the renewed focus on training and education for staff. Dedicated training days additional to the required mandatory training had been introduced, and a training and education strategy had been implemented.
- The vision and strategy for the unit were clearly outlined. Whilst the final decision over a single site unit had not been made, there were still plans to develop and grow the service and the team within in. At the previous inspection it was felt the strategy was limited because of this situation.
- Previously a number of staff had expressed feeling unsupported by senior staff. We found this had also improved. The staff we spoke with felt supported and happy to escalate any concerns and we found clear medical and nursing leadership on the unit who were approachable and understood the pressures in the service.
- Staff were proud to work on the unit and managers recognised the quality of care provided to patients and their families. There was a 'you said' 'we did' board for both staff and patients which evidenced changes in response to feedback.
- Governance processes had been strengthened and there were systems in place to monitor quality and performance within the unit. Overall compliance against GPICS had improved since the last inspection; the exception to this was medical staffing.

However;

# Critical care

- There was a lack of designated leadership for the critical care outreach team; this was impacting morale in the team and their ability to achieve National Outreach Forum (NOF) and WYCCODN competencies and standards.
- The decision to not allow health care support workers flexible working in line with registered nurses had impacted morale for this staff group.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.



# Maternity

Good ● ↑

## Key facts and figures

Calderdale birth unit and maternity unit were last inspected in March 2016, where all five domains were inspected and an overall rating of requires improvement was given. The domains of safe, effective, caring and well led were rated requires improvement, the domain of responsive was rated as good. The main areas of concern from the last inspection and the areas the trust were told they must address were: Trust-wide, we noted numbers of large volume postpartum haemorrhages (PPH), and third and fourth degree tears.

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

Calderdale and Huddersfield NHS Foundation Trust provided a full range of maternity services for women and families within two hospital sites and community settings.

Services at Calderdale included a birth unit which was midwife led. The maternity unit consisted of two postnatal wards, antenatal area, labour ward and antenatal clinic which included a maternity assessment area.

Community midwifery teams provided antenatal and postnatal care in women's homes, clinics, children's centres and general practice locations.

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

During our inspection, we visited the birth centre and the maternity unit.

We spoke with a senior member of staff and a midwife was present at the birth centre during our visit, and we spoke with an additional five members of staff and nine patients and their companions at the women's health unit.

We observed staff delivering care at the women's health unit, and we reviewed trust policies and performance information from, and about, the trust.

## Summary of this service

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

We rated the service as good because:

- Systems were in place for reviewing, monitoring, and sharing lessons learned from incidents.
- Clinical outcomes for mothers and their babies at the trust had improved since our last inspection. Most women received 1:1 care in labour at the trust.
- Rates of completion for maternity specific training often met or were on track to meet compliance targets set by the trust, and most maternity staff had received an appraisal.
- Although not all staff were up to date with safeguarding training, procedures were in place and staff understood how to make referrals and escalate difficult or complex cases.

# Maternity

- Areas we inspected were visibly clean. Survey and audit results showed good cleanliness, infection control and hygiene standards. Emergency equipment was available and checked routinely by staff. Policies and procedures were accessible to staff and the policies we reviewed were in date with version control.
- Policies were in place to manage transfers from Huddersfield Birth centre to the Calderdale site, and required actions in the event of emergencies. The overall transfer time from the birth centre to the Calderdale site was in line with the national average for similar free-standing birth centres.
- The management structure had clear lines of responsibility and accountability. There was a strategic vision for maternity services, and the head of maternity services sat on the trust board.
- Capacity issues meant there was a risk of not identifying small for gestational age babies after 32 weeks gestation, and meeting demand for antenatal services. The risks were monitored and plans in place to address these issues.
- Patient engagement had improved since our last inspection and the views and experiences of people who used maternity services were acted upon to shape and improve the service and culture.
- Women and their relatives gave positive feedback about staff, and felt they had been included in decision making. Equipment, facilities and specialist midwives and clinical teams were available to meet the needs of patients.
- Since our last inspection, methods had been introduced to better understand and improve the culture within maternity services; these included anonymous staff surveys, workshops, and human factors masterclasses.
- We saw participation in and learning from external reviews. For example, those undertaken by the Royal College of Gynaecologists (RCOG) and local Healthwatch groups.

However:

- Not all staff had received mandatory and safeguarding training.
- The trust took an average of 38 days to investigate and close maternity complaints; this was not in line with the complaints policy timeframe to respond within 25 working days.
- We were not assured that the current security arrangements for keeping babies safe in ward areas were adhered to.
- The average breastfeeding initiation rate during March 2017 to February 2018 was 76%; this is lower than the England average of 81%.

## Is the service safe?

**Good** ●

We rated safe as good because:

- Training completion rates often met or were on track to meet training compliance targets set by the trust; and midwifery staff at the birth centre undertook bi-monthly skills drills training.
- Safeguarding procedures were in place to refer and safeguard adults and children from abuse. Midwifery staff understood the safeguarding reporting procedures, and felt confident making referrals and escalating difficult or complex cases.
- Areas we inspected were visibly clean and audit results showed good cleanliness, infection control and hygiene standards. The clinical equipment we saw was clean and labelled, and had in-date electrical testing labels where applicable.

# Maternity

- The maternity services were suitably staffed, with low staff turnover and sickness rates. From March 2017 to February 2018, data showed that 97.8% of women received 1:1 care in labour at the trust.
- The emergency equipment was available and checked routinely by staff. Medicines, including controlled drugs, were safely stored and medicine fridge temperatures checks took place in line with policies and procedures.
- An independent review of birth centre records found appropriate management of neonatal resuscitation, shoulder dystocia and postpartum haemorrhage in line with training.
- There was a protocol in place for Calderdale Birth centre, which outlined pathways for transfer. There was also an escalation protocol, which provided guidance for staff about clinical decision making and required actions in the event of emergencies.
- The average time to transfer a priority one case from Huddersfield birth centre to the Calderdale site (labour ward) was 47 minutes. This was the same when compared to the national prospective cohort study for other free-standing birth centres.
- Staff told us they were encouraged and supported to report incidents, and received appropriate feedback. Systems were in place for reviewing, monitoring, and sharing lessons learned from incidents.

However:

- Not all staff at Calderdale had received mandatory and safeguarding training.
- We were not assured that the current security arrangements for keeping babies safe in ward areas were always adhered to.

## Is the service effective?

**Good** ●

We rated effective as good because:

- Policies and guidance could be accessed on the trust intranet and these were within date with version control.
- Risks had been identified on the maternity risk register. These included meeting National Screening Committee time frames for anomalies identified on pregnancy scans, and identifying small for gestational age babies after 32 weeks gestation. We saw that these had been appropriately monitored and ways to increase clinical capacity and reduce these risks were in progress.
- Facilities were available to meet the nutrition and hydration needs of women and their families. Pain management audits showed good compliance. We saw good evidence of mother and baby health promotion.
- The maternity services had made improvements in stillbirth rates and the number of women experiencing a third or fourth degree tear since our last inspection.
- The majority of midwives (96.6%) had completed new born resuscitation (NLS) training and 17 birth centre and community midwives were new-born infant physical examination (NIPE) trained. All midwifery staff at had received an annual appraisal.
- Staff we spoke with clearly articulated the use of Gillick competency for consent of patients under the age of 16 years. Six midwives were trained to obtain consent for post mortem.
- Good multidisciplinary working was evident in clinical areas. Staff we spoke with described good working relationships with community midwifery and medical staff.

# Maternity

However:

- The average breastfeeding initiation rate (76%) was lower than the England average of 81% between March 2017 and February 2018.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Following our inspection in 2016, the service commissioned local Healthwatch groups to look at how the trust could improve the opportunities for parents and expectant parents to give feedback on their experiences; and we saw recommendations had been acted on.
- A maternity patient experience group was in place and an 'always ask' campaign had been implemented.
- We spoke with 18 women and their relatives and they gave positive feedback. They told us staff were caring and supportive. They felt they had been involved in decision making and had been able to ask questions and express preferences.
- Results from the friends and family test and CQC maternity survey were similar to England averages.
- We observed women's health unit staff speaking to patients and their families with respect and understanding.
- We saw an outstanding area of practice where the local hospice worked in partnership with the screening midwife to offer a package of care where the expected babies had life limiting conditions.
- A multi-faith chaplaincy service was available, and support was available to meet patients' spiritual, religious and psychological needs.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

- In line with NICE guidelines, women at low risk of complications had the option to deliver at home, in a freestanding midwifery unit (Huddersfield), in an alongside midwifery unit (Calderdale), or in an obstetric unit (Calderdale).
- Specialist midwives were available for pregnant women who might require additional help or support; for example, with respect to smoking cessation, substance misuse, and domestic violence.
- From February 2017 to January 2018, 91.33% of 12 week antenatal bookings were undertaken within the 13 week timeframe; and the community matron reviewed cases not booked within the timeframe.
- There was high demand for antenatal services, leading to overbooking of clinics, longer waits for women, and workload management difficulties for staff. Action had been taken to increase diabetic clinic capacity at Huddersfield and Calderdale sites. The maternity services also planned to review staff rotas, appointment bookings, and consider different pathways for women attending antenatal clinics.

# Maternity

- The services had 'you said we did boards' with comments and feedback displayed about the standard of care. These highlighted actions taken as a result of feedback. For example, women had said that they would like their birthing partner to have somewhere to sleep, and in response the trust had purchased fold out beds for partners to use.
- The trust had an interpretation and translation policy. There was access to written translation, telephonic and face-to-face interpretation, and British sign language services. We also saw some patient information leaflets and posters were available in a range of languages.
- There was a trust complaints policy and procedure in place, and we saw patient advice and liaison service (PALS) information leaflets on display in the areas we visited. A raising concerns policy was also in place at the trust.
- We saw evidence of learning from incidents, complaints, and concerns; completed serious incident reports we reviewed captured lessons learned and we saw concerns raised by patients and staff had been appropriately addressed.

However:

- The trust took an average of 38 days to investigate and close maternity complaints; this was not in line with their complaints policy, which stated complaints should be completed within 25 working days.

## Is the service well-led?

**Good** ●

We rated well-led as good because:

- The management structure in place had clear lines of responsibility and accountability. Staff we spoke with reported good visibility of the senior management team,
- At ward level, staff reported they felt supported by senior management, they were encouraged to develop their skills, managers were approachable, and they would feel confident escalating any concerns.
- Senior staff had a clear direction for maternity services at Calderdale, and plans were in progress to improved flexible working at the birth centre and improving the capacity of antenatal clinics.
- A maternity services risk management strategy was in place, and there were good systems for risk management; these included appropriate monitoring and review of higher risk (outside of criteria) women wanting to deliver at Calderdale birth centre and oversight of ambulance transfer times.
- We saw good information governance management, and staff were familiar with electronic patient record systems, procedures for handling confidential patient information, and using the intranet to access policies and guidance.
- Since our last inspection, methods had been introduced to better understand and improve the culture within maternity services; these included anonymous staff surveys, workshops, and human factors masterclasses.
- We saw evidence of the different ways in which leaders and staff within maternity services had strived for continuous learning, improvement and innovation; this included participating in research projects, and using staff feedback to inform a new three-day midwifery training programme for 2018-2019.
- The trust was a pilot site for the new Maternal, Newborn and Infant Clinical Outcome Review Programme (MBRRACE) perinatal review tool, and this was planned for use from April 2018 onwards.

# Maternity

- There was an event planned for May 2018 to review and co-design a new pathway for women who experience diabetes in pregnancy. There was funding from NHS Digital to implement an electronic personal health record for maternity, planned for April 2018.
- We saw participation in and learning from external reviews; for example, those undertaken by the Royal College of Obstetricians and Gynaecologists (RCOG) and Healthwatch groups.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Services for children and young people

Good  

## Key facts and figures

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

Calderdale and Huddersfield NHS Foundation Trust (CHFT) is a District General Hospital in West Yorkshire that provides hospital services at Calderdale Royal Hospital (CRH) and Huddersfield Royal Infirmary (HRI). The distance between the two hospitals is approximately five miles.

Community services are provided in Calderdale (Halifax). The trust employs around 6000 staff and has an expenditure of £375M.

The children's service is located at both hospital sites; however, the majority of children's services, which include inpatient medical, and surgery (including day case surgery) take place on the Calderdale Royal Hospital site. The trust provides emergency paediatric surgery at Huddersfield Royal Infirmary. Children's Outpatient and Child Development services, a Children's Diabetes Team and a Community Children's Nursing Team are also available which offer support to all areas in the organisation where children are seen.

The trust has 64 inpatient paediatric beds across two sites:

- Calderdale Royal Hospital - 56 beds are located within two wards
- Huddersfield Royal Infirmary - eight beds are located within one ward

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

The neonatal intensive care unit (NICU) provides level two services on this site with flexible use of intensive care, high dependency and special care cots in accordance to British Association of Perinatal Medicine Guidelines (2011) and network guidance.

During our inspection of children's services, we visited the neonatal unit, the children's outpatients department, ward 3 the children's ward, which includes a two-bed high dependency unit and the child development, centre.

We spoke with 14 medical staff, 27 nursing staff including managers, 8 members of the multi-disciplinary team and nine parents, which included one grandparent and one carer.

The trust had 7,391 spells from October 2016 to September 2017. Emergency spells accounted for 94% (6,972 spells), 4% (327 spells) were day case spells, and the remaining 1% (92 spells) were elective.

## Summary of this service

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

- Staff were caring, compassionate and respectful. Staff were positive about working in the service and there was a culture of flexibility and commitment.
- Feedback from staff, parents, children and young people had resulted in changes to aspects within the service.
- The service was well led with a clear leadership structure in place. A designated surgeon and anaesthetist was responsible for children's surgical services.

# Services for children and young people

- Service monitoring and improvement was managed through governance, performance and risk management systems. Clinical risks were identified with ongoing monitoring in place. The service had identified guidelines and protocols to assess and monitor patient risk and react to changes in risk level. Staff knowledge of the incident reporting process was good and incident-reporting processes were robust.
- Neonatal staffing met the British Association of Perinatal Medicine (BAPM) guidelines (2011).
- Resuscitation equipment and neonatal transport systems were regularly monitored. The majority of equipment we saw had maintenance checks confirmed.
- There was good access and flow within the children's service. Patients received evidenced based care and treatment and good multi-disciplinary working existed between the children's services, external providers and the child and adolescent mental health service (CAMHS).
- The trust mandatory training target was 95%; to-date Mandatory training attendance was 100% in children's services and 89.7% in neonate services. Arrangements were in place to ensure that the remaining neonatal staff completed their mandatory training by April 2018.
- During 2017/18, over 96% of staff received an appraisal against a trust target of 100%.
- Advanced paediatric life support (APLS) trained nurses were rostered on every shift. The trust confirmed that 22 staff had completed the APLS course whilst, 29 staff had completed the neonatal life support course.

However,

- Aspects of best practice staffing guidance as identified by the Royal College of Nursing (2013) were not fully implemented. However, staffing levels were considered safe by senior management and the staff we spoke with.
- The service was not compliant against the 'Facing the Future' standards because of a lack of permanent consultant cover between 5pm – 10pm. However, the risk had been mitigated as Paediatric Consultant staff were contactable after 5pm.
- The completion rate for neonatal and paediatric life support training (83%) was below the trust target. Of the 23 staff that had not completed life support training, 16 were booked to complete this training within the next three months.
- One records trolley on the neonatal unit was unlocked.

## Is the service safe?

Good  

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

- The service had identified guidelines and protocols to assess and monitor patient risk in real time, and react to changes in risk level.
- Systems were in place to ensure incidents were reported, investigated and lessons learnt.
- From January 2017 to December 2017, the trust reported no incidents classified as never events for children's' services.
- Safeguarding reporting arrangements were in place to ensure safeguarding processes were monitored trust wide.
- Staff attendance at safeguarding training sessions at all levels had improved.



# Services for children and young people

- We reviewed the March 2018 infection control audits, from ward three and children's outpatient clinic. The infection control audit generally showed compliance against areas measured with some recommendations. However, we were unable to ascertain whether the changes identified had been actioned, as the document did not identify this.
- The nursing service delivered a seasonal workforce model, which reflected seasonal variation in activity. This resulted in reduced beds during the summer period and some weekends to reflect service need and safe staffing.
- Four hourly patient acuity checks took place throughout shifts on the paediatric areas to ensure that staffing levels and competencies were sufficient for children's and young people's needs.
- The advanced paediatric nurse practitioner (APNP) role was introduced to the service. Seven APNP worked on both hospital sites. Predominantly, the APNP role supported the Huddersfield hospital site by supporting the children's workforce from a medical and nursing perspective.
- Safety huddles attended by the multi-disciplinary team took place twice daily on ward three.
- Risk assessments against BAPM guidelines took place regularly. Safety briefs regarding staffing and other safety issues took place three times daily with the band six nurses in charge.
- A designated surgeon and anaesthetist was responsible for children's surgical services.

However:

- Aspects of best practice staffing guidance as identified by the Royal College of Nursing (2013) were not fully implemented. However, staffing levels were considered safe by senior management and the staff we spoke with.
- The service was not compliant against the 'Facing the Future' standards because of a lack of permanent consultant cover between 5pm – 10pm. However, the risk had been mitigated as Paediatric Consultant staff were contactable after 5pm.
- One records trolley on the neonatal unit was unlocked. We also found some equipment with overdue test dates in the neonatal unit.
- The children's outpatient department did not have its own resuscitation trolley; they shared one from ward three, which was adjacent to the clinic.
- We found four out of date medicine ampoules. The staff disposed of these ampoules immediately on finding them.

## Is the service effective?

Good  

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

- The service provided evidenced based care as identified within evidenced based clinical guidelines. Monitoring and review of clinical guidelines took place.
- Auditing systems had informed practice, introduced changes and lessons learnt to improve outcomes for children and young people.
- The NHS England Quality Surveillance Visit – Neonatal Peer Review took place in November 2017. The review outcome was positive and no immediate risks or concerns were identified.
- Performance and babies' outcomes had continued to improve according to the national neonatal audit programme (NNAP) data. The trust NNAP data made a progressive improvement against the national average from 2014 to 2017.

# Services for children and young people

- Improvements following informal feedback identified through the “You said we did approach” included the introduction of the “Bring me food” service. This resulted from feedback from parents and carers who wanted access to food without leaving the child’s bedside.
- Young people from the age of 14 years with chronic health needs such as Cystic Fibrosis, Epilepsy Neurodisability and Diabetes were transitioning to adult services. The children’s service utilised the national paper work called ‘Ready Steady Go’ to assist with the young person’s transition.
- Effective working relationships between CAMHS professionals and paediatricians existed. Support had been provided by the multi-disciplinary team during the child’s admission, stay and in preparation for their discharge home.
- The majority of nursing staff (89.4%) had completed Fraser and Gillick competence training. The staff we spoke with demonstrated some understanding of this guidance and how they implemented it in practice.
- Children’s educational outcomes were being met as they could access ETHOS (Educating those out of school) if they had been out of school for 15 days or more.

However:

- Mental health training was not available for staff, although senior staff planned to source some restraint training.

## Is the service caring?

Good ● → ←

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

- Children, young people and their parents had received compassionate care with good emotional support.
- The needs of new mothers were re-evaluated regularly, demonstrating that appropriate emotional support was available for both mother and baby.
- Parents and young people were fully informed and involved in decisions relating to their treatment and care.
- Feedback from the friends and family audit identified in February 2018 that 86% of people would recommend the children’s out patient’s service to friends and family.
- The service identified areas it was currently improving through ‘You’ve told us’. In children’s outpatients, this related to more activities for older children and looking at ways to make the waiting area friendly for all age groups. The nurse said this was partially achieved through segregating the different age groups within the waiting area.
- Facilities for both parents and children were satisfactory.
- The trust commenced a new program of diabetes education sessions for young patients with type 1 diabetes.

## Is the service responsive?

Good ● → ←

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

# Services for children and young people

- A full public consultation took place in 2016 on a new clinical model of services to locate all unplanned and emergency care at Calderdale Royal Hospital and all planned care plus an urgent care centre on the Huddersfield Royal Infirmary site. The full business case setting out these proposals was approved by the board in August 2017 and is with NHS Improvement.
- Service planning and delivery considered children's and family's needs which meant changes to the service and how it was delivered benefited children and their parents. For example, a teenage area was developed on ward three following feedback from users.
- Children and Adolescent Mental Health Services (CAMHS) provided a 24/7 service including in-hours and overnight on call.
- There was good access and flow to services, which met children's and young people's needs.
- The children's, young people and families' service were supported from tertiary centres.
- The trust had rated itself against the 'Standards for Children's Surgery and Anaesthesia' in January 2018. The majority of areas rated green (compliant). Where there was partial, compliance the trust had identified actions for most areas to support that aspect.
- There were dedicated surgical paediatric lists and paediatric cases were scheduled first on adult surgical lists.
- The trust confirmed that the external target for incomplete patients still on referral to treatment (RTT) pathways within paediatrics at the end of each month was 92%. This was achieved in every quarter of the year and performance year to date was 96.8%.
- Learning and changes to practice had resulted from complaints.
- Guidance was in place advising staff of the steps to take when children do not arrive (DNA) in clinic.

## Is the service well-led?

Good  

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

- Service level one and five-year strategies were in place. The strategy goals included transforming and improving patient care, keeping the base safe, a workforce for the future and financial sustainability.
- The clinical managers worked with their teams to agree a pledge for the care that should be expected children young people and their families. The pledge was approved at trust board.
- The 'Children's Services Governance Structure' showed a clear pathway from board to ward.
- Governance, risk and quality measurement processes were in place. The risk register identified seven risks to the service. We saw from the actions taken to-date progress made in reducing the risks.
- The clinical audit plan for children's and neonates was a shared programme, which included national, divisional and local audits.
- The children's ward virtual notice board communicated updates in areas such as learning from incidents, medicines management, useful links and policy updates and key messages in safeguarding.

# Services for children and young people

- Paediatric services had undertaken a review of procedures deemed to require the use of Local Safety Standards for Invasive Procedures (LocSSIPs). The Clinical Director and Matron planned to lead implementation of the LocSSIP within paediatrics for the service with support from the ward nursing team.
- A clear leadership structure was in place within the service. Individual management of the different areas were well led. All the staff we spoke with described senior managers as visible and approachable.
- Staff and students described good teamwork and a supportive culture. Public and staff engagement processes captured feedback from both groups.
- There was evidence of ongoing innovation and improvement within the service which meant that service provision had been focused towards the needs of the child and the surrounding community's needs.
- Staff across the trust recognised the importance of listening and responding to patient and carers views. This was championed through the representatives on the 'Trust Patient Experience and Caring Group'.

However;

- Some staff we spoke with were not fully aware of the service's strategy or what the strategy involved.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Huddersfield Royal Infirmary

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## Key facts and figures

Calderdale and Huddersfield NHS Foundation Trust is an integrated trust. It provides acute and community health services. The trust serves two populations; Greater Huddersfield which has a population of 248,000 people and Calderdale with a population of 205,300 people.

The trust operates acute services from two main hospitals; Calderdale Royal Hospital and Huddersfield Royal Infirmary. The trust also provides community services in the Calderdale area. The trust has approximately 800 beds and 6,000 staff.

Huddersfield Royal Infirmary provides a full range of acute services. The accident and emergency department provides a 24 hour, seven day a week service. Huddersfield Royal Infirmary is a designated trauma unit and also has a clinical decisions unit with five inpatient beds. The hospital has a six-bed midwifery-led birth centre for women considered low risk. The hospital provides acute surgery for children and initial triage and assessment for medical patients presenting to the emergency department is available. The critical care unit at the hospital provides combined intensive care and high dependency care.

Huddersfield Royal Infirmary saw over 48,600 inpatient admissions between February 2017 and January 2018. There were also over 134,600 outpatient attendances in the same period at Huddersfield Royal Infirmary as well as 144,293 outpatient attendances at the Acre Mill outpatient service; of which 97,205 were attendances.

We inspected Huddersfield Royal Infirmary in March 2016 and rated the hospital as requires improvement. We rated safe, effective, responsive and well led as requires improvement and caring was rated as good. We found the hospital was in breach of regulations and issued four requirement notices in regard to Regulation 12: Safe care and treatment; Regulation 17: Good governance and Regulation 18: Staffing.

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

As part of this inspection, we visited the urgent and emergency care, critical care, maternity and children and young people's services. We visited the wards and clinical areas. We spoke with 62 members of staff from all levels and reviewed over 20 patient and prescription records. We also spoke with over 36 patients or carers. We observed daily practice and before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

# Summary of findings

## Summary of services at Huddersfield Royal Infirmary

Good ● ↑

Our rating of the hospital improved since the last inspection. We rated it as good because:

- We rated the hospital as good overall. This improved from the rating of requires improvement following our previous inspection.
- We rated caring at this hospital as good. This stayed the same as our previous rating. Across all the services we inspected, we found staff treated patients with kindness, compassion, and respect. Patients and their relatives commented positively about the care they received.
- We rated effective, responsive and well-led at this hospital as good. This improved from the rating of requires improvement following our previous inspection. The services we inspected had visible leadership and a positive staff culture. There were effective systems in place for governance, risk management and quality monitoring. Services were planned and delivered to meet patient needs and most patients were admitted and discharged from the hospital in a timely manner.
- Our rating for safe at this hospital stayed the same as our previous rating. We rated safe at this hospital as requires improvement. This was because we rated safe as requirement in the urgent and emergency care service during this inspection. There was also one service (medical care) that was not inspected on this visit that was rated as requires improvement for safe.
- We rated urgent an emergency care as good overall. Our rating stayed the same since the last inspection. We rated effective, caring, responsive and well led as good. We rated safe as requires improvement because we identified areas for improvement in relation to medicines management, we found consumable items were not regularly checked and the environment was not suitable for patients with ill mental health because of ligature risks. The service did not meet national guidelines for consultant presence for 16 hours per day.
- We rated critical care, maternity and services for children and young people as good overall. All five domains were rated as good for these services. Our ratings for these services had improved since the last inspection.

# Urgent and emergency services

Good   

## Key facts and figures

The trust provides urgent and accident and emergency services at the Huddersfield Royal Infirmary and Calderdale Royal Hospital.

The accident and emergency department at Huddersfield Royal Infirmary provides a 24 hour, seven day a week service to the local population. Between April 2017 and March 2018, there were 72,068 accident and emergency department attendances at Huddersfield Royal Infirmary and 76,375 attendances at Calderdale Royal Hospital. This equates to an average of 406 patients a day across urgent and emergency care services at the trust. We were unable to split this data by site.

The accident and emergency department at Huddersfield Royal Infirmary is a designated trauma unit.

There is no separate paediatric accident and emergency department at Huddersfield Royal Infirmary but between 1 March 2017 and the 28 Feb 2018 there had been 12,967 paediatric attendances.

The accident and emergency department had four resuscitation bays, one of which was dual equipped for adults and children. There were 11 cubicles to treat patients with major injuries and illnesses, four cubicles to treat minor injuries, a six bedded area for rapid assessment, two separate triage rooms and a seven bedded clinical decisions unit split in to bays of four beds and three beds, for single sex accommodation.

Patients who go to the hospital with minor injuries or illnesses register with reception before a triage nurse assesses them.

We inspected the whole core service and looked at all five key questions. In order to make our judgements, we spoke with 10 patients and carers and 14 staff from different disciplines. We observed daily practice and viewed five sets of records. Before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

## Summary of this service

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

- Staff knew how to report incidents and there was an investigation process in place. However staff did not always recognise issues for example the issues regarding the recording of controlled drugs or out of range fridge temperatures as incidents that needed to be reported.
- The service provided care and treatment based on national guidance and evidence of its effectiveness. There were a range of pathways that complied with the National Institute for Health and Care Excellence guidelines and the Royal College of Emergency Medicine's clinical standards for emergency departments.
- The department had a website called EM Beds which was used as a repository for the standard operating processes (SOPs), patient pathways, policies and guidelines in use across both hospital sites.
- The service supported staff so they were competent for their roles. Nursing appraisal numbers had improved since the last inspection.
- Staff cared for patients with compassion, treating them with dignity and respect. Feedback from patients confirmed that staff treated them well and with kindness.

# Urgent and emergency services

- There were still issues with meeting national targets and standards in relation to patients waiting for treatment and admission to hospital; however the performance was generally better than the England average.
- Learning from complaints and incidents was cascaded to staff and there was a clear focus on quality and continuous improvement.
- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff told us they were proud to work in the department.
- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There was a clear management structure at directorate and departmental levels. The managers knew about the quality issues, priorities and challenges in the department.
- The service had a vision for what it wanted to achieve and workable plans to turn it into action. The department had an education strategy for emergency nursing with a focus on educating, developing and growing a strong and competent nursing workforce.

However:

- There was consultant presence five days per week on a rota and weekends on a voluntary rota basis. Work was continuing to meet national guidelines of consultant presence for 16 hours per day.
- At the time of our inspection the service was not recording or storing medicines appropriately. We found out of range fridge temperatures and gaps in recording of controlled drugs.
- There was no suitable room to accommodate patients presenting with mental ill-health.
- The service did not have registered paediatric nurses on shift. However, paediatric advanced nurse practitioners could be utilised from the paediatric ward and staff undertook two days paediatric training on induction, including basic paediatric life support.
- The service did not always meet environmental audit targets for cleanliness or infection control. We found some areas on inspection that required deep cleaning.
- Consumables in some areas of the department did not appear to be checked regularly and were expired. However, this was rectified immediately on site.
- The trust had only met its target of 95% in one out of six areas of mandatory training; however three of the six areas were very close at 94% at the end of March 2018.

## Is the service safe?

**Requires improvement** ● → ←

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

- There was not a suitable room to accommodate patients presenting with mental ill-health. There were ligature risks in the toilets and the room currently used to accommodate patients. However the trust had plans to undertake refurbishment work to ensure they had a room that would meet the recommendations and guidelines from the Royal College of Psychiatry and the Royal College of Emergency Medicine.
- We were not assured that the service recorded and managed medicines appropriately, specifically around the controlled drugs register and fridge temperatures. We found expired medication, out of range fridge temperatures that had not been escalated and gaps in recording medication in the controlled drugs register.



# Urgent and emergency services

- There was consultant cover in the A&E department between 8am and 10pm on Monday to Friday and on a voluntary rota basis on a Saturday and Sunday, this did not meet the Royal College of Emergency Medicine guidance of consultant presence 16 hours a day.
- Recent environmental audits showed that the department did not always meet targets set for 11 out of 12 key areas; however the department had met the target on the isolation of infected patients consistently.
- Staff had completed infection prevention and control core training related to their roles and staff adhered to the infection control policy and used personal protective equipment when delivering personal care.
- We were not assured that equipment and consumables were consistently checked in line with the daily checklists. We found out of date consumables in the resuscitation area in drawers and grab bags, however we escalated this issue on site and the items were removed and replaced immediately.
- The service did not have registered paediatric nurses on shift despite seeing paediatric patients. However, staff undertook two days of paediatric training on induction that was delivered by a dual registered nurse consultant and included basic paediatric life support.

However:

- Staff knew how to report incidents and there was an investigation process in place. However staff did not always recognise issues around the recording of controlled drugs or out of range fridge temperatures as incidents that needed to be reported.
- The service used safety monitoring results well. Staff were able to identify and respond appropriately to patients at risk of deteriorating.
- Staff kept appropriate records of patients' care and treatment. All notes in patient files were signed, dated and legible.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. The service had a system for the identification and management of adults and children at risk of abuse including domestic violence.
- Managers acknowledged that staffing had historically been a challenge, but new staff had been recruited. Interviews for band 6 sisters were taking place whilst we were inspecting the service.
- The service provided mandatory training in key skills to all staff and had plotted a positive trajectory for completion before the end of March 2018; however the trust did not meet the 95% target for five out of six mandatory training courses.

## Is the service effective?

Good   

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

- The service provided care and treatment based on national guidance and evidence of its effectiveness. There were a range of pathways that complied with the National Institute for Health and Care Excellence guidelines and the Royal College of Emergency Medicine's clinical standards for emergency departments.
- The department had a website called EM Beds which was used as a repository for the standard operating processes (SOPs), patient pathways, policies and guidelines in use across both hospital sites.

# Urgent and emergency services

- Staff gave patients enough food and drink to meet their needs and improve their health.
- The service monitored the effectiveness of care and treatment and used the findings to improve them. Staff used a pain score tools to assess if patients had pain. We saw that the trust had participated in national audits, such as those identified by the Royal College of Emergency Medicine. The results were used to benchmark and compare with other trusts locally and nationally.
- The trust undertook national audits alongside local audits, such as mortality, x-ray and under 1's senior sign off reviews. The department also took part in trauma audits; the TARN trauma audits fed into the trauma group and trauma network and were jointly reviewed through the peer review process.
- The service made sure staff were competent for their roles. There was a clinical practice educator who coordinated all aspects of an outstanding training and induction programme for staff. The department had development and competency plans tailored for the staff members' banding and experience.
- Staff worked together as a team to benefit patients. We observed excellent multidisciplinary working.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment. Staff were able to access patient information using an electronic system called the electronic patient record (EPR).
- The unplanned re-attendance rate in seven days was higher than the trust target; however it was better than the England average.
- Performance in national audits was varied and some standards were not met, however the department had re-audited several outcomes, including sepsis and had seen improvements.

However:

- Staff did not always show they understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. However, staff understood the basic principles of the acts and were able to explain how the principles worked in practice in the emergency department.

## Is the service caring?

Good   

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

- Staff cared for patients with compassion and treated them with dignity and respect.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients, families and carers gave positive feedback about their care.
- Staff provided emotional support to patients to minimise their distress.
- The department had a dedicated viewing room for recently deceased patients in the department and staff told us they could facilitate requests to wash and prepare the body in line with religious, spiritual and cultural beliefs.

However:

- The viewing room did not have any religious or spiritual books or resources that may aid bereaved relatives during a distressing time.

# Urgent and emergency services

## Is the service responsive?

Good   

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

- The trust planned and provided services in a way that met the needs of local people. The A&E department had acknowledged the mental health needs of the local population and had access to mental health services 24 hours a day via the psychiatric liaison team.
- The service took account of patients' individual needs. The service made reasonable adjustments for patients with dementia and learning disabilities, utilising 'distraction boxes'.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.
- The service understood the local demographic of the population and could tell us the most popular languages they required interpreters for.
- The service could request British Sign Language interpreters via the trust's main switchboard.
- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. The trust met the standard three times from January 2017 to December 2017. The trust's performance has been better than the England average with performance between 89% and 97% across the previous 12 months.

However:

- There were no leaflets on display in the department in languages other than English and patient advice leaflets that were printed on demand were only available in the English language.

## Is the service well-led?

Good   

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. There was a clear management structure at directorate and departmental levels. The managers knew about the quality issues, priorities and challenges in the department.
- The department had an education strategy for emergency nursing with a focus on educating, developing and growing a strong and competent nursing workforce.
- The service had a clear vision and strategy that was quality driven, which looked to transform patient access to urgent and emergency care; as a result, the service had governance, risk management and quality measures to improve patient care, safety and outcomes.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. The department submitted quality dashboards that allowed the leadership team to track the department's performance and set positive targets for improvement.

# Urgent and emergency services

- Managers promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values.
- Staff said leaders were visible and approachable. Staff described the culture within the service as open and positive. Staff could raise concerns and felt listened to.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. The trust had plans to recruit a part time public engagement nurse to assist in effective public engagement and stakeholder management.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation.

However:

- The leadership team were aware of issues around performance and were exploring whether the implementation of a new patient record system (EPR) was causing deterioration in performance due to a data capture issue.
- We identified governance issues around medicines management, stock rotation and expiry of medicines and consumables and the recording of controlled drugs. We escalated these issues to the leadership team but when we revisited key areas on the well led inspection, there was little improvement noted.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Critical care

Good  

## Key facts and figures

Calderdale and Huddersfield NHS Foundation Trust have two critical care units. The Calderdale Royal Hospital site is a combined intensive care unit (ICU) and high dependency unit (HDU). This provides level two (patients who require pre-operative optimisation, extended post-operative care or single organ support) and level three (patients who require advanced respiratory support or a minimum of two organ support) care to adult patients. The second larger unit is at Huddersfield Royal Infirmary.

There are a total of eight beds in the unit; four of these are single rooms. Cross site there is a maximum capacity of nine level three and four level two patients.

The critical care service is part of the West Yorkshire Critical Care Network. National Audit and Research Centre (ICNARC) data showed that between 1 April 2017 and 30 September 2017 at this site, there were 217 admissions with an average age of 62 years. Sixty two percent of admissions were non-surgical, 23% were planned surgical admissions and 15% were emergency surgical admissions. The average length of stay on the unit was two days.

A critical care outreach team provides a supportive role to the wards medical and nursing staff when caring for deteriorating patients and support to patients discharged from critical care. The team is available seven days a week from 7.30am to 8pm. Overnight cover is provided by the hospital out of hours programme (HOOP) team.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. At the last inspection three key questions were rated requires improvement, these being effective, responsive and well led. We re-inspected all five key questions during this inspection.

During this inspection we visited the critical care unit. We spoke with three patients, nine relatives and 24 members of staff. We observed staff delivering care, looked at 12 patient records and six prescription charts. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

## Summary of this service

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

- We rated safe, effective, responsive, caring and well led as good.
- Mandatory training compliance was high for medical and nursing staff and the number of staff with a post registration certificate in critical care had significantly improved.
- Nurse staffing levels were delivered in line with Guidelines for the Provision of Intensive Care Services 2015 (GPICS) standards and patient outcomes were in line with those of similar units.
- The systems and processes in place for management of patient records and the assessment of patient risks were reliable and followed national guidance.
- Care was evidence based and feedback from patient and relatives was positive. The privacy and dignity of patients was maintained and care was compassionate.
- There was consideration given to the individual needs of patients and there had been no complaints about the service.

# Critical care

- Access and flow through the unit had improved. The number of surgical patients cancelled on the day of surgery due to a critical care bed not being available had reduced. The number of patients cared for in theatre recovery when a critical care bed was unavailable had also reduced.
- There was a vision and strategy for the service. There was clear medical and nursing leadership with an understanding of the risks and challenges to the service.

However;

- There were some groups of staff with low levels of morale and a lack of designated leadership within the critical care outreach team.

## Is the service safe?

Good   

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

- Changes had been made to the medical provision out of hours and the rota. This meant it was in line with Guidelines for the Provision of Intensive Care Services 2015 (GPICS) standards.
- The process for managing critical care patients in recovery had improved. There were clear guidelines and flow charts to support this and staff adhered to these.
- We observed good practice in relation to infection prevention and control. All areas were visibly clean and tidy and the rate of unit acquired infections in blood was lower than that of similar units.
- We found medicines were stored securely and daily checks for controlled drugs had taken place.
- Mandatory training was good and exceeded the trust target in most areas for nursing and medical staff.
- Safeguarding training compliance was good for nursing and medical staff and staff demonstrated a good level of knowledge and understanding.
- Nurse staffing levels met GPICS standards and a significant amount of work had been done to reduce the turnover of staff. Whilst the supernumerary coordinator role did not completely meet GPICS guidance progress had been made.

However;

- There had been issues identified at the previous inspection over staffs' understanding of incident reporting and grading. Whilst we found incidents were appropriately graded, we lacked assurance around incident reporting as a very low number of incidents had been reported by staff.
- We found a number of omissions in the paper element of the prescription charts we reviewed such as an absence of second signatures and batch numbers of drugs.
- Safety thermometer data was not displayed. Some safety data was displayed, however we found this was not all up to date.

## Is the service effective?

Good  

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

# Critical care

- We found care was evidence based care and there were systems of peer review in place to facilitate the review and benchmarking of guidelines and policies.
- There was a high number of staff who had undergone appraisal; this was an improvement from the last inspection. All training compliance was monitored via a performance dashboard. The number of staff with a post registration award in critical care had significantly improved. The GPICS standard of 50% had been exceeded.
- Staff demonstrated a good knowledge with regards to consent and mental capacity; this was supported by high levels of training compliance.
- We observed good multidisciplinary working which was in line with GPICS standards and physiotherapy input which had improved and achieved NICE clinical guidelines for critical care rehabilitation.
- There was participation in national audit. Patient outcome data for the unit was in line with that of similar units.
- We found there was assessment and care plans to support the nutritional needs of patients and appropriate action was taken in response to pain assessments.

However;

- Whist medical appraisals had taken place a third had taken place more than 12 months since their previous one.
- The critical care outreach team were not collecting data for the national critical care outreach activity outcome data set due to time constraints within the team.
- The critical care outreach team were not compliant with a number of standards in relation to the teams' professional development.

## Is the service caring?

Good   

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

- Feedback from the patients and relatives we spoke with was positive. This was seen in other patient feedback collected by the unit.
- We observed care and interactions which were kind and compassionate and patients' privacy and dignity was maintained at all times.
- From our observations and speaking with staff we found a clear focus on patient care.
- The patient records and care we observed showed consideration of the emotional and spiritual needs of patients.
- We reviewed records which showed evidence of patient and carer involvement. This was supported by patients and the families we were able to speak with.

## Is the service responsive?

Good  

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

# Critical care

- Since the last inspection there had been improvements with the access and flow through the unit. This had resulted in a reduction of the number of bed days with a delay of more than eight hours and the percentage of non-clinical transfers was in line with that of similar units.
- Data showed that since the last inspection there had also been a significant reduction in the number of elective cases cancelled on the day due to a critical care bed not being available.
- The number of patients cared for in the theatre recovery had reduced since the previous inspection.
- Follow up care for critical care patients following discharge from hospital had been implemented through a clinic. This was in line with the guidelines for the provision of intensive care services (GPICS) standard.
- Staff were able to identify and plan care to meet people's individual needs. They felt confident in providing care for patient who may require additional support, for example those with a learning difficulty or living with dementia.
- There was information available for patients and relatives on how to raise concerns. There had been no formal complaints about the service in the 12 months preceding the inspection.

## Is the service well-led?

Good  

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

- There was clear medical and nursing leadership on the unit who were approachable and understood the pressures in the service.
- There was a supportive and open culture which was focused on learning and improvement; as a result there had been an improvement in staff morale.
- Staff were proud to work on the unit and managers recognised the quality of care provided to patients and their families.
- Governance processes had been strengthened and there were systems in place to monitor quality and performance within the unit.
- There was a clear strategy for the services based on achievable objectives.

However;

- There was a lack of designated leadership for the critical care outreach team; this was impacting morale in the team and their ability to achieve National Outreach Forum (NOF) and West Yorkshire Critical Care Operational Delivery Network (WYCCODN) competencies and standards.
- The decision to not allow health care support workers flexible working in line with registered nurses had impacted morale for this staff group.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.



# Maternity

Good 

## Key facts and figures

Huddersfield maternity services were last inspected in March 2016, where all five domains were inspected and an overall rating of good was given. The safe domain was rated as requires improvement and effective, caring, responsive and well-led domains were rated as good.

The main areas of concern from the last inspection were around awareness of and learning from incidents, appropriate storage of medications, checking of emergency equipment, compliance with mandatory training targets, safe staffing levels, and birth centre admittance criteria and transfer rates.

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

Calderdale and Huddersfield NHS Foundation Trust provided a full range of maternity services for women and families within two hospital sites and community settings.

Services at Huddersfield Royal Infirmary included a six-bed midwifery-led birth centre for women considered low risk. No medical cover was provided at the birth centre. Antenatal clinics were provided in the women's health unit; which contained an antenatal day unit, phlebotomy and ultrasound rooms, a colposcopy suite, and consultation rooms.

The birth centre had low birth and occupancy rates. From March 2017 to February 2018, 388 women were admitted to Huddersfield birth centre and 264 (68%) birthed and were discharged from centre; 124 women (32%) were transferred to the Calderdale site.

Following a review by the Royal College of Obstetricians and Gynaecologists (RCOG), the trust planned to implement a model of improved flexible working; opening the birth centre as needed, and thereby freeing up midwifery staff to work in other units.

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

During our inspection, we visited the birth centre and women's health unit. On the dates of our visit, Huddersfield Birth centre was closed to maternity patients due to trust wide winter pressures; as such, we did not observe care, or review any patient medical records or prescription charts at the site.

A senior member of staff and a midwife were present at the birth centre during our visit, and we spoke with an additional five members of staff and nine patients and their companions at the women's health unit.

We observed staff delivering care at the women's health unit, and we reviewed trust policies and performance information from, and about, the trust.

## Summary of this service

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

We rated it as good because:

# Maternity

- Audit and report data showed risk assessments and records were completed appropriately and in a timely manner. We saw systems were in place for reviewing, monitoring, and sharing lessons learned from incidents.
- Clinical outcomes for mothers and their babies at the trust had improved since our last inspection.
- There were good completion rates for maternity specific training across the trust, and all maternity staff at Huddersfield Royal Infirmary had received an appraisal.
- Procedures were in place to refer and safeguard adults and children from abuse; and staff we spoke with felt confident making referrals and escalating difficult or complex cases.
- Areas we inspected were visibly clean, and audit data showed good hygiene standards.
- The emergency equipment we reviewed was appropriately sealed, in date, and daily and weekly checklists had been completed.
- There were policies in place to manage admittance criteria, emergencies and pathways for transfer from Huddersfield Birth centre to the Calderdale site. The overall transfer time from the birth centre to the Calderdale site was in line with the national average for free-standing birth centres.
- Considerable work had been undertaken since our last inspection to collect and act on the views of people who used maternity services. The women and their relatives we spoke with gave positive feedback about staff, and felt they had been included in decision making.
- Since our last inspection, methods had been introduced to better understand and improve the culture within maternity services; these included anonymous staff surveys, workshops, and human factors masterclasses.
- We saw participation in and learning from external reviews. For example, those undertaken by the Royal College of Obstetricians and Gynaecologists (RCOG) and local Healthwatch groups.

However:

- Mandatory training and safeguarding training completion rates for midwifery and nursing staff at Huddersfield Royal Infirmary did not meet compliance targets set by the trust.
- Complaints were not completed in a timely way and in line with the trust policy timescales.
- The transfer rates of women from Huddersfield birth centre to the Calderdale site were higher than average compared to other free-standing birth centres, and only 12% of critical calls met the eight minute target for attendance at the birth centre in 2017.
- There were occasions when women gave birth with too few midwives present in Huddersfield birth centre; this went against trust protocol.

## Is the service safe?

**Good** 

We rated safe as good because:

- The Huddersfield maternity services were well staffed and there were low staff turnover and sickness rates. From March 2017 to February 2018, 98% of women received 1:1 care in labour at the trust.
- Midwifery staff understood safeguarding reporting procedures, and felt confident about making referrals and escalating difficult or complex cases.

# Maternity

- There was appropriate monitoring and review of higher risk (outside of criteria) women wanting to deliver at Huddersfield birth centre. In 2017, seven women who were considered higher risk were admitted, and we saw evidence of cases escalated for review.
- There were policies and protocols in place to manage admittance criteria, emergencies and pathways for transfer from Huddersfield Birth centre to the Calderdale site. Midwifery staff had bi-monthly skills drills, with topics informed by staff feedback, audits and clinical incidents.
- The median time taken from a critical call being made at Huddersfield birth centre to arrival at the Calderdale site was the same as similar free-standing birth centres (47 minutes).
- Areas we inspected were visibly clean and checklist, survey and audit data we reviewed showed good hygiene standards.
- The emergency equipment we inspected was appropriately sealed, the equipment reviewed was in date, and daily and weekly checklists had been completed.
- Record audits and data showed women had received the appropriate frequency and number of antenatal appointments and risk assessments.
- The safe storage and checking of medicines, including controlled drugs and medicines refrigerator temperatures was taking place in line with policies and procedures.
- We saw evidence that systems were in place for reviewing, monitoring, and sharing lessons learned from incidents; for example, a weekly newsletter produced from the maternity governance meeting.

However:

- Mandatory training and safeguarding training completion rates for nursing and midwifery staff groups did not meet compliance targets set by the trust.
- In 2017, five staffing incidents were recorded at Huddersfield birth centre. Two of these concerned women who gave birth with too few midwives present in the birth centre, and were classified as (NICE) 'red flag' staffing incidents. We saw evidence that it is sometimes difficult to reach on-call midwives to assist at the birth centre, or delays reaching the birth centre occurred.
- The attendance time of ambulances was identified on the maternity risk register and graded as a low risk, but only 12% met the eight minute target for attendance at Huddersfield birth centre in 2017.

## Is the service effective?

**Good** ●

We rated effective as good because:

- The policies and guidelines we reviewed were all found to be within date with version control. Staff told us that policies and guidance could be accessed on the trust intranet, which they found easy to navigate.
- Facilities were available to meet the nutrition and hydration needs of women and their families, and we saw good mother and baby health promotion in the areas we visited.
- Pain was well managed at the birth centre, and monthly audits showed good compliance.
- The number of women who experienced a third or fourth degree tear from March 2017 to February 2018 was 1.8%; this was an improvement on the previous year (3.0%).

# Maternity

- The trust had made significant improvements in its stillbirth rate since our last inspection. The stillbirth rate had fallen to 0.26% for March 2016 to February 2017, the year before it stood at 0.36%.
- There was good compliance with maternity specific training; for example, 92% of applicable maternity services staff were obstetric emergency trained, and 97% were new born resuscitation trained.
- All midwifery staff at Huddersfield had received an appraisal under the new model of supervision.
- Staff clearly articulated the use of Gillick competency for consent of patients under the age of 16 years.
- Good multi-disciplinary working was evident in clinical areas. There were good working relationships with community midwifery and medical staff and we saw that multidisciplinary training was positively encouraged.

However:

- From April 2017 to February 2018, the transfer rate of women from Huddersfield birth centre to the Calderdale site was higher (at 32%) than similar freestanding birth centres (22%).
- Data provided by the trust from March 2017 to February 2018 showed the breastfeeding initiation rate was lower than the England average.

## Is the service caring?

**Good** ●

We rated caring as good because:

- Results from the friends and family test and CQC maternity survey were similar to England averages.
- The women and their relatives we spoke with gave positive feedback, and reported staff were caring and supportive. They felt they had been involved in decision making and had been able to ask questions and express preferences.
- We observed women's health unit staff speaking to patients and their families with respect and understanding.
- There were policies and guidelines in place at the trust to support mothers and family members in the event of miscarriage, termination for fetal abnormality, stillbirth, or neonatal death. Policies included approaches for creating memories, the involvement of children/siblings, and religious considerations.
- A multi-faith chaplaincy service was available at the hospital, and we saw information leaflets about pastoral, spiritual and religious care, and access to psychological therapies displayed.
- Following our inspection in 2016, the service recognised that obtaining and acting on feedback from women was a challenge. Local Healthwatch groups were commissioned to see how the trust could improve opportunities for service users to give feedback on their experiences. We saw these recommendations had been acted on.
- During this inspection, we saw a maternity patient experience group was in place, an 'always ask' campaign had been implemented, information about the friends and family test was available in a range of languages, guest books were presented on reception desks for visitors to write comments in, and the trust had refreshed their maternity voice partnership group.

## Is the service responsive?

**Good** ●

# Maternity

We rated responsive as good because:

- Specialist midwives were available for pregnant women who might require additional help or support; for example, with respect to smoking cessation, substance misuse, and domestic violence.
- We saw action had been taken in response to the high demand for antenatal services, such as increasing diabetic clinic capacity at Huddersfield and Calderdale sites. Additional work was planned to review staff rotas, appointment bookings, and consider different pathways for women attending antenatal clinics.
- From February 2017 to January 2018, 91.33% of 12 week antenatal bookings were undertaken within the 13 week timeframe at the trust; and the community matron reviewed cases not booked within the timeframe.
- The areas we visited had 'you said we did boards' with comments and feedback displayed about the standard of care. These highlighted actions taken as a result of feedback; for example, the trust purchased fold out beds for birthing partners.
- The trust had an interpretation and translation policy in place and there was access to written translation, telephonic and face-to-face interpretation, and British sign language services. We also saw some patient information leaflets and posters available in a range of languages.
- There was a trust raising concerns, and a complaints policy and procedure in place, and we saw patient advice and liaison service (PALS) information leaflets on display in the areas we visited.
- We saw evidence of learning from incidents, complaints, and concerns; completed serious incident reports we reviewed captured lessons learned and we saw concerns raised by patients and staff had been appropriately addressed.
- In response to RCOG recommendations, the trust had opted to implement a model of improved flexible working; opening the birth centre as needed, and thereby freeing up midwifery staff to work in other units. Senior staff told us that the new model of work had temporarily been put on hold to account for winter pressures at the trust, but would be implemented in the near future.

However:

- There was a 13% bed occupancy rate at Huddersfield birth centre from April 2016 to September 2017; this was considerably lower than the England average.
- Three closures of Huddersfield birth centre had taken place in the 12 months prior to our visit (in January, February and March 2018) due to insufficient medical and surgical capacity across sites. Closures could affect the viability of the birth centre; by putting women off from birthing there, and further reducing the already low occupancy rate.
- The trust took an average of 38 days to investigate and close maternity complaints; this was not in line with their complaints policy, which stated complaints should be completed within 25 working days.

## Is the service well-led?

**Good** 

We rated well-led as good because:

- The Trust Maternity Champion (Chief Nurse) sat on the trust board. The management structure in place had clear lines of responsibility and accountability. Senior staff appropriately and frequently attended meetings, panels and forums.

# Maternity

- At ward level, staff reported good visibility of the senior management team, felt supported by senior management, were encouraged to develop their skills, managers were approachable, and staff felt confident escalating any concerns.
- A maternity services risk management strategy was in place, and there were good systems for risk management; including appropriate monitoring and review of higher risk women wanting to deliver at Huddersfield birth centre..
- We saw good information governance management. Staff were familiar with electronic patient record systems, and procedures for handling confidential patient. Policies and guidelines we reviewed were in date with version control.
- We saw participation in and learning from external reviews; for example, those undertaken by the RCOG and local Healthwatch groups. The trust had also commissioned a review of birth centre led by a trainee consultant midwife and the regional maternity lead for NHS England.
- Considerable work had been undertaken since our last inspection to collect and act on the views of people who used maternity services. Work included promoting FFT responses, 'always ask' information boards, 'you said we did' boards, and 'guest books' for patients and visitors to write comments in.
- Since our last inspection, methods had been introduced to better understand and improve the culture within maternity services; these included anonymous staff surveys, workshops, and human factors masterclasses.
- Upcoming maternity services initiatives included being a pilot site for the new Maternal, Newborn and Infant Clinical Outcome Review Programme perinatal review tool, developing a new pathway for women who experience diabetes in pregnancy, and introducing an electronic personal health record for maternity.

However:

- The transfer time of priority one cases was rated as presenting a low risk on the maternity risk register, but only 12% of critical calls met the eight minute target for ambulance attendance at Huddersfield birth centre in 2017.
- Continued closures of Huddersfield birth centre could affect the viability of the centre, put women off from birthing there, further reduce the already low occupancy rate, and further delay the new responsive workforce plan.

## Outstanding practice

We found examples of outstanding practice in this service. See the Outstanding practice section above.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Services for children and young people

Good  

## Key facts and figures

Calderdale and Huddersfield NHS Foundation Trust (CHFT) is located in West Yorkshire and provides hospital services at Calderdale Royal Hospital (CRH) and at Huddersfield Royal Infirmary (HRI). The distance between the two hospitals is approximately five miles.

On the Huddersfield site, acute surgery for children and initial triage and assessment for medical patients presenting to the Emergency Department is available. CHFT has a dedicated paediatric day case surgery day on Friday every week on the Huddersfield site. (Three lists am and pm). This provides support for ear, nose and throat surgery, dental, maxillofacial, ophthalmology, general surgery, urology, orthopaedic paediatric patients. EMBRACE provide retrieval services for children and neonates.

During our inspection of children's services, we visited the children's outpatients department and ward 18, which is the children's ward at Huddersfield Royal Infirmary.

We spoke with three medical staff, nine nursing staff, five members of the multi-disciplinary team and five parents.

The trust has 64 inpatient paediatric beds across two sites:

- Calderdale Royal Hospital - 56 beds are located within two wards
- Huddersfield Royal Infirmary - eight beds are located within one ward

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

The trust had 7,391 spells from October 2016 to September 2017. Emergency spells accounted for 94% (6,972 spells), 4% (327 spells) were day case spells, and the remaining 1% (92 spells) were elective.

## Summary of this service

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

- Staff were caring, compassionate and respectful. Staff were positive about working in the service and there was a culture of flexibility and commitment.
- Feedback from staff, parents, children and young people had resulted in changes to aspects within the service.
- The service was well led with a clear leadership structure in place.
- The advanced paediatric nurse practitioner (APNP) role was introduced to the service. Seven APNP worked on both hospital sites. Predominantly, the APNP role supported the Huddersfield hospital site by supporting the children's workforce from a medical and nursing perspective.
- Service monitoring and improvement was managed through governance, performance and risk management systems.
- Clinical risks were identified with ongoing monitoring in place. The service had identified guidelines and protocols to assess and monitor patient risk and react to changes in risk level.
- Staff knowledge of the incident reporting process was good and incident-reporting processes were robust.

# Services for children and young people

- We checked equipment throughout the service and maintenance checks were confirmed. Monitoring records of resuscitation equipment showed regular monitoring took place.
- There was good access and flow within the children's service. Patients received evidenced based care and treatment and good multi-disciplinary working existed between the children's services, external providers and the child and adolescent mental health service (CAMHS).
- The trust mandatory training target was 95%; Mandatory training completion was 100% in children's services. The majority of staff (96%) had received an annual appraisal.
- Advanced paediatric life support (APLS) trained nurses were rostered on every shift. The trust confirmed that 22 staff had completed the APLS course.

However:

- Aspects of best practice staffing guidance as identified by the Royal College of Nursing (2013) were not fully implemented. However, staffing levels were considered safe by senior management and the staff we spoke with and senior support could be accessed when needed.
- The service was not compliant against the 'Facing the Future' standards because of a lack of permanent consultant cover between 5pm – 10pm. However, the risk had been mitigated as Paediatric Consultant staff were contactable after 5pm and at weekends. Consultant staff told us that they would attend and oversee the child's care and treatment when needed.
- Trust training statistics identified a shortfall in nursing attendance at paediatric life support training.

## Is the service safe?

Good  

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

- The service had identified guidelines and protocols to assess and monitor patient risk and react to changes in risk level.
- Medicines management was in line with trust policy. Three nurse prescribers work on ward 18. Patient group directives were in place for specific medication.
- Systems were in place to ensure incidents were reported, investigated and lessons learnt.
- Safeguarding reporting arrangements were in place to ensure safeguarding processes were monitored trust wide. Staff attendance at safeguarding training sessions at all levels had improved.
- Consultant paediatric support to the Huddersfield site is in place 24 hours per day seven days per week via the paediatric on-call rota. Paediatric services were supported by a 'Consultant of the Week'.
- The service was not compliant against the 'Facing the Future' standards because of a lack of permanent consultant cover between 5pm – 10pm. However, the risk was mitigated as paediatric consultant staff were contactable after 5pm and at weekends. Consultant staff told us that they would attend and oversee the child's care and treatment when needed.
- The nursing service delivered a seasonal workforce model, which reflected seasonal variation in activity. This resulted in reduced beds during the summer period and some weekends to reflect service need and safe staffing.



# Services for children and young people

- The advanced paediatric nurse practitioner (APNP) role was introduced to the service. Seven APNP worked on both hospital sites. Predominantly, the APNP role supported the Huddersfield hospital site by supporting the children's workforce from a medical and nursing perspective.
- A designated surgeon and anaesthetist were responsible for children's surgical services.
- The February 2018 infection control audits for ward 18 and children's outpatient clinic demonstrated compliance against the areas measured. However, the audits did not identify whether the changes identified had been actioned.

However:

- Aspects of best practice staffing guidance as identified by the Royal College of Nursing (2013) were not fully implemented. However, staffing levels were considered safe by senior management and the staff we spoke with.
- The service was not compliant against the 'Facing the Future' standards because of a lack of permanent consultant cover between 5pm – 10pm. The risk was mitigated as paediatric consultant staff were contactable after 5pm and at weekends. Consultant staff told us that they would attend and oversee the child's care and treatment when needed.

## Is the service effective?

**Good** ● ↑

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

- The service provided evidenced based care as identified within evidenced based clinical guidelines. Monitoring and review of clinical guidelines took place.
- Auditing systems had informed practice, introduced changes and lessons learnt to improve outcomes for children and young people.
- Staff across the trust recognised the importance of listening and responding to patient and carers views. This was championed through the representatives on the 'Trust Patient Experience and Caring Group'
- An initiative which incorporated healthy eating with a "bring me fruit" resulted in a fruit and milkshake round as a way of interacting informally with children and families to check in how families were feeling and also a method to help with the response rate for family and friends test cards.
- The national paediatric diabetes audit (NPDA) 2015/16 showed the trust performed worse than the England average but was still within expected range. Compared to audit 2014-15 the trust had improved but was an outlier in the percentage of patients with HbA1c <58mmol/mol. The paediatric diabetes action plan (2015/16) identified areas to improve which had been completed. For example, monthly nurse led clinics commenced on in April 2018. The trust has continued to audit paediatric diabetes; its most recent audit completed October 2017.
- Young people from the age of 14 years with chronic health needs such as Cystic Fibrosis, Epilepsy Neurodisability and Diabetes were transitioning to adult services. The children's service utilised the national paper work called 'Ready Steady Go' to assist with the young person's transition.
- Effective working relationships between the child and adolescent mental health service (CAMHS) professionals and paediatricians existed.
- The majority of nursing staff (89.4%) had completed Fraser and Gillick competence training. The staff we spoke with demonstrated some understanding of this guidance and how they implemented it in practice.

# Services for children and young people

- Children's educational outcomes were being met as they could access ETHOS (Educating those out of school) if they had been out of school for 15 days or more.
- Staff told us that clinical supervision was not in place. However, where staff required support it was provided on request. Debriefing took place following incidents.
- Most staff (96%) had received an appraisal. Medical staff had designated days and times for teaching and training. All medical appraisals and revalidations were completed.

However:

- Training in mental health was not available for staff.
- Trust training statistics identified a shortfall in attendance at paediatric life support training.

## Is the service caring?

Good   

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

- Children, young people and their parents received compassionate care with good emotional support.
- We spoke with five parents about their experiences. They said they were happy with the care and treatment their children received.
- Parents and young people were fully informed and involved in decisions relating to their treatment and care.
- The '10 steps to theatre board' was a new initiative, which described the pathway children took when coming into hospital for surgery. This board was displayed on the ward to inform children and their parents of what to expect through their stay.
- Positive feedback was given by parents on cards displayed throughout the service. We saw children provided with emotional support using distraction therapies.
- Facilities for both parents and children were satisfactory. Support had been provided by the multi-disciplinary team during the child's admission, stay and in preparation for their discharge home.
- The trust commenced a new program of diabetes education sessions for young patients with type 1 diabetes.

## Is the service responsive?

Good  

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

- Service planning and delivery considered children's and family's needs which meant changes to the service and how it was delivered benefited children and their parents. For example, a teenage area was developed on ward three following feedback from users.
- Part of the criteria for admission of a child to ward 18 from the emergency department was that the child had a paediatric advanced warning score (PAWS) of less than three.
- Children and Adolescent Mental Health Services provided a 24/7 service including in-hours and overnight on call.

# Services for children and young people

- Interpreters and information leaflets in different languages could be accessed to support the child and family.
- There was good access and flow to services, which met children's and young people's needs. The children's, young people and families' service were supported from tertiary centres.
- The trust had rated itself against the 'Standards for Children's Surgery and Anaesthesia' in January 2018. The majority of areas were rated as compliant. Where there was partial compliance the trust had identified actions for most areas to support that aspect.
- Weekly dedicated paediatric day case surgery took place on Fridays with three lists morning and afternoon.
- Children attended phlebotomy clinics on the ward or outpatient areas, which ensured that children and young people's blood samples were taken in a timely manner.
- The trust achieved 96.8% compliance against the national target of 92% for incomplete patients still on referral to treatment (RTT) pathways within paediatrics during the past 12 months.
- Learning and changes to practice had resulted from complaints.
- Guidance was in place advising staff of the steps to take when children do not arrive (DNA) in clinic.
- Plans were in progress for a promotional video about the Children's ward. Feedback was obtained and had focused on the top five things families, children and young people said they would have liked to know at the start of the families stay.

## Is the service well-led?

**Good** ● ↑

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

- Service level one and five-year strategies were in place. The strategy goals included transforming and improving patient care, keeping the base safe, a workforce for the future and financial sustainability.
- In 2018, the clinical managers worked with their teams to agree a pledge for the care that should be expected children young people and their families. The pledge was approved at trust board.
- The 'Children's Services Governance Structure' showed a clear pathway from board to ward.
- Governance, risk and quality measurement processes were in place. The risk register identified seven risks to the service. Staff identified four of these risks during the inspection. Six risks had a moderate rating. We saw from the actions taken to-date progress made in reducing the risks.
- The clinical audit plan was a shared programme, which includes national, divisional and local audits.
- The children's ward virtual notice board communicates updates in areas such as learning from incidents, medicines management, useful links and policy updates and key messages in safeguarding.
- Paediatric services had undertaken a review of procedures deemed to require the use of Local Safety Standards for Invasive Procedures (LocSSIPs). The Clinical Director and Matron planned to lead implementation of the LocSSIP within paediatrics for the service with support from the ward nursing team.
- A clear leadership structure is in place within the service. All the staff we spoke with described senior managers as visible and approachable.

# Services for children and young people

- Staff and students described good teamwork and a supportive culture. Public and staff engagement processes captured feedback from both groups.

However;

- Some staff we spoke with were not aware of the service's strategy or what the strategy involved.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Community health inpatient services

Requires improvement ●

## Key facts and figures

Community Place is a community inpatient service provided by Calderdale and Huddersfield NHS Foundation Trust (CHFT). It is a joint venture between CHFT Community Division and Calderdale Council which opened as a pilot in January 2017. The Community Place is located within Calderdale Royal Hospital, in Halifax. Community Place provides a step-down intermediate care inpatient service for patients who require social or reablement support to return home independently or with support from social services or reablement team.

From March 2017 to February 2018, 320 patients had stayed at Community Place, with an average length of stay of 11 days.

Community Place has 12 beds, with a mix of single en-suite rooms and same sex accommodation bays with shared washing and toilet facilities. The unit has its own dining room, with a kitchen and lounge area.

Community Place has not previously been inspected as it is a new service from January 2017.

We made two visits to Community Place. We inspected the service on 20-22 March 2018. We also visited the service during our well-led inspection on 3-5 April 2018. Our inspection visits were unannounced (staff did not know we were coming) to enable us to observe routine activity. All five key questions were inspected. During this inspection, we spoke with 13 members of staff, 11 patients, and five relatives. We observed care and treatment and looked at six care records. We observed three multidisciplinary (MDT) meetings, two safety huddles and an initial assessment.

Our overall rating of this service was requires improvement. We rated safe as inadequate. We rated effective, responsive and well-led as requires improvement and caring was rated as good.

Following our first inspection visit, we raised a number of concerns about patient safety with managers and senior managers at the trust. The trust responded immediately by taking action to suspend admissions to the unit while immediate action was taken to address patient safety concerns. The trust also developed an action plan to further address identified issues.

During our second visit, we found the actions taken had not had a sustained impact and some patient safety concerns were still in evidence. We discussed our findings with senior managers at the trust.

At the end of our inspection the trust took the decision to bring forward the planned pilot end date. Patients were transferred to appropriate acute care and Community Place closed on 6 April 2018.

## Summary of this service

This was our first inspection of this service. We rated it as requires improvement because:

- Risk assessments not carried out routinely to ensure patients received appropriate care and treatment on the unit.
- Some patients, families, and carers told us their needs were not recognised or monitored while on the unit.
- There was insufficient clinical oversight and staff were not equipped to identify and manage deteriorating patients.
- Not all staff had the skills they needed to carry out their role effectively and in line with best practice. Staffing did not always meet defined minimum staffing levels.

# Community health inpatient services

- We were not assured that governance systems were effective in escalating potential risks and issues, or that learning from incidents was embedded.
- The issues we raised had not been identified within the provider's own monitoring or audit systems. These were similar to issues identified following a previous serious incident on the unit which meant the service had not put in sufficient measures to ensure patients received high quality, safe care.
- Patient information was not always consistently recorded and staff did not always have access to the information they needed. There were inconsistencies between information recorded in electronic and paper based patient records.
- 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.
- The leadership model was confusing, roles and responsibilities were not clear and there was insufficient clinical oversight of patients.

However:

- Most patients, families, and carers gave positive feedback about the service and felt staff communicated with them effectively.
- Managers and healthcare professionals worked collaboratively with partner organisations and other agencies to arrange onward care for patients in their own homes e.g. carrying out home visits to assess individual needs.

## Is the service safe?

**Inadequate** ●

We rated safe as inadequate because:

- Patients' clinical risks were not consistently assessed, monitored or recorded to ensure they were safe and received appropriate intervention and support. This included risk of falls, pressure damage, infection and risks relating to nutrition and hydration.
- Patient information was not always consistently recorded and staff did not always have access to the information they needed to keep patients safe. There were inconsistencies between information recorded in electronic and paper systems.
- 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.
- The staffing skill mix did not always ensure staff had sufficient skills and experience to respond to patients' risks and nursing needs. Staffing did not always meet defined minimum staffing levels.
- Due to the staffing arrangements on the unit there was not always sufficient clinical oversight of patients and the risk of patient deterioration was not always recognised.
- Not all staff had the skills they needed to carry out their role effectively and in line with best practice. The overall mandatory training compliance rate (75%) was below the trust target of 95%. Only 40% of staff had completed basic life support (resuscitation) within the last 12 months.

However:

- There was a system in place to record and review incidents and a process for learning.

# Community health inpatient services

- A daily safety huddle took place involving nursing, care, therapies and social work staff where patient needs were shared with the multidisciplinary team.
- Managers had improved the escalation process following an incident and staff were aware of how to obtain support via the trust site co-ordinator, out of hours.
- Following an incident, the number of staff completing safeguarding adults training had increased to 88% and approaching the trust target of 95%.

## Is the service effective?

**Requires improvement** ●

We rated effective as requires improvement because:

- Patients' nutrition and hydration needs were not consistently met or monitored to ensure they were kept safe and potential deterioration could be readily identified.
- Patients' mental capacity was not consistently assessed or recorded to inform care planning.
- There was no evidence of structured goal setting for patients on the unit or patient involvement in goal planning. Patient outcome data was not collated or monitored. Occupational therapy and home visits were carried out, although they did not formulate part of a written co-ordinated plan of care.
- Not all staff had completed induction training and staff told us the induction process for new staff or bank and agency workers was not robust.
- We found that not all staff had completed role-specific competencies as required. Some staff were working as shift leaders before their relevant competencies had been signed off.
- Multidisciplinary meetings were not consistently documented.
- Local audits processes were not robust, for example audits of the ward environment were not implemented effectively and documentation audit actions were not followed-up. The service did not take part in national audits or benchmarking.
- The local medicines management policy and staff competency framework did not fully reflect National Institute for Health and Care Excellence (NICE) guidelines on medicines support for patients.

However:

- All staff had received an appraisal within the last 12 months.
- Staff spoke positively about working as part of a multidisciplinary team.
- Following an incident, a training matrix and competency framework had been developed and care staff were registered to complete the care certificate.

## Is the service caring?

**Good** ●

We rated caring as good because:

# Community health inpatient services

- Staff referred to people staying on the unit as 'guests' rather than patients, to distinguish it from a hospital acute ward and promote a culture of self-care and independence.
- Generally patients, families, and carers gave positive feedback about the service and staff.
- Patients and families told us they felt listened to during MDT meetings and felt staff communicated with them effectively.
- We observed positive, caring interactions between staff and patients.

However:

- A private area for conversations or meetings with patients and families on the unit was not always available.
- Patient questionnaire data showed only 37% of people felt informed about the Community Place and how long they would stay on the unit before they arrived.

## Is the service responsive?

**Requires improvement** ●

We rated responsive as requires improvement because:

- The service aim was to deliver a holistic health and social care model of care to guests however we found that this was inconsistently delivered and co-ordinated to meet the needs of people on the unit.
- Care planning was not sufficiently personalised to meet individual needs, for example in relation to disability or language. Systems to meet patients' individual needs, were not embedded.
- Community place aimed to discharge people home within 7 days of admission, however 54% of people stayed for more than 7 days. During inspection there were four patients who had been on the unit for more than 6 weeks, including one person with a learning disability, who had been on the unit for 12 weeks.
- There was limited relevant data to enable the service to evaluate its performance. Available data was not routinely used to inform ongoing service planning or evaluation. This meant opportunities for service improvement were missed.
- There were a variety of ways for patients to give feedback however there was limited evidence that informal complaints, patient feedback and suggestions were used to shape the service.

However:

- A clear referral process and acceptance / exclusion criteria were in place which had been improved following the November review.
- There was a system in place to respond to complaints and patients were offered an apology when things went wrong.

## Is the service well-led?

**Requires improvement** ●

We rated well-led as requires improvement because:



# Community health inpatient services

- We were not assured that governance systems were effective in identifying and escalating potential risks and issues, or that learning from incidents was embedded. During the inspection, we identified a number of concerns which had not been identified within the providers monitoring or audit systems. These were similar to those identified following a previous serious incident.
- The leadership model was confusing, roles and responsibilities were not clear and there was insufficient clinical oversight of patients.
- The management and planning of staffing levels and skill mix did not ensure that there was sufficient clinical oversight of patients
- The management of performance was not robust. There was a lack of meaningful data which meant the service was unable to properly evaluate the responsiveness of the service and measure outcomes for patients.
- The approach to service improvement was reactive, driven by the learning from a serious incident, rather than ongoing monitoring and improvement. An action plan had been developed to address issues highlighted following a serious incident. However learning and changes were not embedded and progress was not sufficiently monitored.
- Some clinical and internal audit processes were not fully effective. For example the documentation audit did not check whether risk assessments were in place. Environmental audits were not completed to the required standard.

However:

- In response to an incident, the trust carried out a service review using the CQC fundamental standards, developed a quality improvement plan and strengthened nursing staffing.
- Risks identified following a serious incident had been appropriately escalated and logged on the divisional risk register.
- Staff were engaged with the local vision and the ethos of the unit and described local managers as approachable and supportive.

## Areas for improvement

We found areas for improvement in this service. See the Areas for Improvement section above.

# Community Sexual Health Service

Good ●

## Key facts and figures

Calderdale and Huddersfield NHS Foundation Trust is an integrated trust, which provides acute and community health services. The trust serves two populations, Greater Huddersfield which has a population of 248,000 people and Calderdale with a population of 205,300 people.

Calderdale Integrated Sexual Health service was established following a successful tender bid that the trust won in 2015. The service provides a fully integrated level three sexual health service to the population of Calderdale.

The service is based at Broad Street Plaza in Halifax. There are two satellite clinics based in Todmorden and Brighouse.

All services provide a 'one stop shop' for testing and treatment for genital infections and all methods of contraception.

The service at Broad Street Plaza also offers medically led human immunodeficiency virus (HIV) care. Additionally the trust works with both local pharmacies and GP practices to ensure contraceptive treatment is easily accessible and available seven days per week.

The service works with many partners, both voluntary and statutory, to provide a confidential treatment and educational service which aims to improve the sexual health of the local population regardless of gender or sexuality.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity and we inspected all key questions. This was our first inspection of this service.

During the inspection, we visited all three locations. We spoke with 19 members of staff, including all grades of nursing, medical, administration staff and the senior leadership team. We also spoke with eight patients and their relatives. We reviewed 13 care records (including medical notes and nursing documentation) and we observed care being provided when patients gave consent.

## Summary of this service

We rated the Community Sexual Health Service as good because:

- Staff were able to use the incident reporting system and knew when they should report. The service had robust adult and children's safeguarding processes in place.
- Medicines were stored securely and supply and administration processes were safe.
- All areas were visibly clean. Staff followed infection control policies. Mandatory training compliance was good.
- We saw appropriate staffing levels and skill mix in place.
- Policies and standard operating procedures were written with reference to appropriate best practice guidance. Staff were able to administer pain relief and local anaesthetic where necessary.
- Appraisals were 100% for medical, nursing and non-nursing staff. Staff had appropriate additional competencies and learning for their roles.
- We received consistently positive feedback. Patients told us that the staff were kind, caring and compassionate. We observed staff treating patients compassionately and with dignity and respect.

# Community Sexual Health Service

- Services were planned to meet the needs of the local population. Staff also visited many other areas, in an effort to reach the most vulnerable members of society who may not be able to readily access services.
- Services were accessible to patients through a range of routes and patients were seen by staff in a timely manner.
- The service offered booked appointments and also drop in clinics. There were specific clinics for a number of client groups. There had been no formal complaints.
- We found the service manager experienced, knowledgeable and approachable.
- The trust had a patient centred vision and strategy.
- There was a defined governance process for the service. The service manager was aware of the risks to the service and attended the divisional governance meetings.
- All staff we spoke with reported a positive team culture. Staff worked flexibly to meet the needs of the service across all three sites.
- The service were proactive in looking at ways to engage with hard to reach groups, such as street workers and the travelling communities.
- Team meetings were held regularly. This was used to provide feedback and also to gain staff views about how the service could develop.
- We saw numerous examples of improvement and innovation.

However;

- We found that the service website needed updating.
- Signage to the clinics was not always clear.

## Is the service safe?

**Good** ●

We rated safe as good because:

- Staff were able to use the incident reporting system and knew when they should report. We looked at minutes of team meetings and found that lessons learned and changes to practice were shared effectively.
- All registered staff we spoke with were aware of their responsibilities in relation to duty of candour.
- The service had robust adult and children's safeguarding processes in place. All staff had safeguarding supervision and training in line with intercollegiate legislation (2014). The trust had safeguarding adults and children's leads and policies in place to support staff.
- Medicines were stored securely and supply and administration processes were safe. Staff administered medicines via patient group directions which were up to date and in line with best practice guidance.
- All areas we visited were visibly clean and well maintained. Equipment was tested for electrical safety and had been serviced. Emergency equipment was available.
- The service had recently implemented electronic record keeping. We looked at records and found that these were completed in line with staffs registered bodies. We had no concerns about the security of records. Staff took detailed histories from all patients to ensure all risk factors were identified and acted upon.

# Community Sexual Health Service

- All areas were visibly clean. Staff followed infection control policies.
- Mandatory training compliance was good.
- We saw appropriate staffing levels and skill mix in place to manage patient flow effectively.

## Is the service effective?

**Good** ●

We rated effective as good because:

- Policies and standard operating procedures were written with reference to appropriate best practice guidance.
- Staff were able to administer pain relief and local anaesthetic where necessary. Patients told us they received pain relief.
- Staff were able to access the trust intranet at all sites.
- The service provided data for national patient outcome audits and also performed local audits.
- Appraisals were 100% for medical, nursing and non-nursing staff. Staff had appropriate additional competencies and learning for their roles.
- We saw evidence of robust multi-disciplinary working with a wide range of internal and external agencies.
- We saw staff seeking verbal consent before providing care and treatment. This was also part of the electronic documentation.

## Is the service caring?

**Good** ●

We rated caring as good because:

- We received consistently positive feedback from the patients and relatives we spoke with.
- Patients told us that the staff were kind, caring and compassionate.
- We observed staff treating patients compassionately and with dignity and respect.
- Patients and their relatives told us that they were involved in planning their care and that communication with staff was good.
- We observed positive interactions between staff of all disciplines and patients. Staff provided emotional support.

## Is the service responsive?

**Good** ●

We rated responsive as good because:

# Community Sexual Health Service

- Services were planned to ensure choice, flexibility and continuity to meet the needs of the local population across three clinical settings. Staff were committed to providing a service that was welcoming, compassionate, caring and non-judgemental regardless of gender or sexuality.
- In addition to the three clinic settings, staff also gave many examples about how they used their local knowledge to consider and provide support and advice to people who might not be able to or consider accessing services for contraceptive or sexual health. For example, we heard about their work with vulnerable groups such as a young mother's social group for women suffering with post-natal depression, their attempts to integrate with travelling communities and their work alongside charitable substance misuse groups.
- Staff were committed to developing the service in order to reach some of the most vulnerable groups in the local community. We heard about the work they had done in an attempt to engage sex workers in caring for their sexual health needs.
- The service had developed a 'clinic in a box' that enabled them to go out in to the community to reach many groups of people who might not routinely access sexual health care.
- The staff within the service were knowledgeable and able to focus on the recognition and support of any women who were victims of female genital mutilation, children at risk of sexual exploitation and domestic abuse of both male and female patients.
- Following patient feedback that waiting times were too long the team started to offer booked appointments as well as drop in clinics. There were also specific clinics for different client groups, for example they held a young person's clinic. Clinics were also planned to coincide with other services being held, for example drug and alcohol clinics.
- Patient wait times from arrival or initial enquiry to treatment time were routinely monitored. The service consistently performed better than local national indicators for patient times during the past 12 months.
- Patients were offered follow up appointments following their treatment and this was monitored daily through the use of an electronic recall system. This system was also used to monitor patients that did not attend (DNA) their appointments, including potentially vulnerable patients (such as those under 16 years old).
- Chaperones were available and offered for all appointments. We saw signs about this displayed.
- Staff had access to a telephone interpretation service, which we saw being used during our visit. We were told that family members were never used for this purpose. The service website also gave information about translation services that could be used.
- To enable timely access the service held clinics six days a week and also held evening clinics at all three locations. The service was able to provide tests and treatments at the clinics. Microscopy was undertaken on site at the Broad Street Plaza clinic which meant some test results were available immediately.
- Information about how to raise a concern or make a complaint were displayed in the waiting areas of the clinics. There had been no formal complaints.

However;

- We found that signage to the clinics could be improved.

## Is the service well-led?

**Good** ●

We rated well led as good because:

# Community Sexual Health Service

- We found the service manager experienced, knowledgeable and approachable.
- Staff we spoke with told us that the leadership team were visible and approachable.
- There was a defined governance process for the service. The service manager was aware of the risks to the service and attended the divisional governance meeting which ensured that risks were fed up to the senior team.
- All staff we spoke with reported a positive team culture. Staff worked flexibly to meet the needs of the service across all three sites.
- The service were proactive in looking at ways to engage with hard to reach groups, such as street workers and the travelling communities. The service had developed a patient feedback process. We saw these in all areas we visited.
- Team meetings were held regularly. This was used to provide feedback and also to gain staff views about how the service could develop.
- We saw numerous examples of improvement and innovation.

However;

- There were areas of the service website that needed updating. We discussed this with the senior team and gave them examples. They told us they would address this immediately.

## Outstanding practice

- Staff visited many areas of the local population, in an effort to reach vulnerable members of society who may not be able to readily access services. The work the team did to promote the service through 'seasonal' campaigns and to identify hard to reach groups was very positive and had shown great achievement.

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

The table below shows the legal requirements that the service provider was not meeting. The provider must send CQC a report that says what action it is going to take to meet these requirements.

For more information on things the provider must improve, see the Areas for improvement section above.

**Please note:** Regulatory action relating to primary medical services and adult social care services we inspected appears in the separate reports on individual services (available on our website [www.cqc.org.uk](http://www.cqc.org.uk))

**This guidance** (see [goo.gl/Y1dLhz](http://goo.gl/Y1dLhz)) describes how providers and managers can meet the regulations. These include the fundamental standards – the standards below which care must never fall.

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

# Our inspection team

Sarah Dronsfield, Head of hospital inspections led this inspection. An executive reviewer, Mohit Venkataram, executive director, supported our inspection of well-led for the trust overall.

The team included a CQC inspection manager, 12 inspectors and 19 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.