

# Bradford Teaching Hospitals NHS Foundation Trust

## Inspection report

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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 trust quality rating

Good 

Are services safe?

Good 

Are services effective?

Requires improvement 

Are services caring?

Good 

Are services responsive?

Good 

Are services well-led?

Good 

Are resources used productively?

Good 

# Summary of findings

## Combined quality and resource rating

Good 

We rated well-led (leadership) from our inspection of trust management, taking into account what we found about leadership in individual services. We rated other key questions by combining the service ratings and using our professional judgement.

## Background to the trust

Bradford teaching hospitals became an NHS foundation trust in April 2004. It is responsible for providing hospital services for the people of Bradford and communities across Yorkshire. It serves a core population of around 530,000 people and provides specialist services for around 1.2 million people in the region. Specialist services include;

- Neonatal care
- Urology
- Vascular services
- Renal care
- Cancer care
- Cochlear implants
- Cardiology

Almost 5,800 staff work over several sites at the trust. There are around 500 volunteers at the trust who support the care of patients and visitors. Bradford Royal Infirmary is the main acute hospital. It provides acute services, diagnostics and outpatient services. There is an emergency department providing 24 hour, seven days a week, comprehensive accident and emergency service; this includes including resuscitation and high dependency unit, ambulatory care unit, dedicated paediatric service and a primary care streaming service.

St Luke's hospital is the second hospital in terms of size and services provided. It has an inpatient intermediate care ward, and a wide range of outpatient and therapy services.

In addition, there were four smaller community hospitals in different areas of the city. Shipley hospital provides outpatients, diagnostic services and therapy services. Eccleshill community hospital provides diagnostic and outpatient services and day surgery. Westbourne Green community hospital has an intermediate care ward and provides outpatient services. Westwood Park diagnostic and treatment centre has an inpatient intermediate care ward and provides medical care and diagnostic and outpatient services.

Annually there are around 6000 babies born, over 140,000 attendances in A &E, 120,000 in-patients who receive care, and 500,000 outpatients' appointments. There are around 300,000 surgical operations each year. There are around 780 in-patient beds.

In early 2017, a new £28 million wing opened at Bradford Royal Infirmary, part of a £75 million investment to improve patient care. A £2 million refurbishment of the accident and emergency department was also completed in 2017.

# Summary of findings

The trust is a teaching hospital, with strong links to local universities. The Bradford Institute for Health Research (BIHR) was established in 2007 by the trust. Since then the BIHR has developed and increased its expertise in clinical research and applied health research to support better patient outcomes and improved healthcare throughout the Bradford community. In 2018 over 41,000 people were recruited to research studies, and there were over 650 active research studies in 2018/2019.

Services provided at the trust are commissioned by four main clinical commissioning groups (CCGs);

- NHS Bradford City CCG
- NHS Bradford Districts CCG
- NHS Airedale, Wharfedale and Craven CCG
- NHS England Specialist Commissioning.

The trust is a member of the West Yorkshire association of acute trusts (WYAAT) which worked to develop and deliver collaborative solutions to some regional health challenges.

## Overall summary

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

## What this trust does

Bradford teaching hospitals is responsible for providing hospital services for the people of Bradford and communities across Yorkshire. It serves a core population of around 530,000 people and provides specialist services for around 1.2 million people in the region. Specialist services include;

- Neonatal care
- Urology
- Vascular services
- Renal care
- Cancer care
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- Cardiology

Bradford Royal Infirmary is the main acute hospital. It provides acute services, diagnostics and outpatient services. There is an emergency department providing 24 hour, seven days a week, comprehensive accident and emergency service; this includes including resuscitation and high dependency unit, ambulatory care unit, dedicated paediatric service and a primary care streaming service.

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# Summary of findings

In addition, there were four smaller community hospitals in different areas of the city. Shipley hospital provides outpatients, diagnostic services and therapy services. Eccleshill community hospital provides diagnostic and outpatient services and day surgery. Westbourne Green community hospital has an intermediate care ward and provides outpatient services. Westwood Park diagnostic and treatment centre has an inpatient intermediate care ward and provides medical care and diagnostic and outpatient services.

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## Key questions and ratings

We inspect and regulate healthcare service providers in England.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led?

Where we have a legal duty to do so, we rate the quality of services against each key question as outstanding, good, requires improvement or inadequate.

Where necessary, we take action against service providers that break the regulations and help them to improve the quality of their services.

## What we inspected and why

We carried out an unannounced inspection (the service did not know we were coming) of the medicine, children and young people, maternity, and outpatients core services.

We inspected maternity and medicine core services as they had been rated as requires improvement at our last inspection in 2018. We inspected children and young people's services and outpatient services as they had not been inspected since 2016.

We carried out an announced inspection of well led at trust level between 10 December and 8 January 2019. This assessment focussed on the well-led key question at trust level and drew on our wider knowledge of quality in the trust at all levels. We also considered improvements and changes since the last inspection.

We plan our inspections based on everything we know about services, including whether they appear to be getting better or worse.

## What we found

### Overall trust

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

- We rated safe, caring, responsive and well led as good. We rated effective as requires improvement.
- At this inspection we inspected four of the core services. We rated three of the services as good, and one as requires improvement. In rating the trust, we took into account the current ratings of the other services not inspected this time.
- We rated well-led for the trust overall as good; this was not an aggregation of the core service ratings for well-led.

# Summary of findings

## Are services safe?

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

- Services provided mandatory training in key skills to all staff and made sure most staff completed it. Compliance with mandatory training had improved since our previous inspection.
- Staff understood how to protect patients from abuse and services generally worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. Safeguarding training levels had improved since the previous inspection.
- In children and young people's services, there were enough nursing staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- In maternity the service had enough staff with the right qualifications, skills, training and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment. Caseloads among community midwives were within national guidelines and modified to account for the complexity of cases.
- Services managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned teams. When things went wrong, staff apologised and gave patients and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff completed and updated risk assessments for patients and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. The trust had appointed a sepsis nurse in October 2018 who had rolled out a series of improvements. This included staff training, developing standard protocols and the establishment of a deteriorating patient group.
- Managers ensured that actions from patient safety alerts were monitored and implemented. Services used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.
- Services used systems and processes to safely prescribe, administer, record and store medicines. staff followed current national practice to administer and check patients had the correct medicines. The prescribing of oxygen had improved since our last inspection.
- Most records were clear, up-to-date, stored securely and easily available to all staff providing care. Services used an electronic record system and all staff received full training on use of the system including bank and agency staff.
- The design, maintenance and use of facilities, premises and equipment mostly kept people safe.

However:

- Some services did not always manage infection prevention and control well. Ventilation equipment in maternity theatres did not adhere to national guidance, the service did not monitor or control infection risks in theatres consistently well. Compliance with infection prevention and control training in medicine for the period April 2018 to March 2019, was 74.3% for nursing staff and 70.8% for medical staff at this hospital. This did not meet the trust target of 85%. Infection rates on the neonatal unit had increased over the last two years. In the outpatients department we had concerns about the traceability of nasal endoscopes. Audit data indicated 65% compliance with completion of daily cleaning checklists and we saw some apparent gaps in cleaning records.

# Summary of findings

- The percentage of women who received one to one care in labour was poor. From November 2018 to October 2019 an average of 70% of women in established labour received one-to-one care. This varied from 57.2% to 82.5% over the period. This had been a concern at our last inspection.
- There were not always enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment in medicine. Nurse staffing on the neonatal unit was not meeting national standards. Only 48.6% of shifts from September 2018 to October 2019 were compliant with national standards.
- Consultant cover on the neonatal unit was not meeting national standards. Paediatric consultant presence on the children's unit was not in line with national standards and not all patients were seen by a consultant within 14 hours of admission.
- Records in maternity were not always complete. Updated risk assessments for each woman had not been completed. A records audit had not been completed in the 12 months prior to our inspection. Paper records on the neonatal unit were not stored securely. There was no formal system in place to ensure security of prescription pads in outpatients. Not all staff in maternity participated in the World Health Organisation safer surgery checklist.

## Are services effective?

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

- Maternity services and medicine were rated as requires improvement for effective.
- Performance in national audits did not always demonstrate good outcomes for patients. The results of the 2018/19 chronic obstructive pulmonary disease audit showed that five out of the six metrics were worse than the national average and did not meet the national standard.
- Performance in the lung cancer audit for 2018 did not meet the national standard in three out of the five metrics but were better than the national and regional average. However, compared to the 2016 audit results, performance had decreased in four out of the five metrics.
- Stroke nurse responders were covering for vacancies and sickness on the stroke ward and were not able to leave the ward respond to a patient arriving at the hospital with an acute stroke. This contributed to a downgraded rating from B to C in the April to June 2019 national audit programme.
- There were higher than expected risk of readmissions in medicine. From February 2018 to January 2019, patients at Bradford Royal Infirmary had a higher than expected risk of readmission for elective admissions and for non-elective admissions when compared to the England average.
- The endoscopy unit had failed to achieve the Joint Advisory Group (JAG) for endoscopy accreditation in March 2018. There were concerns with patient flow and staff competencies.
- In maternity services there had not been enough oversight of or concerted efforts to improve the stillbirth rate in the 12 months prior to our inspection; the annual total stillbirth rate was more than double the regional average. This had been a concern at our previous inspection.
- In maternity we were not assured that managers always checked to make sure staff followed guidance, as some key audits had not been appropriately monitored or completed. The April 2019 to March 2020 maternity audit plan showed several audits were behind schedule, or their status was not determined.
- The maternity service did not always provide care and treatment based on national guidance and evidence-based practice; we saw some guidance was not fully implemented or was contradictory.

# Summary of findings

- Maternity staff did not always use the findings to make improvements and achieve good outcomes. For example, we found only one of 12 local actions from a key national audit had been implemented.
- There was no designated smoking cessation lead midwife in post, due to withdrawal of external funding; and an opt out referral to local authority smoking cessation services had a low success rate.

However:

- Services overall provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- The policies and guidelines we checked were within their review date. This was an improvement from the last inspection.
- In children and young people's services, staff monitored the effectiveness of care and treatment. They used the findings to make improvements and generally achieved good outcomes for children and young people.
- Staff assessed patients to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Services made adjustments for religious, cultural and other needs.
- Services made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.
- Doctors, nurses, therapists and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support people who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately. Compliance rates for Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS) training were above the trust target.

## Are services caring?

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

- We rated caring good in medicine, maternity, children and young people's services and outpatients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. There was a family centred approach in children and young people services.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs. Staff took time to interact with patients and those close to them in a respectful and considerate way.
- Staff supported patients' families and carers to understand the patient's condition so that informed decisions about care and treatment could be made.
- All staff members displayed understanding and a non-judgemental attitude towards (or when talking about) patients who had a mental health problem or a learning disability.



# Summary of findings

## Are services responsive?

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

- We rated responsive good in medicine, children and young people's services and outpatients. Responsive was rated requires improvement in maternity.
- Services planned and provided care in a way that met the needs of local people and the communities. Services also worked with others in the wider system and local organisations to plan and coordinate care with other services and providers.
- People could mostly access services when they needed them and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards
- Services were inclusive and took account of patients, families and carers needs individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- It was easy for people to give feedback and raise concerns about care received. Staff treated concerns and complaints seriously, investigated them and shared lessons learned. The service included patients in the investigation of their complaint.
- Since our last inspection of the service, maternity had implemented an eight-bed induction of labour suite and had extended maternity assessment centre opening hours to offer 24-hour provision.

However:

- Women could not always access maternity service when they needed it and receive the right care promptly. There had been 23 maternity unit closures over a one-year period; varying from approximately four hours to two days in duration. The birth centre had closed a further nine times. We saw women were routinely diverted to deliver at other trusts due to unit acuity and staffing.
- There had been numerous delays to the induction of labour service. In October 2019, we saw four women had given birth in areas of the service not intended for deliveries; such as the maternity assessment centre and induction of labour suite.
- The proportion of initial antenatal bookings undertaken before 13 weeks was below trust target.
- There were long waiting times for children waiting for autism assessments and waiting times from referral to treatment were not always in line with national standards. However, plans were in place to address these.
- Outpatient services were not always available seven days a week or during the evening.

## Are services well-led?

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

- Overall, leaders were visible and approachable for patients and staff. Leaders had the skills and abilities to run services. They understood and managed the priorities and issues in their areas. They supported staff to develop their skills and take on more senior roles. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Services had a vision for what they wanted to achieve and were developing strategies to turn it into action. These visions and strategies were focused on sustainability of services and aligned to local plans within the wider health economy.
- There was an open culture where patients, their families and staff could raise concerns without fear. Services promoted equality and diversity in daily work.



# Summary of findings

- Leaders operated effective governance processes. We saw senior leaders had recently implemented new roles to strengthen governance structures within the divisions. Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of their service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- We saw that service collected reliable data and analysed it. Staff could find the data they needed, in accessible formats to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- We found staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- In maternity, we were not assured all levels of governance and management always functioned effectively and interacted with each other appropriately. Leaders did not always manage, prioritise or robustly monitor key issues the service faced. For example, with respect to identifying and acting on the stillbirth rate or monitoring incident reports of obstetric theatre use. Levels of one-to-one care in labour had not improved on average over the course of at least the last two to three years.
- Maternity services did not always collect reliable data and analyse it. We were not assured data was always available to understand performance, make decisions and improvements; key maternity service audits had not been completed or appropriately monitored.
- Maternity leaders and teams did not always robustly monitor and escalate relevant risks and issues and identify and implement actions to reduce their impact. There was limited evidence of leaders using the results of internal and national audits to improve key outcomes.
- Maternity services did not have a vision agreed for what it wanted to achieve. A strategic vision was being developed though and a women's services action plan was in place; however, some key business risks such as replacement of the obstetric theatres were omitted.

## Use of resources

This was the first time the trust had a use of resources assessment.

NHS England/ Improvement rated the trust's use of resources as good. The trust was in surplus and had a good track record of managing spend in line with plans. However, at the time of the assessment there were a number of potential risks associated with the trust delivering the 2019/20 financial plan.

The trust benchmarked well when compared nationally across a range of metrics and were able to demonstrate an embedded quality improvement approach and strong collaborative working. Furthermore, the trust showed its use of technology had led to efficiency and productivity gains. However, the trust continues to have workforce challenges in relation to high pay costs and high sickness absence levels.

## Combined quality and resources

We rated it as good because: Use of resources was rated good and well led at trust level was rated as good.

# Summary of findings

## Ratings tables

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

## Outstanding practice

We found examples of outstanding practice in maternity, children and young people's services and in the trust safeguarding team.

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

## Areas for improvement

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

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

## Action we have taken

We issued requirement notices to the trust. Our action related to breaches of legal requirements at a trust-wide level and in core services.

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

## What happens next

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

## Outstanding practice

- The trust had launched a new electronic system to improve efficiency and patient flow through the hospitals. The system produced a wall of analytics that constantly pulled in streams of data from the trust's electronic patient record system and from many other separate sources of data from across the hospitals. The analytics wall was based at the command centre and provided staff with real-time information over 24-hours, seven days a week, to enable staff to make informed decisions on managing patient flow across the trust's hospitals.
- In maternity; since our last inspection of the service, a new pathway had been launched to support women to continue with pregnancy with poor prognosis or lethal abnormalities. This was known as the 'butterfly pathway' and had been developed in conjunction with a specialist hospice. Families on the pathway were offered support, choices and a care plan from a multidisciplinary team. This allowed families to make informed choice. The service was recently shortlisted for a national award in the "outstanding team care" category.
- In children and young people's services, the ambulatory care experience (ACE) team provided acute care for patients at home, reducing admissions and readmissions to hospital. Clinical pathways had been developed to allow patients with wheeze, croup and gastroenteritis to be cared for in their own homes. Further pathways were due to be introduced for jaundice and bronchiolitis.

# Summary of findings

- The safeguarding team were innovative in their provision to support lilac clinic services. The named nurse for Safeguarding was awarded a commendation at the Chief Officers' Awards ceremony, West Yorkshire Police in recognition of outstanding contribution to supporting policing and the public of West Yorkshire through children's safeguarding. A protocol was written to enable nurses/midwives within the trust and the Police to work together forensically to support young pregnant girls admitted to hospital.

## 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 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 the trust and four services.

### **Trust wide:**

- The trust must improve governance and oversight of risk in maternity services. (Regulation 17: Good governance)

### **In medical care services:**

- The service must continue to take action to improve performance in national audits to demonstrate effective patient outcomes. (Regulation 12: Safe care and treatment).

### **In maternity services:**

- The service must monitor and control infection risks in theatres consistently well and ensure that mitigating actions (including incident reporting of theatre use) are implemented and closely monitored. (Regulation 12: Safe care and treatment).
- The service must ensure that stillbirths rates are closely and appropriately monitored, escalated where required, and actions are put in place to improve stillbirth rates. (Regulation 12: Safe care and treatment).
- The service must ensure all staff are engaged with and participate in all steps of the World Health Organisation surgical safety checklist, the checklist is fully completed, and observational and record audits are undertaken to monitor compliance. (Regulation 12: Safe care and treatment).
- The service must ensure systems and processes are used to safely record the use of controlled drugs in the maternity service, and compliance is monitored. (Regulation 12: Safe care and treatment).
- The trust must ensure the outcomes/recommendations of any serious case reviews are acted on, and midwives have the opportunity to regularly attend child protection conferences and submit reports to facilitate decision making and safety planning. (Regulation 12: Safe care and treatment)
- The service must ensure all staff are up to date with mandatory training, including safeguarding children level three training. (Regulation 18: Staffing).
- The service must ensure staff always complete and update risk assessments and applicable key documentation (including modified early obstetric warning scores, and intrapartum 'fresh eyes') for each woman. (Regulation 17: Good governance).

# Summary of findings

- The service must ensure a systematic programme of rolling internal and clinical audit (to include documentation audits) is in place to monitor quality and to identify where action should be taken; and robust action plans are in place from audits to facilitate improvement. (Regulation 17: Good governance).
- The service must ensure all levels of governance and management function effectively and interact with each other appropriately. (Regulation 17: Good governance).
- The service must monitor the reporting of staffing related incidents (for example, through the 'safe care' tool) and ensure all opportunities for learning from incidents are taken. (Regulation 17: Good governance).
- The service must ensure the findings of external incident investigation reviews are duly considered and action plans include all findings to address the issues identified. (Regulation 17: Good governance).
- The service must ensure regular checks of adult resuscitation equipment are undertaken in maternity. (Regulation 15: Premises and equipment).
- The service must ensure clinical guidance for staff is clear and not contradictory, particularly with regards to foetal growth monitoring. (Regulation 17: Good governance).

## **In the Outpatients department at Bradford Royal Infirmary:**

- The service must ensure traceability registers for nasal endoscopes are always completed correctly and that compliance is monitored through periodic audit. (Regulation 12: Safe care and treatment).
- The service must ensure checks of emergency equipment are completed in accordance with trust policy and that compliance is monitored through periodic audit. (Regulation 15: Premises and equipment).
- The service must ensure there is a formal system in place for security of prescription pads. (Regulation 17: Good governance).

## **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.

## **In medical care services :**

- The service should ensure that all patients who may pose a risk of harm to themselves or others receive an appropriate risk assessment and risk management plan at the point of admission and that this is updated regularly.
- The service should ensure that staff follow, or clearly document the clinical decision to deviate from, risk management plans in line with risk assessments of all patients who may pose a risk of harm to themselves or others.
- The service should consider providing staff with specific mandatory training to enable them to care effectively for people with a mental health problem or a learning disability.
- The service should ensure that all controlled drugs which have exceeded their expiry date are removed and destroyed as soon as possible from all medical wards.
- The service should continue to ensure they have adequate nursing staff on duty on medical wards to provide safe care and treatment.
- The service should continue to work towards achieving Joint Advisory Group accreditation for the endoscopy unit at Bradford Royal Infirmary.
- The service should ensure that speciality medicine governance meetings are accurately documented and include a list of attendees so that information can be circulated and understood by those unable to attend.

# Summary of findings

- The service should ensure that all staff working in medical care services complete infection prevention and control training.

## **In maternity:**

- The service should consider reviewing and revising the summary information pages of patients' electronic records; so that and safeguarding concerns or mental health information are clearly shown.
- The service should consider developing an agreed maternity vision with relevant stakeholders, and a strategy to implement it; and ensuring that all key business risks (including the replacement of obstetric theatres) are detailed in the clinical business unit planning 2019-1920' strategy.
- The service should work to improve the time taken to investigate and close complaints, in line with the trust's complaints policy.

## **In children and young people's services:**

- The service should ensure paediatric consultant cover complies with national standards.
- The service should ensure neonatal nurse staffing meets national standards.
- The service should continue the work to improve their results for the national paediatric diabetes audit.
- The service should continue their improvement work for outpatients to ensure waiting times for autism assessment are improved and referral to treatment times meet national standards.
- The service should ensure records are kept securely on the neonatal unit.
- The service should continue to ensure they improve infection rates on the neonatal unit.

## **In the outpatients department at Bradford Royal Infirmary:**

- The service should ensure cleaning records and checklists are completed correctly and that compliance is monitored through periodic audit.

## **In the outpatients department at St Luke's:**

- The service should ensure cleaning records and checklists are completed correctly and that compliance is monitored through periodic audit.

## 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.

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

The trust board had the appropriate range of capability, skills, knowledge and experience to perform its role. The board of directors' portfolios covered all key areas. The trust was led by a board of directors who were responsible for all aspects of the operation and performance of the trust, and for its effective governance. This included setting the corporate strategy and organisational culture, taking those decisions reserved for the board, and being accountable to stakeholders for those decisions.

# Summary of findings

Senior leaders demonstrated an understanding of most priorities and challenges facing the trust. They spoke with insight about key risks around workforce, maintaining operational performance and financial pressures. These challenges were described in the clinical service strategy and were recognised in the corporate risk register and board assurance framework. We found that senior leaders were experienced, visible and approachable, however not all were fully sighted on risks, issues and challenges to some services. Some of the senior team we spoke with were not aware of risks and issues in maternity services. This meant that leadership and governance at the trust did not always support the delivery of high quality, person centred care.

There had been several senior leadership changes at the trust in the last two years. We saw there was a good gender balance of board members and around a quarter of all board members were from a Black, Asian and Minority Ethnic (BAME) background.

There was a clear statement of vision and values. These were communicated through a clinical service strategy with defined strategic objectives. The clinical strategy was underpinned by eight enabling strategies. The trust did not have a strategy for mental healthcare or for the care of people with a learning disability or autism. Managers told us that a learning disability strategy was planned and would be the responsibility of a newly appointed lead nurse for learning disabilities. The trust's clinical strategy did not include reference to patients with a mental health problem, learning disability or autism.

There had been limited monitoring of progress with the overall strategy and it had not been refreshed since August 2017. However, we saw some monitoring had taken place and there were plans to refresh the strategy since the appointment of a new chair and chief executive.

We saw that leaders modelled and encouraged inclusive and supportive relationships among the workforce so that people felt respected, valued and supported. Leaders encouraged positivity and pride in the organisation. There was strong commitment from leaders to support staff with protected characteristics under the Equality Act. Staff told us they felt appreciated and proud about working for the trust and within their teams.

There was effective multidisciplinary working and teamwork for the benefit of patients. Staff we spoke with described an open, inclusive and honest culture. They told us they were supported and given opportunity to develop their skills to enable the delivery of safe care and treatment to patients. We saw there was mutual respect among leaders and managers. Although the chief executive had been in post for a short time prior to our inspection we were consistently told by senior leaders there now appeared to be a greater sense of shared responsibility by the board.

There was a clear governance structure at the trust, with processes and systems of accountability. The governance infrastructure focussed on providing assurance that the trust was achieving the strategic objectives and effectively mitigating any risks. At board level, this was enabled by the integrated dashboard and board assurance framework. However, we were concerned about weak governance and oversight of maternity. We were not assured all levels of governance and management always functioned effectively in this clinical area. Progress against long standing issues and improvements had been slow.

Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care. However, the trust wide integrated dashboard did not contain any information about performance in maternity services. Board papers we reviewed showed limited oversight for this challenged service.

The board and committees received large amounts of detailed information to support their decision making. We saw that quality and sustainability were viewed on an equal basis. Information systems were integrated and secure. Data or notifications were consistently submitted to external stakeholders as required. The trust had invested in a command

## Summary of findings

centre, which drew information in real time from a range of sources including the electronic patient record and was used to support clinical and operational decision making. There was information about patients, available beds, diagnostics, and other factors that impacted on patient care and their 'flow' through the hospital. This gave a clear understanding of current and predicted pressures.

Leaders openly engaged with patients, staff, equality groups, the public and stakeholders to plan and manage services. They collaborated with partner organisations to help improve services for patients. A range of people's views and concerns was encouraged and acted on.

The trust took part in a national innovative pre-employment programme called 'project search' to help young people with learning difficulties gain the skills they needed to get meaningful paid jobs.

There was a good focus on learning and improvement throughout the trust and we saw appropriate use of participation in research. There was knowledge of improvement methods, and there were systems in place to support innovation and improvement work. The trust worked in collaboration locally, regionally and nationally regarding learning and improvement.



## 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
Good ↑ Apr 2020	Requires improvement →← Apr 2020	Good →← Apr 2020	Good ↑ Apr 2020	Good →← Apr 2020	Good ↑ Apr 2020

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

### Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Bradford Royal Infirmary	Good ↑ Apr 2020	Requires improvement →← Apr 2020	Good →← Apr 2020	Good ↑ Apr 2020	Requires improvement →← Apr 2020	Requires improvement →← Apr 2020
St Luke's Hospital	Good ↑ Apr 2020	Good →← Apr 2020	Good →← Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020
<b>Overall trust</b>	Good ↑ Apr 2020	Requires improvement →← Apr 2020	Good →← Apr 2020	Good ↑ Apr 2020	Good →← Apr 2020	Good ↑ Apr 2020

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	Good ↑ Apr 2020	Requires improvement ↔ Apr 2020	Good ↔ Apr 2020	Good ↑ Apr 2020	Good ↔ Apr 2020	Good ↑ Apr 2020
Community	Good Jun 2016	Good Jun 2016	Good Apr 2015	Good Apr 2015	Good Jun 2016	Good Jun 2016
<b>Overall trust</b>	Good ↑ Apr 2020	Requires improvement ↔ Apr 2020	Good ↔ Apr 2020	Good ↑ Apr 2020	Good ↔ Apr 2020	Good ↑ Apr 2020

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

## Ratings for Bradford Royal Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Medical care (including older people's care)	Good ↑ Apr 2020	Requires improvement →↔ Apr 2020	Good →↔ Apr 2020	Good →↔ Apr 2020	Good →↔ Apr 2020	Good ↑ Apr 2020
Surgery	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018	Good May 2018
Critical care	Good Jun 2016	Good Jun 2016	Good Apr 2015	Good Jun 2016	Requires improvement Jun 2016	Good Jun 2016
Maternity	Requires improvement →↔ Apr 2020	Requires improvement →↔ Apr 2020	Good →↔ Apr 2020	Requires improvement ↓ Apr 2020	Inadequate ↓ Apr 2020	Requires improvement →↔ Apr 2020
Services for children and young people	Good ↑ Apr 2020	Good →↔ Apr 2020	Good →↔ Apr 2020	Good ↑ Apr 2020	Good →↔ Apr 2020	Good ↑ Apr 2020
End of life care	Good Apr 2015	Good Apr 2015	Good Apr 2015	Good Jun 2016	Good Apr 2015	Good Jun 2016
Outpatients	Good →↔ Apr 2020	N/A	Good →↔ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020
<b>Overall*</b>	Good ↑ Apr 2020	Requires improvement →↔ Apr 2020	Good →↔ Apr 2020	Good ↑ Apr 2020	Requires improvement →↔ Apr 2020	Requires improvement →↔ Apr 2020

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

## Ratings for St Luke's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care (including older people's care)	Requires improvement Jun 2016	Good Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015	Good Apr 2015
Outpatients	Good →↔ Apr 2020	N/A	Good →↔ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020
<b>Overall*</b>	Good ↑ Apr 2020	Good →↔ Apr 2020	Good →↔ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020	Good ↑ Apr 2020

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

### Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health inpatient services	Good Jun 2016	Good Jun 2016	Good Apr 2015	Good Apr 2015	Good Jun 2016	Good Jun 2016
<b>Overall*</b>	Good Jul 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016

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

# St Luke's Hospital

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Bradford  
West Yorkshire  
BD5 0NA  
Tel: 01274364305  
[www.bradfordhospitals.nhs.uk](http://www.bradfordhospitals.nhs.uk)

## Key facts and figures

Bradford teaching hospitals is responsible for providing hospital services for the people of Bradford and communities across Yorkshire. It serves a core population of around 530,000 people and provides specialist services for around 1.2 million people in the region.

St Luke's hospital is the second hospital in terms of size and services provided. It has an inpatient intermediate care ward, and a wide range of outpatient services. There are also therapy services and diagnostic services at the hospital.

Bradford Royal Infirmary is the main acute hospital. It provides acute services, diagnostics and outpatient services.

Annually in the whole trust there are around 6000 babies born, over 140,000 attendances in accident and emergency, 120,000 in-patients who receive care, and 500,000 outpatients' appointments. There are around 300,000 surgical operations each year. There are around 780 in-patient beds across trust locations.

## Summary of services at St Luke's Hospital

**Good** ● ↑

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

We rated the outpatient services as good. We did not inspect any other services at the hospital on this occasion.

# Outpatients

Good  

## Key facts and figures

The outpatient service at Bradford Teaching Hospitals NHS Foundation Trust is the route from primary care into secondary care outpatient consultation, follow up review, diagnostic testing and treatment. It is consultant led and supported by a multi-disciplinary team.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected the whole core service, primarily adult outpatients.

We spoke with nine members of staff, including the managers, service leads, nurses, healthcare assistants and consultants.

We spoke with five patients and reviewed five sets of records.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure most completed it.
- Staff understood how to protect patients from abuse.
- The service controlled infection risk well.
- The service had enough competent staff and they worked together as a team.
- Records were clear, up-to-date and stored securely.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well and monitored the effectiveness of care and treatment.
- Staff treated patients with compassion and kindness.
- Leaders had the skills and abilities to run the service.
- Staff felt respected, supported and valued.

However, we also found:

- Outpatient services were not available seven days a week.

## Is the service safe?

Good   

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

- The service provided mandatory training in key skills to all staff and made sure most completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

# Outpatients

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Clinical staff validated waiting lists, prioritised patients for review and discharged patients where appropriate.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

## Is the service effective?

We do not rate effective in outpatients.

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed patients to see if they were in pain and gave pain relief in a timely way.
- Staff monitored the effectiveness of care and treatment.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.
- They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.



# Outpatients

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress.
- They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good  

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

- The service planned and provided care in a way that met the needs of local people and the communities served.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- It was easy for people to give feedback and raise concerns about care received. The service investigated them, and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

Good  

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Leaders operated effective governance processes, throughout the service. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.

# Outpatients

- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients, staff and the public to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them.
- Leaders encouraged innovation.

## Areas for improvement

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

# Bradford Royal Infirmary

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Bradford  
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Tel: 01274364305  
[www.bradfordhospitals.nhs.uk](http://www.bradfordhospitals.nhs.uk)

## Key facts and figures

Bradford teaching hospitals became an NHS foundation trust in April 2004. It is responsible for providing hospital services for the people of Bradford and communities across Yorkshire. It serves a core population of around 530,000 people and provides specialist services for around 1.2 million people in the region. Specialist services include;

- Neonatal care
- Urology
- Vascular services
- Renal care
- Cancer care
- Cochlear implants
- Cardiology

Bradford Royal Infirmary is the main acute hospital. It provides acute services, diagnostics and outpatient services. There is an emergency department providing 24 hour, seven days a week, comprehensive accident and emergency service; this includes including resuscitation and high dependency unit, ambulatory care unit, dedicated paediatric service and a primary care streaming service.

Annually across the whole trust there are around 6000 babies born, over 140,000 attendances in A &E, 120,000 in-patients who receive care, and 500,000 outpatients' appointments. There are around 300,000 surgical operations each year. There are around 780 in-patient beds.

In early 2017, a new £28 million wing opened at Bradford Royal Infirmary, part of a £75 million investment to improve patient care. A £2 million refurbishment of the accident and emergency department was also completed in 2017.

The Bradford Institute for Health Research (BIHR) was established in 2007 by the trust and is on site at the hospital. Since then the BIHR has developed and increased its expertise in clinical research and applied health research to support better patient outcomes and improved healthcare throughout the Bradford community.

# Summary of findings

## Summary of services at Bradford Royal Infirmary

**Requires improvement**   

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

- We rated effective and well led as requires improvement. We rated safe, caring, and responsive as good.
- At this inspection we inspected four of the core services. We rated three of the services as good, and one as requires improvement. In rating the trust, we took into account the current ratings of the other services not inspected this time.

### Are services safe?

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

- Services provided mandatory training in key skills to all staff and made sure most staff completed it. Compliance with mandatory training had improved since our previous inspection.
- Staff understood how to protect patients from abuse and services generally worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. Safeguarding training levels had improved since the previous inspection.
- In children and young people's services, there were enough nursing staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- In maternity the service had enough staff with the right qualifications, skills, training and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment. Caseloads among community midwives were within national guidelines and modified to account for the complexity of cases.
- Services managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned teams. When things went wrong, staff apologised and gave patients and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- Staff completed and updated risk assessments for patients and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. The trust had appointed a sepsis nurse in October 2018 who had rolled out a series of improvements. This included staff training, developing standard protocols and the establishment of a deteriorating patient group.
- Managers ensured that actions from patient safety alerts were monitored and implemented. Services used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.
- Services used systems and processes to safely prescribe, administer, record and store medicines. staff followed current national practice to administer and check patients had the correct medicines. The prescribing of oxygen had improved since our last inspection.
- Most records were clear, up-to-date, stored securely and easily available to all staff providing care. Services used an electronic record system and all staff received full training on use of the system including bank and agency staff.
- The design, maintenance and use of facilities, premises and equipment mostly kept people safe.

# Summary of findings

However:

- Some services did not always manage infection prevention and control well. Ventilation equipment in maternity theatres did not adhere to national guidance, the service did not monitor or control infection risks in theatres consistently well. Compliance with infection prevention and control training in medicine for the period April 2018 to March 2019, was 74.3% for nursing staff and 70.8% for medical staff at this hospital. This did not meet the trust target of 85%. Infection rates on the neonatal unit had increased over the last two years. In the outpatients department we had concerns about the traceability of nasal endoscopes. Audit data indicated 65% compliance with completion of daily cleaning checklists and we saw some apparent gaps in cleaning records.
- The percentage of women who received one to one care in labour was poor. From November 2018 to October 2019 an average of 70% of women in established labour received one-to-one care. This varied from 57.2% to 82.5% over the period. This had been a concern at our last inspection.
- There were not always enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment in medicine. Nurse staffing on the neonatal unit was not meeting national standards. Only 48.6% of shifts from September 2018 to October 2019 were compliant with national standards.
- Consultant cover on the neonatal unit was not meeting national standards. Paediatric consultant presence on the children's unit was not in line with national standards and not all patients were seen by a consultant within 14 hours of admission.
- Records in maternity were not always complete. Updated risk assessments for each woman had not been completed. A records audit had not been completed in the 12 months prior to our inspection. Paper records on the neonatal unit were not stored securely. There was no formal system in place to ensure security of prescription pads in outpatients. Not all staff in maternity participated in the World Health Organisation safer surgery checklist.

## Are services effective?

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

- Maternity services and medicine were rated as requires improvement for effective.
- Performance in national audits did not always demonstrate good outcomes for patients. The results of the 2018/19 chronic obstructive pulmonary disease audit showed that five out of the six metrics were worse than the national average and did not meet the national standard.
- Performance in the lung cancer audit for 2018 did not meet the national standard in three out of the five metrics but were better than the national and regional average. However, compared to the 2016 audit results, performance had decreased in four out of the five metrics.
- Stroke nurse responders were covering for vacancies and sickness on the stroke ward and were not able to leave the ward respond to a patient arriving at the hospital with an acute stroke. This contributed to a downgraded rating from B to C in the April to June 2019 national audit programme.
- There were higher than expected risk of readmissions in medicine. From February 2018 to January 2019, patients at Bradford Royal Infirmary had a higher than expected risk of readmission for elective admissions and for non-elective admissions when compared to the England average.
- The endoscopy unit had failed to achieve the Joint Advisory Group (JAG) for endoscopy accreditation in March 2018. There were concerns with patient flow and staff competencies.

# Summary of findings

- In maternity services there had not been enough oversight of or concerted efforts to improve the stillbirth rate in the 12 months prior to our inspection; the annual total stillbirth rate was more than double the regional average. This had been a concern at our previous inspection.
- In maternity we were not assured that managers always checked to make sure staff followed guidance, as some key audits had not been appropriately monitored or completed. The April 2019 to March 2020 maternity audit plan showed several audits were behind schedule, or their status was not determined.
- The maternity service did not always provide care and treatment based on national guidance and evidence-based practice; we saw some guidance was not fully implemented or was contradictory.
- Maternity staff did not always use the findings to make improvements and achieve good outcomes. For example, we found only one of 12 local actions from a key national audit had been implemented.
- There was no designated smoking cessation lead midwife in post, due to withdrawal of external funding; and an opt out referral to local authority smoking cessation services had a low success rate.

However:

- Services overall provided care and treatment based on national guidance and evidence-based practice. Managers checked to make sure staff followed guidance.
- The policies and guidelines we checked were within their review date. This was an improvement from the last inspection.
- In children and young people's services, staff monitored the effectiveness of care and treatment. They used the findings to make improvements and generally achieved good outcomes for children and young people.
- Staff assessed patients to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff gave patients enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. Services made adjustments for religious, cultural and other needs.
- Services made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.
- Doctors, nurses, therapists and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support people who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately. Compliance rates for Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS) training were above the trust target.

## Are services caring?

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

- We rated caring good in medicine, maternity, children and young people's services and outpatients.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. There was a family centred approach in children and young people services.

# Summary of findings

- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs. Staff took time to interact with patients and those close to them in a respectful and considerate way.
- Staff supported patients' families and carers to understand the patient's condition so that informed decisions about care and treatment could be made.
- All staff members displayed understanding and a non-judgemental attitude towards (or when talking about) patients who had a mental health problem or a learning disability.

## **Are services responsive?**

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

- We rated responsive good in medicine, children and young people's services and outpatients. Responsive was rated requires improvement in maternity.
- Services planned and provided care in a way that met the needs of local people and the communities. Services also worked with others in the wider system and local organisations to plan and coordinate care with other services and providers.
- People could mostly access services when they needed them and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards
- Services were inclusive and took account of patients, families and carers needs individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- It was easy for people to give feedback and raise concerns about care received. Staff treated concerns and complaints seriously, investigated them and shared lessons learned. The service included patients in the investigation of their complaint.
- Since our last inspection of the service, maternity had implemented an eight-bed induction of labour suite and had extended maternity assessment centre opening hours to offer 24-hour provision.

However:

- Women could not always access maternity service when they needed it and receive the right care promptly. There had been 23 maternity unit closures over a one-year period; varying from approximately four hours to two days in duration. The birth centre had closed a further nine times. We saw women were routinely diverted to deliver at other trusts due to unit acuity and staffing.
- There had been numerous delays to the induction of labour service. In October 2019, we saw four women had given birth in areas of the service not intended for deliveries; such as the maternity assessment centre and induction of labour suite.
- The proportion of initial antenatal bookings undertaken before 13 weeks was below trust target.
- There were long waiting times for children waiting for autism assessments and waiting times from referral to treatment were not always in line with national standards. However, plans were in place to address these.
- Outpatient services were not always available seven days a week or during the evening.

## **Are services well-led?**

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



# Summary of findings

- Overall, leaders were visible and approachable for patients and staff. Leaders had the skills and abilities to run services. They understood and managed the priorities and issues in their areas. They supported staff to develop their skills and take on more senior roles. Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Services had a vision for what they wanted to achieve and were developing strategies to turn it into action. These visions and strategies were focused on sustainability of services and aligned to local plans within the wider health economy.
- There was an open culture where patients, their families and staff could raise concerns without fear. Services promoted equality and diversity in daily work.
- Leaders operated effective governance processes. We saw senior leaders had recently implemented new roles to strengthen governance structures within the divisions. Staff were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of their service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.
- We saw that services collected reliable data and analysed it. Staff could find the data they needed, in accessible formats to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- We found staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- In maternity, we were not assured all levels of governance and management always functioned effectively and interacted with each other appropriately. Leaders did not always manage, prioritise or robustly monitor key issues the service faced. For example, with respect to identifying and acting on the stillbirth rate or monitoring incident reports of obstetric theatre use. Levels of one-to-one care in labour had not improved on average over the course of at least the last two to three years.
- Maternity services did not always collect reliable data and analyse it. We were not assured data was always available to understand performance, make decisions and improvements; key maternity service audits had not been completed or appropriately monitored.
- Maternity leaders and teams did not always robustly monitor and escalate relevant risks and issues and identify and implement actions to reduce their impact. There was limited evidence of leaders using the results of internal and national audits to improve key outcomes.
- Maternity services did not have a vision agreed for what it wanted to achieve. A strategic vision was being developed though and a women's services action plan was in place; however, some key business risks such as replacement of the obstetric theatres were omitted.

# Medical care (including older people's care)

Good  

## Key facts and figures

Bradford Teaching Hospitals NHS Foundation Trust provided medical care including older people's care, across two hospital sites in the City of Bradford:

- Bradford Royal Infirmary
- St Luke's Hospital

Acute medicine was provided at the Bradford Royal Infirmary site and St Luke's Hospital provided care on two intermediate care wards.

From March 2018 to February 2019, the trust had 51,826 medical admissions. Emergency admissions accounted for 27,042 (52.2%), 600 (1.2%) were elective, and the remaining 24,184 (46.7%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 14,122
- Gastroenterology: 12,358
- Geriatric medicine: 6,875

We inspected medical care at Bradford Royal Infirmary. We did not inspect medical care at St Luke's because it was previously rated as good. This inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity.

At this inspection we visited Ward 1 (female acute medical unit), Ward 3 (elderly assessment unit), Ward 4 (male acute medical unit), Ward 6 (stroke and neurology), Ward 7 (general medical), Ward 9 (short stay), Ward 15 (renal unit), Ward 17 (cardiology and coronary care), Ward 23 (respiratory), Ward 29 (elderly care), Ward 31 (elderly care), Ward 33 (haematology and oncology) and the endoscopy unit.

During our inspection, we spoke with 24 members of staff including, administration staff, nurses, doctors, pharmacists, managers, therapists and nursing and therapy assistants. We spoke with 10 patients and relatives and looked at 12 patient records. We also reviewed performance information from, and about, the trust.

Medical care at Bradford Royal Infirmary was previously inspected in January 2018 and was rated as requires improvement overall. At the 2018 inspection we rated safe and effective as requires improvement and caring, responsive and well led as good.

## Summary of this service

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

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. Safeguarding training levels had improved since the previous inspection.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Compliance with mandatory training had improved since our previous inspection.

# Medical care (including older people's care)

- The service provided care and treatment based on national guidance and evidence-based practice. At the previous inspection we found that several policies and guidance had gone past their review date. At this inspection we checked six clinical guidelines and policies, and found they were all within their review date.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff took time to interact with patients and those close to them in a respectful and considerate way.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. The trust had appointed a sepsis nurse in October 2018 who had rolled out a series of improvements. This included staff training, developing standard protocols and the establishment of a deteriorating patient group.

However:

- The service did not always have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Despite this we found the service monitored this well and had mitigation in place to manage staffing issues.
- Performance in national audits did not always demonstrate good outcomes for patients. The service had a higher than expected risk of readmission. From February 2018 to January 2019, patients at Bradford Royal Infirmary had a higher than expected risk of readmission for elective admissions and for non-elective admissions when compared to the England average.
- The service had a higher than expected risk of readmission. From February 2018 to January 2019, patients at Bradford Royal Infirmary had a higher than expected risk of readmission for elective admissions and for non-elective admissions when compared to the England average.
- The endoscopy unit had failed to achieve the Joint Advisory Group on Endoscopy (JAG) accreditation in March 2018. Staff explained this was due to concerns with patient flow and staff competencies. The service had appointed a new manager to implement an action plan to regain accreditation and staff told us that the unit was online to achieve this.

## Is the service safe?

Good  

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

# Medical care (including older people's care)

- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it. Safeguarding training levels had improved since the previous inspection.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration. The trust had appointed a sepsis nurse in October 2018 who had rolled out a series of improvements. This included staff training, developing standard protocols and the establishment of a deteriorating patient group.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it. Compliance with mandatory training had improved since our previous inspection.
- The service used systems and processes to safely prescribe, administer, record and store medicines. The prescribing of oxygen had improved since our last inspection.
- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date, stored securely and easily available to all staff providing care. The service used an electronic record system and all staff received full training on use of the system including bank and agency staff.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.

However:

- The service did not always have enough nursing staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Despite this we found the managers monitored this well and had mitigation in place to manage staffing issues and maintain staff competence.
- Compliance with infection prevention and control training for the period April 2018 to March 2019, was 74.3% for nursing staff and 70.8% for medical staff at this hospital. This did not meet the trust target of 85%. However, we saw good practice in clinical areas.
- Staff did not receive specific mandatory training to enable them to care for people with a mental health problem or a learning disability. Staff consistently told us that they referred to the psychiatric liaison service for support with mental healthcare.

## Is the service effective?

**Requires improvement**   

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

- Performance in national audits did not always demonstrate good outcomes for patients. The results of the 2018/19 Chronic Obstructive Pulmonary Disease showed that five out of the six audit metrics were worse than the national aggregate and did not meet the national standard. One audit metric was not available.
- Performance in the Lung Cancer Audit for 2018 did not meet the national standard in three out of the five audit metrics but were better than the national and regional average. Compared to the 2016 audit results, performance had decreased in four out of the five metrics.

# Medical care (including older people's care)

- Stroke nurse responders were covering for vacancies and sickness on the stroke ward and were not able to leave the ward respond to a patient arriving at the hospital with an acute stroke. This led to negative patient outcomes and contributed to a downgraded rating from B to C in the April to June 2019 Sentinel Stroke National Audit Programme. The service was working to an ongoing action plan which included plans to implement a stand-alone stroke responder service.
- The service had a higher than expected risk of readmission. From February 2018 to January 2019, patients at Bradford Royal Infirmary had a higher than expected risk of readmission for elective admissions and for non-elective admissions when compared to the England average.
- The endoscopy unit had failed to achieve the Joint Advisory Group on Endoscopy (JAG) accreditation in March 2018. Staff explained this was due to concerns with patient flow and staff competencies. The service had appointed a new manager to implement an action plan to regain accreditation and staff told us that the unit was online to achieve this.

However:

- The service provided care and treatment based on national guidance and evidence-based practice. At the previous inspection we found that several policies and guidance had gone past their review date. At this inspection we checked six clinical guidelines and policies, and found they were all within their review date.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent. They knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health. They used measures that limit patients' liberty appropriately.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development. Staff were experienced, qualified and had the right skills and knowledge to meet the needs of patients.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs. Staff took time to interact with patients and those close to them in a respectful and considerate way.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.
- All staff members displayed understanding and a non-judgemental attitude towards (or when talking about) patients who had a mental health problem or a learning disability.

## Is the service responsive?

Good   

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

# Medical care (including older people's care)

- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were in line with national standards.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

## Is the service well-led?

Good   

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and a strategy to turn it into action, developed with all relevant stakeholders. The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy. Leaders and staff understood and knew how to apply them and monitor progress.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events. Staff contributed to decision-making to help avoid financial pressures compromising the quality of care.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

However:

- There needed to be targeted work on the timeliness of complaints.
- The service needed to improve performance in national audits

## Areas for improvement

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

# Maternity

Requires improvement   

## Key facts and figures

Bradford Teaching Hospitals NHS Foundation Trust's maternity services are provided at Bradford Royal Infirmary where the following services are offered:

- Antenatal clinics are provided Monday to Friday. A four bedded antenatal day unit is open five days a week (9am - 5pm).
- A four bedded Maternity Assessment Centre provides a 24-hour service, triaging and assessing women from 16 weeks of pregnancy onwards.
- Obstetric ultrasonography facilities are available to fully support screening programmes and fetal/maternal well-being surveillance.
- The labour ward has 13 beds including the bereavement suite and a high dependency room. There are two obstetric theatres and two recovery beds.
- Bradford birth centre has seven labour beds providing care for low risk women.
- The maternity service has one antenatal/postnatal ward and one postnatal/transitional care ward. Ward M3 has 20 antenatal beds and an eight bedded co-located Induction of Labour Suite. Ward M4 has 20 postnatal beds and a nine bedded co-located transitional care unit.
- There are ten community teams providing antenatal and post-natal care.

From January 2018 to December 2018 there were 4,960 deliveries recorded at the trust. However, this figure did not include data where delivery method was 'other' or 'unrecorded'. Staffing papers presented to the trust board detailed that there were 5,387 deliveries in the 2018 calendar year.

During our inspection, we visited the maternity unit and spoke with eight patients and their companions, and 43 members of staff. These included matrons, ward managers, doctors, midwives, theatre staff, and health care assistants. We observed care and treatment, looked at nine complete patient records, and five medicines charts. We also interviewed key members of staff, medical staff and the senior management team who were responsible for the leadership and oversight of the service.

## Summary of this service

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

- The delivery of high-quality care was not assured by the leadership or governance of the service. Senior leaders had failed to monitor or improve performance in several fundamental areas of maternity service care. For example, there were ongoing midwifery staffing challenges in the service, and we observed poor levels of one-to-one midwifery care in established labour, and hourly 'fresh eyes' reviews of CTGs.
- The design of the environment and ventilation equipment in theatres did not adhere to national guidance. Incident reporting of obstetric theatre two use had been inconsistent and had not been robustly monitored by senior managers in the service; despite this being a key control to mitigate against infection risk.



# Maternity

- Senior leaders did not always robustly identify, manage, prioritise or monitor key issues the service faced. For example, they had not sufficiently identified and acted on increases in the stillbirth rate during 2019. The annual total stillbirth rate (adjusted to exclude lethal abnormalities) was more than double the regional average.
- Review of intrapartum (and to a lesser extent, postpartum) records showed staff did not always complete and update risk assessments for each woman and act to remove or minimise risks. A records audit had not been completed in the 12 months prior to our inspection. Not all staff were engaged with and participated in the WHO safer surgery checklist.
- We saw some national and evidence-based practice guidance was not fully implemented or was contradictory. We were also not assured that managers always checked to make sure staff followed guidance, as some key audits had not been appropriately monitored or completed. The April 2019 to March 2020 maternity audit plan showed several audits were behind schedule, or their status was not determined. We saw limited evidence of leaders using the results of internal and national audits to improve key patient outcomes.
- Women could not always access the service when they needed it and receive the right care promptly. There had been 23 maternity unit closures over a one-year period. Women were frequently being diverted (at an average rate of one per week) to other NHS trusts because of staffing and acuity challenges.

However:

- Following our recent inspection, we noted several areas identified for improvement at our last (2018) inspection of the service had been addressed. For example, we saw unit security had been improved, staff received annual appraisals, maternity policies and guidelines were up to date, and overall compliance with mandatory training exceeded trust targets. We also saw fridge temperature monitoring was embedded, checklists for resuscitaires had been revised, there were quality control checks for fetal blood gas analysers, and patient information leaflets were up to date.
- Staff treated women with compassion and kindness, respected their privacy and dignity, took account of their individual needs; and provided emotional support to women, families and carers to minimise their distress. We also identified elements of outstanding care, with respect to the 'butterfly pathway' and palliative care provision.

## Is the service safe?

**Requires improvement**   

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

- Midwifery staffing and acuity challenges were evident across hospital services, and levels of one-to-one care given in established labour were poor. Staff reported serious incidents in line with trust policy; however, they did not always report other incidents and near misses.
- The design of the environment and ventilation equipment in theatres did not adhere to national guidance, and the service did not monitor or control infection risks in theatres consistently well. We also identified some omissions in daily checks of emergency adult resuscitation equipment.
- Review of intrapartum (and to a lesser extent, postpartum) records showed staff did not always complete and update risk assessments for each woman and act to remove or minimise risks. A records audit had not been completed in the 12 months prior to our inspection. Not all staff were engaged with and participated in the WHO safer surgery checklist.

# Maternity

- The service did not always use systems and processes to safely record the use of controlled drugs and monitor compliance.
- We were not assured midwives had opportunities to regularly attend child protection conferences and submit reports to facilitate decision making and safety planning.

However:

- The service had enough medical staff with the right qualifications, skills, training and experience to keep women and babies safe from avoidable harm and to provide the right care and treatment. Caseloads among community midwives were within national guidelines and modified to account for the complexity of cases. Managers gave bank and agency staff a full induction.
- The service provided mandatory training in key skills to all staff; and overall compliance rates for mandatory training, including obstetric emergency training and cardiotocography (CTG) training, were above service targets.
- Medicines were secure and stored appropriately; and staff followed current national practice to administer and check patients had the correct medicines.
- Overall safeguarding mandatory training compliance figures exceeded the trust target, and staff knew how to recognise and report abuse.

## Is the service effective?

**Requires improvement**   

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

- The service did not always provide care and treatment based on national guidance and evidence-based practice; and we saw some guidance was not fully implemented or was contradictory.
- We were not assured that managers always checked to make sure staff followed guidance, as some key audits had not been appropriately monitored or completed. The April 2019 to March 2020 maternity audit plan showed several audits were behind schedule, or their status was not determined.
- Outcomes for women were typically good. However, we found there had not been sufficient oversight of or concerted efforts to improve the stillbirth rate during the course of 2019; the annual total stillbirth rate (adjusted to exclude lethal abnormalities) was more than double the regional average.
- Staff did not always use the findings to make improvements and achieve good outcomes; for example, at the time of inspection, we found only one of 12 local actions from a key national audit had been implemented.
- Staff gave women practical support and advice to lead healthier lives. However, we saw there was no designated smoking cessation lead midwife in post, due to withdrawal of external funding.

However:

- Staff provided enough food and drink to meet women's needs. Staff assessed and monitored women regularly to see if they were in pain and gave pain relief in a timely way.
- Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Key services were available seven days a week to support timely care. Doctors, nurses and other healthcare professionals worked together as a team to benefit women.

# Maternity

- Staff supported women to make informed decisions about their care and treatment. Compliance rates for Mental Capacity Act (MCA) and deprivation of liberty safeguards (DoLS) training were above trust target.

## Is the service caring?

**Good**   

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

- Staff treated women with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to women, families and carers to minimise their distress. They understood patient's personal, cultural and religious needs.
- Staff supported women, families and carers to understand their condition and make decisions about their care and treatment.
- We identified elements of outstanding care with respect to the 'butterfly pathway' and palliative care provision.

## Is the service responsive?

**Requires improvement**  

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

- Women could not always access the service when they needed it and receive the right care promptly. There had been 23 maternity unit closures over a one-year period; varying from approximately four hours to two days in duration. The birth centre had closed a further nine times. We saw women were frequently diverted to other trusts due to unit acuity and staffing; at an average rate of one per week over a 12-month period.
- From the limited data provided, we saw there had been numerous delays to the induction of labour service.
- The time taken to investigate, and close complaints did not always meet trust target. It took an average of 73 working days to close complaints, which was more than the 30 to 60 working days stipulated in the trust's policy. In some circumstances, the trust could agree upon an extended timescale of up to six months to investigate and close a complaint. The data provided did not specify which complaints had agreed response extensions, or the length of these. However, we observed the six-month maximum target was surpassed in three (18%) of cases reviewed.

However:

- The service was inclusive and took account of women's individual needs and preferences. Staff made reasonable adjustments to help patients access services.
- It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with staff.

## Is the service well-led?

**Inadequate**  

# Maternity

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

- The delivery of high-quality care was not assured by the leadership or governance of the service. Senior leaders did not always robustly identify, manage, prioritise or monitor key issues the service faced. For example, they had been slow to identify and act on increases in the stillbirth rate during 2019 and had not adequately monitored incident reporting of obstetric theatre two use.
- Leaders had failed to sufficiently monitor or improve performance in several fundamental areas of maternity service care. For example, levels of one-to-one care in labour had not improved (on average) over the course of at least the last two to three years. It was anticipated that work on the new theatres would not commence for at least two years.
- We were not assured data was consistently available to understand performance and make decisions and improvements. Appropriate and accurate information was not always effectively processed, challenged and acted on. We saw some key maternity service audits (for example, the maternity documentation audit) had not been completed and others (for example, the 'fresh eyes' audit) had not been appropriately monitored.
- We were not assured all levels of governance and management always functioned effectively and interacted with each other appropriately; key service risks (such as the increase in stillbirth rate) had not been escalated. There was unstable medical leadership of the service.
- Leaders and teams did not always identify and implement actions to reduce the impact of risks. We saw limited evidence of leaders using the audit results to improve key patient outcomes. For example, only one of twelve local actions from the national MBRRACE-UK (2018) audit had been completed at the time of inspection.
- The service did not have an agreed vision for what it wanted to achieve; an overarching strategic vision was being developed following whole-scale reconfiguration of trust group and divisional structures.

However:

- Leaders were visible and approachable in the service for patients and staff. The service had an open culture where patients, their families and staff could raise concerns without fear.
- The information systems were integrated and secure. We saw senior leaders had recently implemented new roles to strengthen governance structures within the division.
- We found a mixed picture of learning, continuous improvement and innovation. We saw evidence of improvement, innovation and participation in research across several maternity service areas. However, these were largely overshadowed by key failings in maternity service provision and care.

## 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

Services for children and young people at Bradford Teaching Hospitals NHS Foundation Trust are provided in one inpatient ward, a day care ward, a clinical decisions area, a neonatal unit and a transitional care ward at Bradford Royal Infirmary.

Ward 30 is a 35 bedded children's inpatient ward and ward 32 is the clinical decisions area, with nine short stay beds and five assessment cubicles. Ward 2 is a day care ward with 15 beds and five haematology chairs. The neonatal unit has 31 cots and there is a nine bedded transitional care ward located within maternity services.

Children's outpatients, the child development centre, clinical nurse specialists and the community nursing team are based at St Luke's Hospital.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected the whole core service and visited wards 30 and 32, ward 2, the neonatal unit, the transitional care ward, children's outpatients and child development centre. We spoke with the children's community nursing team and specialist nurses.

We spoke with 31 members of staff, including the service leads, and 12 children and their families. We reviewed 10 sets of records.

## Summary of this service

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

- We rated safe, effective, caring, responsive and well led as good.
- Nurse staffing levels had improved and an acuity and dependency tool was in use. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Compliance with safeguarding level 3 training had improved and targets were being met. Staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The environment on the children's wards had improved and now met individual's needs. The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- The service provided care and treatment based on national guidance and evidence-based practice. Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and generally achieved good outcomes for children and young people.
- Staff treated children, young people and their families with kindness and compassion, they provided emotional support and involved children, young people and families in decisions about their care.
- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.
- The service had improved the time taken to deal with complaints.

# Services for children and young people

- Leaders had the skills and abilities to run the service. Staff felt respected supported and valued. All staff were committed to continually improving the services.

## Is the service safe?

**Good**  

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

- At our last inspection, in 2016, there were concerns about nurse staffing levels on the children's wards and an acuity and dependency tool was not embedded in practice to enable adequate staffing of wards. At this inspection, the service had enough nursing staff with the right qualifications, skills, training and experience to keep children, young people and their families safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- At our last inspection, in 2016, the service was not meeting the trust target for safeguarding level 3 training. At this inspection, training targets were being met and staff understood how to protect children, young people and their families from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse, and they knew how to apply it.
- The service provided mandatory training in key skills to all staff and made sure everyone completed it.
- Staff used equipment and control measures to protect children, young people, their families, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use them. Staff managed clinical waste well.
- Staff completed and updated risk assessments for each child and young person and removed or minimised risks. Staff identified and quickly acted upon children and young people at risk of deterioration.
- Staff kept detailed records of children and young people's care and treatment. Records were clear, up-to-date and easily available to all staff providing care.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised and reported incidents and near misses. Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave children, young people and their families honest information and suitable support. Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, children, young people, their families and visitors.

However:

- Consultant cover on the neonatal unit was not meeting national standards. Paediatric consultant presence on the children's unit was not in line with national standards and not all patients were seen by a consultant within 14 hours of admission. However, the service had prioritised consultant presence during the day, providing consultant cover for the inpatient ward and the clinical decisions area.
- Nurse staffing on the neonatal unit was not meeting national standards, with only 48.6% of shifts from September 2018 to October 2019 compliant with British Association of Perinatal Medicine (BAPM) standards. The national average for BAPM compliance for this period of time was 56%.

# Services for children and young people

- Infection rates on the neonatal unit had increased over the last couple of years.
- Paper records on the neonatal unit were not stored securely.

## 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-based practice. Managers checked to make sure staff followed guidance. The service had been accredited under the Baby Friendly Initiative.
- Staff gave children, young people and their families enough food and drink to meet their needs and improve their health. They used special feeding and hydration techniques when necessary. The service made adjustments for children, young people and their families' religious, cultural and other needs.
- Staff assessed and monitored children and young people regularly to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools and gave additional pain relief to ease pain.
- Staff monitored the effectiveness of care and treatment. They used the findings to make improvements and generally achieved good outcomes for children and young people.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.
- Doctors, nurses and other healthcare professionals worked together as a team to benefit children, young people and their families. They supported each other to provide good care.
- Staff gave children, young people and their families practical support and advice to lead healthier lives.
- Staff supported children, young people and their families to make informed decisions about their care and treatment. They knew how to support children, young people and their families who lacked capacity to make their own decisions or were experiencing mental ill health.

However:

- The service was an outlier in the paediatric diabetes audit for case adjusted mean HbA1c, (for better control of blood sugar levels) but an action plan was in place and work had been done to improve.

## Is the service caring?

Good   

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

- Staff treated children, young people and their families with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to children, young people and their families to minimise their distress. They understood children and young people's personal, cultural and religious needs. The service cared for children, young people and families from a variety of backgrounds and displayed a good understanding of their individual needs.



# Services for children and young people

- Staff supported and involved children, young people and their families to understand their condition and make decisions about their care and treatment. They ensured a family centred approach.

## Is the service responsive?

Good  

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

- At our last inspection, in 2016, we were concerned that services did not meet the needs of local people, as the environment in which children and young people were cared for was not suitable. At this inspection, the facilities had improved, and the service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of children, young people and their families' individual needs and preferences. Staff made reasonable adjustments to help children, young people and their families access services. They coordinated care with other services and providers.
- Referral to treatment times were generally in line with national standards.
- At our last inspection, in 2016, not all complaints were dealt with in a timely way. At this inspection, the time taken to deal with complaints had improved. It was easy for people to give feedback and raise concerns about care received. The service treated concerns and complaints seriously, investigated them and shared lessons learned with all staff.

However:

- There were still long waiting times for children waiting for autism assessments and waiting times from referral to treatment were not always in line with national standards. However, plans were in place to address these.

## Is the service well-led?

Good   

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

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.
- The service had a vision for what it wanted to achieve and were developing a strategy to turn it into action.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service promoted equality and diversity in daily work, and provided opportunities for career development. The service had an open culture where patients, their families and staff could raise concerns without fear.
- Leaders operated effective governance processes, throughout the service and with partner organisations. Staff at all levels were clear about their roles and accountabilities and had regular opportunities to meet, discuss and learn from the performance of the service.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.



# Services for children and young people

- The service collected reliable data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure. Data or notifications were consistently submitted to external organisations as required.
- Leaders and staff actively and openly engaged with patients, staff, equality groups, the public and local organisations to plan and manage services. They collaborated with partner organisations to help improve services for patients.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation and participation in research.

## 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.

# Outpatients

Good  

## Key facts and figures

The outpatient service at Bradford Teaching Hospitals NHS Foundation Trust is the route from primary care into secondary care outpatient consultation, follow up review, diagnostic testing and treatment. It is consultant led and supported by a multi-disciplinary team.

Our inspection was unannounced (staff did not know we were coming) to enable us to observe routine activity. We inspected the whole core service, including adult outpatients, diabetes and endocrinology, ear nose and throat (ENT), ophthalmology, haematology and oncology, gynaecology and trauma and orthopaedics.

We spoke with 24 members of staff, including the managers, service leads, nurse specialists, nurses, healthcare assistants, consultants, doctors and voluntary workers.

We spoke with five patients, one relative and reviewed 14 sets of records.

## Summary of this service

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

- The service provided mandatory training in key skills to all staff and made sure most completed it.
- Staff understood how to protect patients from abuse.
- The service had enough competent staff and they worked together as a team.
- Records were clear, up-to-date and stored securely.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well and monitored the effectiveness of care and treatment.
- Staff treated patients with compassion and kindness.
- Leaders had the skills and abilities to run the service.
- Staff felt respected, supported and valued.

However, we also found:

- The service did not always control infection risk well, although they kept the premises visibly clean.
- Outpatient services were not always available seven days a week.
- There were gaps in emergency equipment check records.
- There was no formal system in place to ensure security of prescription pads.

## Is the service safe?

Good   

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

# Outpatients

- The service provided mandatory training in key skills to all staff and made sure most completed it.
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Most staff had training on how to recognise and report abuse, and they knew how to apply it.
- Staff completed and updated risk assessments for each patient and removed or minimised risks. Staff identified and quickly acted upon patients at risk of deterioration.
- Clinical staff validated waiting lists, prioritised patients for review and discharged patients where appropriate.
- The service had enough nursing and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment.
- Managers regularly reviewed and adjusted staffing levels and skill mix, and gave bank and agency staff a full induction.
- Staff kept detailed records of patients' care and treatment. Records were clear, up-to-date and stored securely.
- The service used systems and processes to safely prescribe, administer, record and store medicines.
- The service managed patient safety incidents well. Staff recognised incidents and near misses and reported them appropriately.
- Managers investigated incidents and shared lessons learned with the whole team and the wider service. When things went wrong, staff apologised and gave patients honest information and suitable support.
- Managers ensured that actions from patient safety alerts were implemented and monitored.
- The service used monitoring results well to improve safety. Staff collected safety information and shared it with staff, patients and visitors.

However, we also found:

- The service did not always control infection risk well, although they kept the premises visibly clean. For example, we had concerns about traceability of nasal endoscopes. Trust audit data indicated 65% compliance with completion of daily cleaning checklists and we saw some apparent gaps in cleaning records.
- The design, maintenance and use of facilities, premises and equipment in most areas kept people safe. However, there were gaps in emergency equipment check records.
- There was no formal system in place to ensure security of prescription pads.

## Is the service effective?

We do not rate effective in outpatients.

- The service provided care and treatment based on national guidance and evidence-based practice.
- Staff gave patients enough food and drink to meet their needs and improve their health.
- Staff assessed patients to see if they were in pain and gave pain relief in a timely way. They supported those unable to communicate using suitable assessment tools.
- Staff monitored the effectiveness of care and treatment.
- The service made sure staff were competent for their roles. Managers appraised staff's work performance and held supervision meetings with them to provide support and development.

# Outpatients

- Doctors, nurses and other healthcare professionals worked together as a team to benefit patients. They supported each other to provide good care.
- Staff gave patients practical support and advice to lead healthier lives.
- Staff supported patients to make informed decisions about their care and treatment. They followed national guidance to gain patients' consent.
- Staff knew how to support patients who lacked capacity to make their own decisions or were experiencing mental ill health.

## Is the service caring?

Good   

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

- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported patients, families and carers to understand their condition and make decisions about their care and treatment.

## Is the service responsive?

Good  

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

- The service planned and provided care in a way that met the needs of local people and the communities served.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- People could access the service when they needed it and received the right care promptly. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were almost in line with national targets.
- It was easy for people to give feedback and raise concerns about care received. The service investigated them, and shared lessons learned with all staff. The service included patients in the investigation of their complaint.

However, we also found:

- Outpatient services were not always available seven days a week or during the evening.

## Is the service well-led?

Good  

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

# Outpatients

- Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff.
- The vision and strategy were focused on sustainability of services and aligned to local plans within the wider health economy.
- Staff felt respected, supported and valued. They were focused on the needs of patients receiving care.
- Leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact.
- The service collected data and analysed it. Staff could find the data they needed, in easily accessible formats, to understand performance, make decisions and improvements. The information systems were integrated and secure.
- Leaders and staff actively and openly engaged with patients, staff and the public to plan and manage services.
- All staff were committed to continually learning and improving services. They had a good understanding of quality improvement methods and the skills to use them. Leaders encouraged innovation.

## Areas for improvement

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

This section is primarily information for the provider

## Requirement notices

### Action we have told the provider to take

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

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

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

**This guidance** (see [goo.gl/Y1dLhz](https://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

#### Regulated activity

Treatment of disease, disorder or injury

#### Regulation

Regulation 16 HSCA (RA) Regulations 2014 Receiving and acting on complaints

# Our inspection team

Sarah Dronsfield, CQC Head of Hospital Inspection led this inspection. An executive reviewer, Eileen Fairhurst, supported our inspection of well-led for the trust overall.

The team included nine inspectors, one executive reviewer, and eleven 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. Experts by experience are people who have personal experience of using or caring for people who use health and social care services.