Calderdale and Huddersfield NHS Foundation Trust

Quality Report

The Royal Infirmary
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This report describes our judgement of the quality of care at this trust. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Overall rating for this trust	Requires improvement
Are services at this trust safe?	Requires improvement
Are services at this trust effective?	Requires improvement
Are services at this trust caring?	Good
Are services at this trust responsive?	Good
Are services at this trust well-led?	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

Calderdale and Huddersfield NHS Foundation Trust is an integrated trust, which provides acute and community health services. The trust serves two populations; Greater Huddersfield which has a population of 248,000 people and Calderdale with a population of 205,300 people. The Trust operates acute services from two main hospitals - Calderdale Royal Hospital and Huddersfield Royal Infirmary In total; the trust had approximately 824 beds and 5,831 staff.

We carried out an inspection of the trust between 8-11 March 2016 as part of our comprehensive inspection programme. In addition, unannounced inspections were carried out on 16 and 22 March 2016.

We included the following locations as part of the inspection:

- Huddersfield Royal Infirmary
- Calderdale Royal Hospital
- Community services including adult community services, community services for children, young people and families and community end of life care

We inspected the following core services:

- Emergency & Urgent Care
- Medical Care
- Surgery
- Critical Care
- Maternity & Gynaecology
- Services for Children and Young People
- End of Life Care
- Outpatients & Diagnostic Imaging

Overall, we rated the trust as requires improvement. We rated safe, effective and well led as requires improvement and caring and responsive was rated as good. We rated the Huddersfield Royal Infirmary and Calderdale Royal Hospital as requires improvement and community services as good.

Our key findings were as follows:

- The trust had infection prevention and control policies, which were accessible, and used by staff.Across both acute and community services patients received care in a clean and hygienic environment.
- Patients were able to access suitable nutrition and hydration, including special diets, and they reported that, overall, they were content with the quality and quantity of food.
- The trust promoted a positive incident reporting culture. Processes were in place for being open and honest when things went wrong and patients given an apology and explanation when incidents occurred.
- Staffing levels throughout the trust were planned and monitored. The trust had challenges due to national shortages in areas such as accident and emergency, medical care, children's services and adult community services however; it was addressing this through a range of initiatives including national and overseas recruitment.
- Medical staffing numbers did not meet national guidance in the emergency departments across both sites.
- The accident and emergency departments' provision for paediatric patients was limited with only one paediatric qualified staff member on duty during our inspection across both sites and limited facilities available for children and young people.
- Not all staff within children's services had received safeguarding training at the appropriate level for their role in line with the requirements of the Safeguarding children and young people: roles and competences for healthcare staff Intercollegiate document (RCPCH March 2014).
- Patient outcome measures showed the trust had mixed performances against the national averages when compared with other hospitals with some outcomes performing better and some performing worse.

Summary of findings

- The trust had consistently achieved the national standard for percentage of patients discharged, admitted or transferred within four hours of arrival to A&E in eight of the last 12 months. Between April 2015 and March 2016 the year to date percentage of patients achieving this target was 93.88% which was just below the target of 95%.
- The trust had consistently achieved the national indicators for patients on the admitted, non-admitted and incomplete referral to treatment pathways.
- The trust had a nurse consultant for older people and a learning disabilities matron. Across the trust 200 Matrons and Sisters had received training and were vulnerable adult's leaders to ensure the vulnerable adult care principles and process were embedded into practice. This included care of patients living with dementia.
- The estates and facilities team throughout the trust were focussed on improving the quality of patient care and experience and considered this when undertaking work to improve the environment.
- Across the services we found a variable understanding from staff regarding consent and mental capacity.
- The trust performance for responding to complaints within the relevant timescale was 48% against a target of 100%.
- The trust had an overall vision which was underpinned by behaviours, goals and responses to support the delivery of the vision. The trust vision was "Together we will deliver outstanding compassionate care to the communities we serve." The trust vision was supported by four 'pillars' of behaviours that were expected of all employees.
- There were a number of concerns within maternity services which included feedback from patients during the inspection, the numbers of large volume postpartum haemorrhages (PPH), third and fourth degree tears, the antenatal assessment of mums to ensure they delivered in the appropriate setting and the ability to open a second obstetric theatre.
- We found during the inspection that there were a number of patients on the clinical decision units (CDU) in the accident and emergency departments who had an extended length of stay on the units whilst waiting for a general inpatient bed.
- It was difficult to determine how the service had planned services to meet the needs of local children and young people at Huddersfield Royal infirmary. There was no clear rationale or model of care for the services provided on the paediatric assessment unit.

We saw areas of outstanding practice including:

- The development and growth of the ambulatory care service to support the hospital sites and meet local need.
- The trust had vulnerable adult's leaders to ensure the vulnerable adult care principles and process was embedded into practice.
- Engagement support workers had been appointed to provide engagement, socialisation and companionship, cognitive and physical support for patients with dementia and/or delirium. The team supported patients during the day with either group or one-to-one activities which promoted sleep at night. Through providing suitable engaging activities during the day, less 1:1 care was required during the day and night. This also helped other patients experience by reducing sleep disruption on the wards.
- The trust had worked closely with local higher education facilities and offered an enrichment programme to 'A' level students to experience working in a hospital environment but particularly with patients living with dementia or experiencing delirium.
- The development of NEWS and 'Nerve centre' technology to identify deteriorating patients for prompt care escalation and intervention.
- The use by critical care outreach of the NEWS and Nerve Centre technology to drive effective identification of the deteriorating patient in ward areas. This supported early admission to critical care, and in turn better patient outcomes. The team could use the system to prevent readmission of critical care discharges.

Summary of findings

- A proactive, positive and energised discharge coordination team together with an integrated MDT working to provide care to the patient in the most appropriate environment.
- Within community services multidisciplinary and multiagency working was completely integrated in some teams with staff having a good understanding of each other roles. This led to a seamless service for patients and there was a collective responsibility to meet patients' needs in the community.
- The diagnostic imaging department worked hard to reduce the patient radiation doses, and had presented this work at national and international conferences.
- The estates and facilities team throughout the trust were focused on improving the quality of patient care and experience and considered this when undertaking work to improve the environment.

However, there were also areas of poor practice where the trust needs to make improvements.

Importantly, the trust must:

- The trust must continue to ensure at all times there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels.
- The trust must continue to embed and strengthen governance processes within the clinical divisions and at ward level.
- The trust must ensure all staff have completed mandatory training, role specific training and had an annual appraisal.
- The trust must continue to strengthen staff knowledge and training in relation to mental capacity act and deprivation of liberty safeguards.
- The service must ensure staff have an understanding of Gillick competence.
- The trust must continue to identify and learn from avoidable deaths and disseminate information throughout the divisions and the trust.
- The trust must ensure staff have undertaken safeguarding training at the appropriate levels for their role. The service must also ensure all relevant staff are aware of Female genital mutilation (FGM) and the reporting processes for this.
- The trust must ensure that systems and processes are in place and followed for the safe storage, security, recording and administration of medicines including controlled drugs.
- The trust must ensure that interpreting services are used appropriately and written information is available in other languages across all its community services.
- The trust must ensure that appropriate risk assessments are carried out in relation to mobility and pressure risk and ensure that suitable equipment is available and utilised to mitigate these risks.
- Within maternity services the service must focus on patient experience and ensure women feel supported and involved in their care.
- The trust must review the provision of a second emergency obstetric theatre to ensure patients receive appropriate care.
- The trust must continue work to reduce the numbers of third and fourth degree tears following an assisted birth and the incidence of PPH greater than 1500mls following delivery.
- The trust must review the admission of critical care patients to theatre recovery when critical care beds are not available to ensure staff suitably skilled, qualified and experienced to care for these patients.
- The trust must continue to review arrangements for capacity and demand in critical care.
- The trust must ensure that patients on clinical decision unit meet the specifications for patients to be nursed on the unit and standard operating procedures are followed.
- The trust must ensure there are improvements to the timeliness of complaint responses.

Summary of findings

- The trust must ensure there is formal rota for the management of patients with gastrointestinal bleeds by an endoscopy consultant
- The trust must review the model of care for the services provided on the paediatric assessment unit at Huddersfield Royal Infirmary.

In addition the trust should:

- The trust should ensure that the equipment inventory is updated in community adult services and that all equipment in use is properly maintained and checked.
- The trust should ensure there are systems to measure effectiveness and responsiveness of the services within community adult services.
- The trust should review the availability or referral processes for formal patient psychological and emotional support following a critical illness.
- The trust should review the handover arrangements from the hospital at night team to the critical care team to ensure continuity of patient care across the hospital.
- The trust should ensure that relevant staff have received training in root cause analysis to enable them to provide comprehensive investigations into incidents.
- The trust should provide consultation opportunities and team collaboration in the development and completion of its business strategy and vision for end of life care.
- The trust should ensure that children are seen in an appropriate environment by staff that are suitably skilled, qualified and experienced.
- The trust should ensure signage throughout the HRI main building and Acre Mills reflect the current configuration of clinics and services.
- The trust should ensure there is access to seven-day week working for radiology services.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Calderdale and Huddersfield NHS Foundation Trust

Calderdale and Huddersfield NHS Foundation Trust provide a full range of acute hospital and community services. The main sites are the Huddersfield Royal Infirmary and Calderdale Royal Hospital and Community Services across the Halifax area.

The trust serves two populations; Greater Huddersfield which has a population of 248,000 people and Calderdale with a population of 205,300 people. . The health of people in Kirklees and Calderdale is varied compared with the England average. Deprivation is higher than average and about 20.1% (8,200) children live in poverty in Calderdale and 18.6% (15,900) children live in poverty in Kirklees. Life expectancy for both men and women is lower than the England average.

The trust had 824 beds:

- 754 General and acute
- 57 Maternity
- 13 Critical care

Our inspection team

Our inspection team was led by:

Chair: Ellen Armistead, Care Quality Commission

Head of Hospital Inspections: Amanda Stanford, Care Quality Commission

The team included CQC inspectors and a variety of specialists: including consultants, specialist nurses, community nurses, therapists and a nurse director.

How we carried out this inspection

To get to the heart of patients' experiences of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

The inspection team inspected the following eight core services at Huddersfield Royal Infirmary and Calderdale Royal hospital:

- Urgent and emergency care
- Medical care (including older people's care)
- Surgery
- Critical care
- Maternity and family planning
- Services for children and young people
- End of life care
- Outpatients and diagnostics

The community health services were also inspected for the following core services:

- Community adult services
- Community end of life
- Community children's services

Before the announced inspection, we reviewed a range of information that we held and asked other

organisations to share what they knew about the hospitals. These included the clinical commissioning

group (CCG), Monitor, NHS England, Health Education England (HEE), the General Medical Council (GMC), the Nursing and Midwifery Council (NMC), royal colleges and the local Healthwatch.

We held stalls at Calderdale Royal Hospital and Huddersfield Royal Infirmary on 29 February and 1 March

Summary of findings

2016 and provided comment cards and boxes at a number of locations across the organisation. We used this information to help us decide what aspects of care and treatment to look at as part of the inspection.

Focus groups were held with a range of staff in the hospital, including nurses and midwives, junior doctors, consultants, allied health professionals, including physiotherapists and occupational therapists. We also spoke with staff individually as requested. We talked with patients, families and staff from all the ward areas, outpatient services, community clinics, and in patients' homes when visiting with District nursing teams. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' personal care and treatment records.

What people who use the trust's services say

- In the Care Quality Commission (CQC) inpatient survey 2016 responses were received from 522 patients who had received care between August 2015 and January 2016.
- The trust performed about the same as other trusts for all the questions. In one of the questions for example regarding privacy for examinations the trust scored better than most trusts.
- Friends and Family test data between December 2014 and November 2015 the trust consistently scored higher than the England average for percentage of patients who would recommend the trust to friends and family.
- The trust scored in the top 20% of trusts for 12 out of 34 indicators in the Cancer Patient Experience survey 2013/14 and scored in the middle 60% for the remaining indicators.
- Results from the CQC Maternity Service Survey 2015, showed the service was about the same as other trusts for labour and birth, for staff during labour and birth and care in hospital after the birth.
- The results of the CQC A&E Survey 2014 showed the trust was performing about the same as other trusts for all but one of the questions where they scored better than most trusts for care and treatment.
- The results of the National Children's Inpatient and Day Case Survey 2014 published in June 2015 showed that parents and children and young people rated their overall experience at 8 or more out of 10 which was the same as most other trusts.
- Results of the Patient-Led Assessments of the Environment (PLACE) 2015 showed that the trust scored, for privacy, dignity and wellbeing: 90, (the England average was 86).

Facts and data about this trust

The CQC intelligence monitoring report placed the trust at Band 5 (May 2015), the second lowest risk summary band. The report identified two elevated risks for The proportion of cases assessed as achieving compliance with all nine standards of care measured within the National Hip Fracture Database and Monitor - Governance risk rating.

There have been no never events reported during the period October 2014 to September 2015; there were a total of 157 serious incidents and 9,160 incidents reported for the same time periods. 97% of all NRLS incidents were categorised as low or no harm. Within Maternity services there had been two never events reported in 2016 which related to retained swabs.

The number of reported NRLS incidents was lower (worse) than the England average at 7.5 per 100 admissions compared to the England average of 8.6.

Between April 2015 and November 2015, there were 3 cases of Methicillin Resistant Staphylococcus Aureus infection (MRSA) against a zero threshold and been 16 cases of Clostridium Difficle against a threshold of 17 cases.

Information in CQC's intelligence pack indicated the number of written complaints received by the trust had been relatively consistent between 2010/11 and 2014/15. Between December 2014 and November 2015 the trust had received 620 written complaints.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? We rated safe as requires improvement because: • Staff within children's services had not undertaken safeguarding training at the appropriate levels for their role and the trust target of 100% had not been met. • Within maternity services not all relevant staff were aware of Female genital mutilation (FGM) and the reporting processes for this. • The RCOG guidelines recommended two obstetric operating theatres for a hospital with a birth rate of over 4000. There was a second theatre within the main operating department, but out of hours the team which staffed it were not on site and had to travel from home. We had concerns about the process of opening a second obstetric theatre out of hours and the potential impact this had for women requiring an emergency caesarean section. We found evidence of delays in women requiring category one caesarean sections getting to theatre within the recommended time scale of 30 minutes. • Patients were being admitted onto the clinical decisions unit (CDU) where there were no beds available on main wards. Staff on the unit were not always aware who was responsible for the care of these patients and did not always have the specialist skills to assess and treat these patients. • At HRI there was no paediatric medical cover on site even though the paediatric observation and emergency surgery unit provided 24 hour care for surgical patients. Advanced paediatric nurse practitioner staffing levels were not always adequate to provide a safe service on the paediatric observation and emergency surgery unit. • Nurse and medical staffing was good at the time of inspection on the critical care unit however we found areas of non-compliance with intensive care standards for all staff groups. Recruitment and retention of nursing staff had been challenging for the unit, however recruitment of nursing staff had been successful in 2015/16. • The College of Emergency Medicine (CEM) (2015) states that every emergency department should have at least 10 whole time equivalent consultants to provide a sustainable service during extended weekdays and over the weekend. There were 9.84 whole time equivalent (WTE) A&E consultants employed by the trust who worked across both sites the trust was advertising	**Requires improvement** 

current vacancies. There was Consultant presence on site from 8am-10pm Monday to Friday. There was additional ad hoc locum weekend on site cover by ED consultants and locum staff. Outside these hours a single consultant was on-call for both sites with a contractual 30 minute response time.However:

- The trust was aware of its obligations in relation to the Duty of Candour requirements. The trust's 'Being Open- Duty of Candour' policy and the incident reporting policy detailed the requirements to ensure the duty of candour regulations were met.
- Across both acute and community services patients received care in a clean, hygienic and suitably maintained environment.
- Staffing levels throughout the trust were planned and monitored.

Duty of Candour

- The Duty of Candour is a regulatory duty that relates to openness and transparency and requires providers of health and social care services to notify patients (or other relevant persons) of certain 'notifiable safety incidents' and provide reasonable support to that person. It also sets out some specific requirements that providers must follow when things go wrong with care and treatment, including informing people about the incident, providing reasonable support, providing truthful information and an apology when things go wrong.
- The trust was aware of its obligations in relation to the Duty of Candour requirements. The trust's 'Being Open- Duty of Candour' policy and the incident reporting policy detailed the requirements to ensure the duty of candour regulations were met.
- The trust process identified that as soon as reasonably practicable after the incident had been identified (at least within 10 working days) the patient/ patient representative would be informed in writing of the incident.
- A member of staff with the appropriate seniority relevant to the incident and/or one who knew the case met with the patient /family to give information regarding what had happened. They would also provide details of the investigation, and how long the investigation was expected to last and that the findings of the investigation would be shared with them.
- There was no specific training in the trust for staff on the Duty of Candour requirements. However staff in the Governance and Risk Team monitored compliance and supported staff to understand their responsibilities and how to deliver them.
- Within the medical directorate the Patient Safety and Quality Board (PSQB) Governance Report in February 2016 confirmed

that 100% of SIs within the directorate complied with the Duty of Candour requirements however, a review of orange incidents between October and December 2015 identified five incidents where the Duty of Candour letter was issued outside the trust's 10-day timescale.

Safeguarding

- The Director of Nursing was the executive lead on the board for safeguarding.
- There was a team of safeguarding staff within the trust whose role it was to ensure the trust's safeguarding practices met current regulations and to provide support and training to staff. These included a head of safeguarding, a specialist advisor for adult safeguarding, a paediatric liaison sister and named doctors and named nurses for safeguarding adults, safeguarding children and midwifery**.**
- The team sat within the corporate structure within the trust and was led by the Head of Safeguarding, who provided a strategic steer, in order to ensure that the organisation was compliant with its safeguarding responsibilities.
- An annual report on safeguarding was presented to the board and provided a summary and overview of safeguarding activity within the trust over the past year, outlining key achievements and challenges.
- The trust target for safeguarding children training was 100%. However, within children's services data provided at the time of inspection showed Level 1 training to be at 58% for medical staff, 78% for allied health professionals and 82% for nursing staff. Level 2 training for allied health professionals was at 65%, 62% for medical staff and 28% for nursing staff.
- Level 3 training (for staff with direct responsibilities for involvement in reporting and contributing to the assessment of safeguarding concerns) for allied health professionals were at 50%, 38% for medical staff and 75% for nursing staff. This meant the trust did not meet the requirements of the Safeguarding children and young people: roles and competences for healthcare staff Intercollegiate document (RCPCH March 2014).
- Within maternity services not all relevant staff were aware of Female genital mutilation (FGM) and the reporting processes for this
- The trust had participated in the Child Protection – Information Sharing (CP-IS) project in 2014 which was an NHS England sponsored work programme dedicated to developing an information sharing solution that would deliver a higher level of protection to children who visited NHS unscheduled care

settings nationally. Due to the trust's involvement with the process the trust was in attendance at the first National CP-IS Conference as guest speakers, having been recognised as an exemplar site.

- The Integrated Safeguarding Children and Adults Committee was established in 2012 and provided a strategic overview of the safeguarding arrangements within the Trust and provided regular updates to the Trust Board.
- Section 11 of the Children's Act 2004 places a statutory duty on key people and bodies such as NHS trusts to make arrangements to safeguard and promote the welfare of children. The trust had undertaken section 11 audits in 2015 for both the local authority areas that they covered. The assessment covered eight standards and key themes where the trust benchmarked their services against the standards. Where areas for improvement had been identified the trust developed action plans to address this.
- Following the Saville inquiry the Trust had reviewed their current arrangements and developed and implemented an action plan to ensure it was compliant with all of the recommendations. This included a Non-patient Visitors policy which had been developed and highlighted across the Trust.
- The majority of staff in community health services for children had received the appropriate level of safeguarding training including; health visitors received safeguarding supervision every two months in line with current guidelines.

Incidents

- The trust had an Incident Reporting, management and Investigation policy (incorporating Serious Incidents) which was ratified by the board in December 2015. Staff reported incidents of harm or risk of harm through the trust electronic incident reporting system.
- The trust categorised incidents according to severity of harm in accordance with their incident reporting policy. Reported incidents were graded as green (no harm/near miss), yellow (low/minimal harm), orange (moderate/short term harm) and red (severe/permanent long term harm or death).
- There have been no never events reported during the period October 2014 to September 2015; there were a total of 157 serious incidents and 9,160 incidents reported for the same time period. 97% of all NRLS incidents were categorised as low or no harm.
- Within Maternity services there had been two never events reported in 2016 which related to retained swabs a repeat of never events that had occurred in the trust in 2013. Never

events are serious, largely preventable patient safety incidents which should not occur if proper preventative measures are taken. Although each never event type had the potential to cause serious potential harm or death, harm is not required to have occurred for an incident to be categorised as a never event.

- The number of reported NRLS incidents was lower (worse) than the England average at 7.5 per 100 admissions compared to the England average of 8.6.
- Incident reporting was encouraged, and this was reflected in the results of the 2015 National NHS Staff Survey. This showed the percentage of staff reporting potentially harmful errors, near misses or incidents was 95%; which was better than the national average of 90%.
- The 2015 National NHS Staff Survey also rated the trust at 27% for witnessing potentially harmful errors, near misses or incidents, this was better than the national average of 31%.
- Each month the integrated performance report was presented to the board which included information on the numbers, themes and trends of incidents reported within the trust this report also included exception reports.
- For example in the public board meeting minutes of 17 December 2015 there was an exception report which related to pressure ulcers. It was noted that the trust continued to have more ulcers each month than the planned target, although recent months had begun to see a reduction in the monthly numbers from the peak. The root cause of the pressure ulcers were largely unchanged and related to underlying medical/ nursing complexity, care delivery problems around the assessment level of risk, skin, reposition and the provision of the necessary equipment. The exception report detailed actions to be taken to improve performance and timescales.
- The trust held 2 full day harm summits in November 2015 with a focus on reducing patient harm; particularly in relation to falls, pressure ulcers and medication errors. The trust were also working with the Improvement academy and had introduced safety briefings and a Falls Collaborative.
- Safety huddles had been introduced across wards, learning from incidents was shared in these.

Infection control

- The trust had a healthcare associated infection (HCAI) Prevention and Control Strategy underpinned by national guidelines and IPC policies to manage and monitor infection essential for patient and staff safety.

Summary of findings

- The trust had a Healthcare associated infections (HCAI) annual programme and action plan which identified the routine and ongoing work in the trust to prevent HCAI and the action plan set out the specific actions and timeframes to ensure changes occur rapidly. Monthly reports from the Director of Infection prevention and control (DIPC) were presented to the weekly executive board.
- The Trust had an infection surveillance programme and an infection control team in place. Policies were available as paper copies, with review dates, and on the Trust internet. Monthly reports were generated and reported for Clostridium Difficile infection (C difficile), and Methicillin resistant Staphylococcus Aureus. (MRSA).
- The rates of Methocillin Resistant Staphylococcus Aureus (MRSA), Clostridium Difficile and Methocillin Sensitive Staphylococcus Aureus (MSSA) were generally lower than the England average from August 2014 to August 2015 apart from in December 2014 and March 2015 where the MSSA rates were slightly higher than the average.
- Between April 2015 and November 2015, there were 3 cases of Methicillin Resistant Staphylococcus Aureus infection (MRSA) against a zero threshold and been 16 cases of Clostridium Difficile against a threshold of 17 cases.
- Information regarding infection prevention and control were presented to the trust board in the integrated performance reports (IPR). For example in the November 2015 IPR we saw information on compliance with hand hygiene and infection numbers for MRSA, MSSA and Clostridium difficile.
- An annual Hand Wash road show (HWRS) was carried out across the trust during September 2015 by the Infection Prevention and Control (IPC) team. All wards and departments across both hospital sites were visited to highlight good hand hygiene technique and frequently missed areas when performing hand hygiene.
- Across both acute and community services patients received care in a clean, hygienic and suitably maintained environment.
- Results of the Patient-Led Assessments of the Environment (PLACE) 2015 showed that the trust scored 100 for cleanliness :(the England average was 98.
- Monthly matron environmental audit were undertaken these audits included ten areas of infection prevention and control. For example Hand hygiene, clinical practices, isolation of patients and cleanliness of equipment.

Environment and Equipment

- The estates and facilities team throughout the trust were focussed on improving the quality of patient care and experience and considered this when undertaking work to improve the environment.
- The trust had revised the management structure within estates and facilities and had the structure in place to ensure compliance with relevant HTM guidance and principles of healthcare engineering. There was the appropriate authorised engineers' structure.

Assessing and responding to patient risk

- The RCOG guidelines recommended two obstetric operating theatres for a hospital with a birth rate of over 4000. There was a second theatre within the main operating department, but out of hours the team which staffed it were not on site and had to travel from home. This was not on the departmental risk register and staff we spoke with at all levels did not identify it as a risk.
- On review of the incident data from October 2014 to November 2015 we found some incidents relating to delays in opening the second obstetric theatre. Further information provided by the trust showed in the last 12 months there had been six delays in category one caesarean sections, with times ranging from 37 to 88minutes. The analysis from the trust found three of the category one caesarean sections had been incorrectly classified. A category one caesarean section should occur within 30 minutes as it is a situation where an immediate life threat to a woman or baby had been identified.
- There were also four delays identified in category two caesarean sections. Further investigation and analysis by the trust following our inspection identified that only four of the cases were true delays.

Staffing

Nurse staffing

- Monthly information was presented to the Trust Board in the integrated performance report in line with National Quality Board guidance. Nursing establishments were reviewed using the Safer Nursing Care Tool, planned and actual staffing data and other metrics including professional judgement and benchmarking data.
- Inpatient areas underwent a six monthly nurse staffing review to ensure safe and effective staffing levels across the trust. Staffing ratios for Emergency Department were reviewed utilising the Royal College of Nursing's Emergency Care

Association (ECA) Baseline Emergency Staffing Tool (BEST) which utilised the validated dependency tool for Emergency Departments. Midwifery used 'Birth Rate' plus as a tool to review staffing.

- In the integrated performance report in November 2015 the overall fill rates were 88.66% for registered nurses (day duty). Night duty, fill rates were 92.54%. The HCA fill rates for day shifts were 97.29% and for night shifts 111.27%.
- The overall fill rates as reported in the integrated performance report February 2016 were 90.18% for registered nurses (day duty). Night duty, fill rates were 94.18%. The HCA fill rates for day shifts were 99.51% and for night shifts 111.92%.
- The Safer Childbirth: Minimum Standards for the Organisation and Delivery of Care in Labour set by the Royal College of Obstetricians and Gynaecologists (RCOG), recommend a ratio of 1:28. This being one midwife to 28 births. Information from the trust dashboard in February 2016 showed the midwife to birth ratio to be 1:30
- The service used Birth Rate Plus (a midwifery workforce planning tool) every six months to ascertain the appropriate staffing levels for the women in their care. This was done in conjunction with professional judgement and discussions with the consultant on call and/or the supervisor of midwives (SoM).
- Birth rate plus suggested an average midwife to birth ration of 1:29.5 with a range of 1:20 to 1:32 meaning the trust was within the suggested range. Information showed that 99.8% of women in February 2016 had 1:1 care during labour which had improved from February 2015 when it had been 89.5%.
- At the time of inspection critical care was well staffed. Actual levels of staffing were good against planned levels and adhered to the staffing guidelines for the provision of intensive care services, 2015.
- The critical care units did not have a 24/7 supernumerary nurse coordinator, this is recommended by the Guidelines for the Provision of Intensive Care Services (GPICS2015) and this was noted to be on the local risk register. A band 7 nurse was available Monday to Friday until 5pm.
- Within the neonatal units the rota showed that staffing levels were meeting or exceeding the British Association of Perinatal Medicine (BAPM) guidelines over 85% of the time. Shortfalls in staffing occurred more often during nightshifts. BAPM recommends that the nurse to baby ratio for intensive care should be 1:1 (one nurse to one baby). For high dependency care, the ratio should be 1:2 and low dependency care should be 1:3.

- The community children's services were well staffed. Health visitors caseloads were within the caseload limit recommended in 'The Protection of Children in England: A progress Report (March 2009) with no health visitor having caseloads greater than 300.
- As reported in integrated performance report February 2016 sickness rates showed across the whole trust was 4.60% against a 4% target.
- Nurse staffing was identified on the corporate risk register with an initial risk of 16 the current risk was 20 and the target risk was 9 with details of mitigating actions being undertaken.

Medical staffing

- Medical staffing skill mix was similar to the England average apart from the registrar group where the trust was slightly lower at 32% compared to 38% nationally. The trust had more middle grade doctors instead, with 12% compared to 9% nationally. The trust had a higher proportion of consultants at 41% than the national average of 39%.
- The College of Emergency Medicine (CEM) (2015) states that every emergency department should have at least 10 whole time equivalent consultants to provide a sustainable service during extended weekdays and over the weekend who worked across both sites.
- There was Consultant presence on site from 8am-10pm Monday to Friday. There was additional ad hoc locum weekend on site cover by ED consultants and locum staff. Outside these hours a single consultant was on-call for both sites with a contractual 30 minute response time. We asked how this would work if the consultant was required at both HRI and CRH ED's. We were told that in this situation, a middle grade doctor would move to the ED that the consultant was not at to provide decision making assistance and would liaise with the consultant by telephone.
- At HRI there was no paediatric medical cover on site even though the paediatric observation and emergency surgery unit provided 24 hour care for surgical patients. Advanced paediatric nurse practitioner staffing levels were not always adequate to provide a safe service on the paediatric observation and emergency surgery unit.
- The medical staffing was in line with the England average and there was 24 hour availability of an anaesthetist. Consultant cover on the labour ward was 98 hours per week and was provided by 14 consultants working a one in 18 week rota.

Summary of findings

- Within critical care there were nine intensive care consultants, all had significant experience of intensive care. However, two consultants who covered the on call service at both sites were not Faculty of Intensive Care Medicine (FICM) compliant).

Allied health professionals

- There had been pressure on the therapy services in the community division due to increased demand and recruitment difficulties due to local and national shortages of trained staff. Some services such as podiatry had almost 50% actual to planned staffing levels during the period April 2015 to December 2015.A recent tender of services to another provider had resulted in some staff being transferred to that provider.

Are services at this trust effective?

Requires improvement

We rated effective as requires improvement because:

- Across the trusts the core services of critical care, maternity, children's and young people and community adult services were rated as requires improvement for effective.
- Patient outcome measures showed the trust had mixed performances against the national averages when compared with other hospitals with some outcomes performing better and some performing worse. These outcome measures correlated with the core services identified.
- Where patient outcome measures or audit findings indicated improvements were needed detailed action plans to improve the quality of service were not always initiated.
- There were variable rates of appraisals across the divisions within the trust. In some services there was inconsistency in the way staff received clinical supervision and this required standardising and strengthening.
- Across the services we found a variable understanding from staff regarding consent and mental capacity. In addition there was variable completion of MCA/DoLS documentation and some patients with transient symptoms suggestive of cognitive impairment did not have capacity assessments undertaken.

However:

- The main core services of accident and emergency, medicine, surgery and end of life care within the trust were rated as good for being effective.
- Mortality indicators showed the trust were higher than the expected range when compared with other trusts. However the

trust had introduced a care of the acutely ill patient programme to contribute to the reduction of mortality within the trust. There were no active mortality outliers identified by the Care Quality Commission at the time of inspection.
- Staff had access to policies and procedures and other evidence-based guidance via the trust intranet.
- There was an annual audit programme in place across the core services in some core services actions were taken to improve clinical practice.
- Staff across the hospital reported good working relationships within the multidisciplinary teams (MDTs).

Evidence based care and treatment

- Staff had access to policies and procedures and other evidence-based guidance via the trust intranet. However we in some core services we found information displayed in ward areas were out of date.
- Staff referred to a number National Institute for Health and Care Excellence (NICE) Guidelines/Quality Standards, Royal College, Society and best practice guidelines in support of their provision of care and treatment. Local policies, which were accessible on the ward and on the trust intranet site reflected up-to-date clinical guidelines.
- There was an annual audit programme in place across the core services in some core services actions were taken to improve clinical practice.
- We found within some core services they had reflected upon National Audit Report findings and developed action plans to support evidence-based care and treatment. For example in the medical core service staff in diabetes medicine reviewed current systems around staff education and care for younger persons with type 1 and type 2 diabetes. In respiratory and cardiology, action plans were in place to engage with patients to develop services further across the full care pathway. There were also action plans for stroke care and falls prevention.
- Within the surgical division there were enhanced recovery pathways used for patients which ensured patients were escorted through the care pathways and ensured each patient received continuing care, including preoperative assessments, perioperative admission and postoperative discharge and follow up.
- Within adult community services the Virtual Ward used a LACE tool to assess the patients referred to them. This was a strategy

promoted by the Institute of Health Improvement to identify preventable readmissions by assessing length of stay, acute admission, co-morbidity and emergency department attendances.

- The trust had implemented an Individual care of the dying document (ICODD) which was based on the five priorities of care document. The five priorities of care was developed by the Leadership Alliance for the Care of the Dying to ensure high quality care in the last few days and hours of life.
- The Healthy Child Programme was well established within the health visiting service (DH 2009).This programme was evidence based which focussed on pregnancy and the first 5 years of life. This was included in the trust's health visiting guidelines (2015).
- Additional services based on evidence were provided, including post-natal support groups and the positive impact on perinatal mental health (Public Health England 2009) Breast feeding rates were above the national average for initial feeding after delivery.

Patient outcomes

- Hospital Standardised Mortality Ratio (HSMR) compares the number of deaths in a trust with the number expected given age and sex distribution, in addition adjustments are made for other factors including deprivation, palliative care and case mix.
- HSMR data as reported in as reported in the integrated performance report February 2016 was 116.34. The local Summary Hospital-level Mortality Indicator (SHMI) was also reported at 111.
- The trust had implemented a care of the acutely ill patient programme (CAIP) in September 2013 and this was revised in 2014 and 2015. The overarching aim of the programme was to contribute to the reduction of mortality rates within the trust. The programme was divided from six themes:
  - Investigating causes of mortality and learning from findings
  - Reliability in clinical care
  - Early recognition and treatment of deteriorating patients.
  - End of life care
  - Caring for frail patients
  - Clinical coding
- Monthly reports were presented to the trust which highlighted themes from the mortality reviews. The trust had commissioned an expert to support a review of mortality within the trust over the last three years. The medical director and director of nursing reported that this had not identified any themes but work was continuing to understand the mortality rates.

Summary of findings

- Each division held mortality and morbidity meetings to review themes and trends. Cases were reviewed using the Hogan score and those which scored above four on the scale were reported formally to Risk and Governance through Datix.
- There were no active mortality outliers identified by the Care Quality Commission at the time of inspection.
- The stroke service at CRH performed poorly in the Sentinel Stroke National Audit Programme (SSNAP) with a level D (where A is the best and E is the worst) rating during July – September 2015. This had improved however from earlier in 2015.
- The trust performed better than the England average in the Myocardial Ischaemia National Audit Project 2013-14 (MINAP) for patients seen by a cardiologist and those referred for angiogram. The division admitted only 24.7% of patients to a cardiac unit compared with a national average of 55.6%.
- The trust participated in the National Hip Fracture Audit. Findings from the 2015 report showed the hospital was better than the national average in areas such as patients being admitted to an orthopaedic ward within 4 hours (53% compared to the national average 46%) and being mobilised out of bed on the day after surgery (75%, compared to the national average 73%).
- Hip Replacement and Knee Replacement scores in the Patient Reported Outcome Measures (PROMs) were mostly the same as the England average. One of the three measures for Varicose Vein procedures were worse than the England average.
- The surgical site infection (SSI) rate for knee replacement was 0.8% (April - June 2015), slightly lower (better) than the national average of 0.9%.
- The National Lung Cancer Audit (2015) showed better than national average results for multi-disciplinary team discussion (95%, national average 93%) and patients seen by a nurse specialist (84%, national average 63%).
- The trust performed well in the National Emergency Laparotomy Audit (2015). This showed 76% of patients had risk documented before surgery (national average 57%), the proportion of patients who had a CT scan performed and reported by a consultant radiologist before emergency laparotomy was 69% (national average 68%) and the proportion of cases reviewed by a consultant surgeon within 12 hours of emergency admission to hospital was 535 (national average 47%).
- The results from Intensive care national audit and research centre (ICNARC) in 2014/15 showed that mortality was within expected ranges when compared to other units nationally.

Summary of findings

- The trust reported a total of 5,330 deliveries in 2014/2015; of these 63.7% were normal vaginal deliveries which was better than the England average of 60.2%. Additionally 9.4% were elective caesarean section deliveries compared to an England average of 11%. The rate of emergency caesarean section was the same as the England average 15.2% (HES 2014/15).
- The National Neonatal Audit Programme (NNAP) includes two questions that would apply to the maternity area. The report for 2014 showed the trust met the standard for recording babies' temperature within the first hour of birth when born at less than 28 weeks and six days old. The trust exceeded the target of 85% for giving antenatal steroids for all mothers who delivered babies between 24 and 34 weeks and six days, this was an improvement from the last audit.
- The Yorkshire and Humber maternity dashboard RAG rated third and fourth degree tears in normal and assisted births, and PPH was rated red. Third and fourth degree tears following a normal birth were 3.6%, which was higher than the regional average of 2.8%. Third and fourth degree tears following an assisted birth was 6.9% compared to a regional average of 4.2%. PPH rates at the trust were 3.5% compared to a regional average of 2.2%. This was supported by the analysis on clinical incidents which showed 12% of incidents reported between October 2014 and November 2015 related to PPH and 7% related to third or fourth degree tears.
- For children and young people with diabetes, the trust performed worse than the England average for the percentage of patients with an HbA1c <58 mmol/mol. The trust also had a higher mean HbA1c indicating that fewer individuals had well controlled diabetes. NICE define excellent diabetes control as HbA1c levels less than 58 mmol/mol as this indicates good glycaemic levels. The higher the HbA1c levels the greater the risk of complications.
- From October 2014 to October 2015 the unplanned re-attendance rate to the emergency department within seven days of discharge was consistently better than the England average and was around the national standard of 5%, scoring on average 4.9%.
- The trust participated in the National Care Of the Dying (NCDAH) audit 2015. The results were published in April 2016. The results were shown by the use of Key Performance Indicators (KPIs). These were a way to measure how effectively a hospital achieves key objectives or targets. Both

organisational and clinical quality KPIs were measured. The trust was below the England average in all five of the clinical indicators and achieved four of the eight organisational indicators.
- There was a lack of comprehensive performance data within the community adult services. This was impacting on their ability to properly measure effectiveness and responsiveness of the services within the division.
- Diagnostic imaging participated in the Imaging Services Accreditation Scheme (ISAS), and had been part of a national pilot when this scheme was first introduced. It was the fifth trust in the country to meet the requirements of the ISAS accreditation scheme.
- In the CQC 2016 national inpatient survey the trust scored the same compared to other trusts for all questions which included overall experience, care and experience and operations and procedures.

Competent staff

- There were variable rates of appraisals across the divisions within the trust.
- In some services there was inconsistency in the way staff received clinical supervision and this required standardising and strengthening.

Multidisciplinary working

- Staff across the hospital reported good working relationships within the multidisciplinary teams (MDTs).
- The implementation of the Calderdale Framework of Delegation enabled a more generic workforce to provide care and treatment to patients.
- The local authority social services' emergency duty team were based in the same office as the out of hours' district nursing team. This was a positive situation with both agencies benefiting from the security and communication aspects of working in the same environment.
- With the accident and emergency departments there were good relationships between staff and the mental health team (from a different NHS trust) who were based on the hospital site providing timely assessment to patients with mental health needs.
- The palliative care team had established positive working relationships with community services, including GPs, district nurses and the community palliative care team at the local hospices.

Summary of findings

Consent, Mental Capacity Act & Deprivation of Liberty safeguards

- The trust had policies in place to inform and guide practice around the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA). Information and guidance was provided to staff on terminology, issues surrounding capacity when taking patient consent and identifying trust leads for the escalation of issues.
- Information in the Safeguarding annual report 2013-14 indicated work had been undertaken over the past year to raise awareness of Mental Capacity and Deprivation of Liberty. It had been incorporated into the Trust's training and supervision program and staff had been briefed via the Trust's safeguarding newsletter. However, it was noted that further work was required and over the next year a new approach to awareness raising would be implemented with a series of visits to wards to support staff in their day to day work and make it 'more real for them'.
- Across the services we found a variable understanding from staff regarding consent and mental capacity.
- In some services we also found variable completion of MCA/ DoLS documentation and some patients with transient symptoms suggestive of cognitive impairment did not have capacity assessments undertaken.
- Within maternity services staff we spoke with could not articulate what was meant by Gillick competence despite giving examples of children accessing services.
- Staff in children's services told us they were aware of how to apply Gillick competency and Fraser guidelines to assess the decision making competency of children and young people. However, they told us they would obtain consent from parents when a child was below the age of 16 years.
- The trust had initiated an 'Effective Quality Improvement Project' for DNACPR. The Trust target was 90% of DNACPR decisions would have been discussed with the patient or relative or where the patient was unable (i.e. dementia, unconscious). This was to allow some leeway when decisions needed to be taken in critical situations and there was no opportunity to communicate with the patient or carer. The target was not achieved in July (88.4%), August (83.3%) or September 2015(82.8%), but was achieved in October (92.75%).
- We viewed 11 DNACPR forms. We saw clear and appropriately completed DNACPR forms and examples of patients who did not have the capacity to be involved in discussions about the

situation. We saw evidence of assessments being completed with their lack of capacity clearly recorded. We saw that the decision had been discussed with the patient's relatives and that the decision had been clearly recorded.

Are services at this trust caring?

Good

We rated caring as good because:

- As part of our inspections, we observed care on wards and observed staff speaking to patients and relatives on the telephone. In order to gain an understanding of people's experiences of care, we talked to patients and their relatives who used services across the trust.
- Patients on the whole told us they were happy with the care they received and the attitude of staff. We observed staff engaging with patients in a caring and respectful manner.
- The trust performed about the same as other trusts nationally on the CQC inpatient survey question 'were you involved as much as you wanted to be in decisions about your care and treatment'.
- We saw throughout services care plans highlighted the assessment of patients emotional, spiritual and mental health needs. These care plans were complete in case notes and observed on wards.

However:

- During both our announced and unannounced inspection in maternity services we received comments from women who felt they had not being involved in decision making about their care and felt unsupported. A period of time had passed since the birth for some of the women we spoke with and they still felt affected by the experience.

Compassionate care

- In the Care Quality Commission (CQC) inpatient survey 2016 responses were received from 522 patients who had received care between August 2015 and January 2016.
- The trust performed about the same as other trusts for all the questions. In one of the questions for example regarding privacy for examinations the trust scored better than most trusts.
- Friends and Family test data between December 2014 and November 2015 the trust consistently scored higher than the England average for percentage of patients who would recommend the trust to friends and family.

Summary of findings

- The trust scored in the top 20% of trusts for 12 out of 34 indicators in the Cancer Patient Experience survey 2013/14 and scored in the middle 60% for the remaining indicators.
- Results from the CQC Maternity Service Survey 2015, showed the service was about the same as other trusts for labour and birth, for staff during labour and birth and care in hospital after the birth.
- The results of the CQC A&E Survey 2014 showed the trust was performing about the same as other trusts for all but one of the questions where they scored better than most trusts for care and treatment.
- The results of the National Children's Inpatient and Day Case Survey 2014 published in June 2015 showed that parents and children and young people rated their overall experience at 8 or more out of 10 which was the same as most other trusts.
- Results of the Patient-Led Assessments of the Environment (PLACE) 2015 showed that the trust scored, for privacy, dignity and wellbeing: 90, (the England average was 86).
- As part of our inspections, we observed care on wards and observed staff speaking to patients and relatives on the telephone. In order to gain an understanding of people's experiences of care, we talked to patients and their relatives who used services across the trust.
- Patients on the whole told us they were happy with the care they received and the attitude of staff. We observed staff engaging with patients in a caring and respectful manner
- However within maternity services although positive comments were received and the overall friends and family test data responses were good, we were concerned about the number and content of the negative comments we received during the inspection.

Understanding and involvement of patients and those close to them

- The trust performed about the same as other trusts nationally on the CQC inpatient survey question 'were you involved as much as you wanted to be in decisions about your care and treatment'.
- According to the 2014 A&E Survey, the department scored about the same as other trusts for questions relating to understanding and involvement. The trust performed better than most other trusts on questions relating to avoiding confusion.

- In the 2013/2014 Cancer Experience Survey, the trust was in the top 20% of trusts for patients receiving understandable answers to important questions all/most of the time and patient definitely being involved in decisions about care and treatment.
- Throughout our inspection the majority of patients and relatives informed us they felt involved in care options, decision making and planned treatment.
- During both our announced and unannounced inspection in maternity services we received comments from women who felt they had not being involved in decision making about their care and felt unsupported. A period of time had passed since the birth for some of the women we spoke with and they still felt affected by the experience.

Emotional support

- In the 2015 CQC inpatient survey, the trust scored about the same as other trusts for patients receiving enough emotional support from hospital staff.
- As part of the National Care of the Dying Audit the trust sent a questionnaire to relatives of patients who died within the trust in May 2015. The response rate was 35%. They were asked a variety of questions relating to general care received from doctors and nurses. Generally relatives had confidence and trust in the doctors and nurses caring for their relatives at the end of life. Emotional / spiritual support was rated as good or excellent in 90% of the responses and patients were seen to be treated with respect 90% of the time.
- We saw throughout services care plans highlighted the assessment of patients emotional, spiritual and mental health needs. These care plans were complete in case notes and observed on wards.
- The trust had chaplains representing the major faith communities in the area which included Christian, Muslim and Sikh. There was a faith centre in each hospital which served as a place for reflection and regular worship.
- The trust chaplain also offered support in the critical care unit on each day of our inspection. Staff and relatives we spoke with said that the service was supportive and appropriate. However within critical care there were no examples of formal access to psychological support for patients at the time of inspection. We spoke with a senior nurse who told us that this service did exist previously and staff were hoping to reinstate this emotional support at discharge clinics in the future.

- There was a midwife who had a specialist interest in bereavement and there were policies and guidelines in place to support mothers and their family in the event of a stillbirth or neonatal death.
- Counselling services were provided pre and post termination and everyone under the age of 16 was seen by a counsellor.
- Within maternity services positive comments were received and the overall friends and family test data responses were good, we were concerned about the number and content of the negative comments we received during the inspection.
- These included comments from women who felt they had not been involved in decision making about their care and feeling unsupported. A period of time had passed since the birth for some of the women we spoke with and they still felt affected by the experience.
- In children's services staff from the play and family therapy team worked across the children's services to offer support, such as distraction therapy, to engage children and reduce distress during treatments. The staff would also accompany children and families to theatres.

Are services at this trust responsive?

Good

We rated responsive as good because:

- The trust was consistently meeting national access targets and issues within this domain were limited to a few core services across the trust.
- The trust had consistently achieved the national standard for percentage of patients discharged, admitted or transferred within four hours of arrival to A&E in eight of the last 12 months. Between April 2015 and March 2016 the year to date percentage of patients achieving this target was 93.88% which was just below the target of 95%.
- The trust had consistently achieved the targets for patients on the admitted, non-admitted and incomplete referral to treatment pathways.
- The trust had a nurse consultant for older people and a learning disabilities matron. Across the trust 200 Matrons and Sisters had received training and were vulnerable adult's leaders to ensure the vulnerable adult care principles and process were embedded into practice. This included care of patients living with dementia.
- The estates and facilities team throughout the trust were focussed on improving the quality of patient care and experience and considered this when undertaking work to improve the environment.

- The end of life care pathway aimed to reduce Accident and Emergency (A&E) attendances and admissions and GP callouts by increasing community capacity to safely and effectively care for people approaching the end of life in their own home, and by improving the identification and coordination of care for patients approaching the end of life. Between April 2015 and December 2015 the pathway had avoided 201 admissions to hospital and 102 GP call outs.

However:

- The clinical decision unit was often not available to ED patients as patients waiting for beds on other wards remained on the unit for long periods of time. This was having an adverse effect on flow through the emergency department and was putting patients at risk as the unit did not have the facilities to care for patients who needed longer than 24 hours care.
- Black breaches occur when the time from an ambulance's arrival to the patient being formally handed over to the department was longer than 60 minutes there were nine black breaches reported between April 2015 and March 2016.
- There was issue with delayed discharges across both critical care units. Sixty three percent of patients discharged to wards were delayed greater than four hours after the decision had been made to discharge. Out of hours discharges between 10pm and 7am were particularly high at CRH site at nineteen percent of all discharges. .
- Patients and staff told us about frequent cancelled appointments. We found some specialities had high hospital cancellation rates. This is where the hospital cancels an appointment (rather than the patient). Between July 2014 and June 2015, the national average for hospital cancellations was 7% and the average across all OP specialties at this trust was 17%.
- The trust performance for responding to complaints within the relevant timescale was 48% against a target of 100%.

Service planning and delivery to meet the needs of local people

- It was difficult to determine how the service had planned services to meet the needs of local children and young people at Huddersfield Royal Infirmary. There was no clear rationale or model of care for the services provided on the paediatric assessment unit.
- The paediatric assessment area was for local children, who only required short term observation and emergency surgical care.

However, this was only for children over the age of four months old and it was uncertain how the service had decided that four months was a significant age to manage children between the two hospital sites. It was not clear that the model of the paediatric assessment unit was meeting the needs of the local population. There was a strict admission criteria dependent on condition and age of children which resulted in low bed occupancy.

- The trust was undertaking emergency surgical procedures on children and young people over the age of four months. This meant on occasions children and young people stayed overnight in the unit with the support of advanced nurse practitioners however there were no paediatricians were on site if a child or young person deteriorated suddenly; however, there were anaesthetists on site with competencies in paediatric care.
- The trust provided acute and community services. Community services joined the trust in 2011 as part of the transforming community services programme and served the population of Calderdale.
- The trust worked closely with its commissioners and external stakeholders on service redesign and the transformation agenda. Commissioners, third party providers and stakeholders were involved in planning services. Consultation was currently being undertaken with commissioners regarding reconfiguration of services across the trust.
- Within the accident and emergency departments provision for paediatric patients was limited with only one paediatric qualified staff member on duty during our inspection across both sites and limited facilities available for children and young people.
- The trust and the community services were to be involved with one of the 29 new care model vanguards that were proposed nationally. The vanguard, called Calderdale Health and Social Care Economy, was a collaboration of organisations. The purpose of the vanguard was to deliver integration across all services, delivering care outside of a hospital setting through a single point of access.
- The Quest for Quality team were contacted by care home staff through a single point of contact. This was managed by one of the community matrons. The service included support, advice or guidance and when required, a visit from a member of staff.
- The end of life care pathway aimed to reduce Accident and Emergency (A&E) attendances and admissions and GP callouts by increasing community capacity to safely and effectively care for people approaching the end of life in their own home, and

by improving the identification and coordination of care for patients approaching the end of life. Between April 2015 and December 2015 the pathway had avoided 201 admissions to hospital and 102 GP call outs.

- Within the medical core service they had been proactive in forging strong working relationships with community colleagues particularly in respiratory medicine and discharge planning across Kirklees. The division was also working with community colleagues in Calderdale to plan and deliver transitional efficiencies into non-hospital based care.
- Associate care practitioners (ACP) had been appointed for surgical wards at the hospital. Three ACPs worked within the orthopaedic department and helped the service cope with a reducing number of junior doctors and one assisted in theatre. The ACPs took part in the surgical rota on evenings and weekends. The ACPs were viewed as essential to the running of the Orthopaedic Directorate and to wider surgical specialties. The division was planning to expand the model to other specialties, including General Surgery.
- There were one-stop clinics in ophthalmology for cataract patients, especially wheelchair users, those who had travelled a long way or on hospital transport. There was also a one-stop breast clinic held once a week.
- The number of substance misusing young people who may also be parents was above the national average. This had been acknowledged within children's community services and a health visitor had been given a days protected time to work along the specialist midwife for substance misuse to develop a service called 'positive recovery and midwife support' (PRAMS). This was a specialist role and the health visitor offered advice to other health visitors who supported substance misusing parents. A number of additional services were offered and included mindfulness sessions, contraception advice, mental health wellbeing, and assisting with established recovery programmes.

Meeting people's individual needs

- There was a dedicated Matron in the trust who worked as a complex needs care coordinator since September 2008, who was a registered learning disability nurse. The matron received VIP email alerts of all admissions, new outpatient appointments and to come in dates (TCI) for patients.

Summary of findings

- Since 2009 the VIP (vulnerable inpatient) alert had been on added on to the trust's electronic patient administration system (PAS). All known people with a learning disability on the GP register had an alert added. The complex needs matron could add any alert as people were referred in the system.
- All VIP alerts went directly to the complex needs matron and all reasonable measures were considered to assist the patient through their care pathway whilst hospitalised and to support a smooth transition back into the community. Staff provided a 'passport' to patients with a learning disability, which was owned by the patient and detailed personal preferences, likes/ dislikes, anxiety triggers and interventions, which were helpful in supporting patients during difficult periods. The complex needs matron identified, in conjunction with carers and ward staff, what reasonable adjustments were required to support the patient whilst in hospital, included pre-visits to suites for procedures to support desensitisation, an offering of a side-room for privacy and to reduce anxiety, flexible visiting, carers staying with the patient overnight and other individual preferences unique to that individual.
- There were link nurses on wards who provided advice and support in caring for patients with learning disabilities and dementia.
- Providing appropriate care for CAMHS patients in children's services was on the risk register and had led the service to provide a mental health admission guidance pathway. The pathway provided guidance on risk assessments to be undertaken to identify the level of observation required, and escalation procedures. Some staff had undertaken training related to CAMHS around managing aggressive behaviour, and caring for patients who self-harm. We were told that if a patient was admitted who was at risk of actual or potential harm they would be seen by CAMHS within 24 hours, or when medically fit.
- In community end of life services they used Dis DAT a disability distress assessment tool for patients to help identify distress cues for patients who had severely limited communication skills to ensure the service was meeting the needs of these patients
- The community adult services had a recently updated housebound policy. District nurses visited patients who were housebound in their own home which included care homes. However, we found that in some instances they were visiting patients who were able to attend a health centre or surgery but chose not to.

- The crisis intervention team and the rapid response team assisted people in their own homes with emergency care packages and therapy input for up to 72 hours to avoid a hospital admission.
- The family nurse partnership provided care to vulnerable young mothers and their babies using the nationally established programme which started in the ante-natal period.
- The looked after children's services provided a service to young people who were looked after by the local authority under the umbrella of the social enterprise service. Younger children in foster care had initial assessments by the Looked after Children paediatrician and then by the health visitor where the foster carers lived. These were up to date and no backlog reported.

Dementia

- The trust had a Dementia Strategy which was established in October 2015 which detailed the vision for dementia care in the trust, leadership and governance, assessment and diagnosis, working in partnership with patients and carers and staff that were skilled to care.
- The vision for dementia care within the trust was based on three main principles which were:
  - Access to the care and support that people with dementia and their carers need
  - Care that is of high quality
  - An environment where staff were well informed and where fear and stigma associated with dementia had decreased.
- The trust had developed a dementia strategic action plan for 2014-2016 which identified the standards to be achieved, the baseline, timeframe and progress against actions.
- The trust had a nurse consultant for older people who was also the lead for dementia care within the trust.
- Across the trust 200 Matrons and Sisters had received training and were vulnerable adult's leaders to ensure the vulnerable adult care principles and process were embedded into practice. This included care of patients living with dementia.
- Refurbishment had been undertaken of wards 8 and19 which set the standard for future environmental adaptations to support people living with dementia.
- Flags were entered on PAS for people living with dementia who were placed on the caseload of the dementia matron. These patients were then flagged to them on admission.
- Engagement support workers had been appointed to provide engagement, socialisation and companionship, cognitive and physical support for patients with dementia and/or delirium.

- The team supported patients during the day with either group or one-to-one activities which promoted sleep at night. Through providing suitable engaging activities during the day, less 1:1 care was required during the day and night. This also helped other patients experience by reducing sleep disruption on the wards.
- The trust had worked closely with local higher education facilities and offered an enrichment programme to 'A' level students to experience working in a hospital environment but particularly with patients living with dementia or experiencing delirium.
- All patients aged 65 and over have a cognitive assessment on admission using the abbreviated mental test score (AMTS) on the medical admissions proforma. In the nursing assessment tool specific answers prompted the use of the butterfly scheme, delirium care plan, memory care plan and rapid risk assessment tool.
- The trust had implemented the Butterfly scheme. The Butterfly scheme provided a system of hospital care for people living with dementia. A butterfly icon was displayed so that staff were aware the patient required the relevant care plan.

Access and flow

- The clinical decision unit was often not available to ED patients as patients waiting for beds on other wards remained on the unit for long periods of time. The CDU was being used as a general ward. This was against the specification set out by the trust in June 2014. This was having an adverse effect on flow through the emergency department and was putting patients at risk as the unit did not have the facilities to care for patients who needed longer than 24 hours care.
- During our inspection we found records of patients who had been admitted to the unit for seven days and staff told us of patients that had been admitted for three weeks in the past. This contradicted the Service description which stated that patients should be discharged after 24 hours.
- Delays in discharges and admissions in the critical care unit at HRI had led to patients being cared for in the theatre recovery area. There had been no formal arrangement or operational policy to support the team in critical care or recovery and staff we spoke with were not aware of a new policy that had been developed in February 2016 by the senior team. Theatre nursing staff were not trained in critical care competencies and access to ITU staff for support and advice was limited. There was a lack of monitoring of the activity in recovery by the critical care team, although recovery staff did monitor admissions.

Summary of findings

- There was issue with delayed discharges across both critical care units. Sixty three percent of patients discharged to wards were delayed greater than four hours after the decision had been made to discharge. Out of hours discharges between 10pm and 7am were particularly high at CRH site at nineteen percent of all discharges.
- The Intensive Care society identifies 80% as an average occupancy for critical care to accommodate the frequently changing needs of emergency and elective services. The HRI average occupancy remained high overall at an 85% at midnight recording for January to March 2016 across both sites. The Royal College of Anaesthetics recommended that bed occupancy should be below 70%. The HRI site had greater occupancy (at times 95%) than the CRH site by a 30% margin across the three months as reported in the critical care dashboard. The national standard set out by the Department of Health for emergency departments was to admit, transfer or discharge 95% of patients within four hours of arriving in the department.
- Between April 2015 and March 2016 the year to date percentage of patients achieving this target was 93.88% which was just below the target of 95%. The 95% target had been achieved in eight of the last 12 months.
- Once a decision to admit had been made, there had been no reported breaches of patients waiting more than 12 hours in the emergency department in the same time period.
- The emergency department aimed to ensure patients who arrived by ambulance were kept waiting for no more than 15 minutes before patients were handed over to the care in the department. This was achieved for 90.6% of patients, which was better than the England average of 85%.
- Black breaches occur when the time from an ambulance's arrival to the patient being formally handed over to the department was longer than 60 minutes there were nine black breaches reported between April 2015 and March 2016. The main reason for this was recorded as no cubicles available (six instances).
- We reviewed information on the trust's performance for cancer waiting times. We found from April 2015 and March 2016 the trust performance for two week wait from urgent referral had a year to date figure of 97.34% against a target of 93%.
- Between April 2015 and March 2016 the trust was meeting the 85% performance target with a year to date figure of 91.19% for all cancers for the 62 days wait for first treatment from an urgent GP referral.

Summary of findings

- The trust had met the overall national indicators of patients admitted for treatment within 18 weeks of referral between April 2015-March 2016 the year to date performance was 91.92% against a 90% target.
- In the same time period national indicator performance for non-admitted pathways the year to date performance was 98.48% against a target of 95%. On the incomplete national indicator pathways the trust performed at 95.70% for the year against the target of 92%.
- Between Q3 2013/14 to Q2 2015/16 the trust had a lower bed occupancy rate than the England average for five out of eight quarters.
- Information from NHS England (April 2013 – August 2015) indicated that 16.7% (5,611) of delayed transfers of care in the trust were waiting for further NHS non-acute care compared to 20.2% nationally, with a further 25% (8,388) awaiting care in their own home compared with 12.7% nationally.
- Data provided by the trust during the inspection showed 33,000 patients were waiting for an outpatient appointment. Managers explained this was due to the partial booking system. They told us the actual backlog for appointments (patients who had passed their see by date), on 9 March 2016, was 4,438 patients.
- We spoke with the chief operating officer and senior management team regarding the 4,438 patients who were in the backlog of appointments. They confirmed for routine appointments the trust process was that patients would be offered an appointment within three months of their original date. Of the 4,438 patients 3,587 had appointment within the three months.
- The trust were reviewing and clinically validating the remaining 851 patients who had not had an appointment within three months. This was monitored on a weekly basis and information was sent to clinical specialities to review patients and identify any risk of harm. The longest a patient had waited was from July 2015 (eight months). The management team also explained that they monitored the appointment delays and triangulated this with information from incidents and complaints.
- Patients and staff told us about frequent cancelled appointments. We found some specialities had high hospital cancellation rates. This is where the hospital cancels an appointment (rather than the patient). At the time of the inspection, the hospital cancellation rate in surgical OPD was

13% and in ophthalmology, it was 17%. Between July 2014 and June 2015, the national average for hospital cancellations was 7% and the average across all OP specialties at this trust was 17%.

- Across the trust, the proportion of cancelled operations, which were not rebooked within 28 days, has been worse than the England average since April 2013. The most recent data (April to June 2015) showed that 42 procedures (19%) of all cancelled operations were not re-scheduled within 28 days.
- The proportion of elective operations that were cancelled was similar to the England average, at around 1% in April to June 2015.

Learning from complaints and concerns

- There was an executive and non-executive lead in the trust for complaints. All complaint responses were signed off by a trust executive.
- A comprehensive and current complaints policy covered the complaints management process for the trust.
- Within the policy the Trust had local standards for response times to complaints based on the severity of the complaint. Complaints assessed as low severity (green) or moderate severity (yellow) had a response timescale of 25 days. Complaints assessed as high severity (orange) or extreme severity (red) has a response timescale of 40 days.
- Within the integrated performance report for March 2016 we saw performance was measured against an acknowledgement letter being sent to the complainant within three days and performance against the complaint timescale.
- For April 2015 to March 2016 the trust's year to date performance for the three day acknowledgement letter was 93.31% against a target of 100%. In the same time period the year to date response rate to complaints within the time frame was 48.45% against a target of 100%.Regular weekly monitoring of overdue complaints was provided to divisions and weekly meetings were now held to ensure that overdue complaints were being actively managed to ensure a response was provided to the complainant. At the time of the inspection, 19 complaints were overdue.
- Information in CQC's intelligence pack indicated the number of written complaints received by the trust had been relatively consistent between 2010/11 and 2014/15. Between December 2014 and November 2015 the trust had received 620 written complaints.

Summary of findings

- The Trust used the NHS Benchmarking Network /Patients Association Complaints Survey to assess complainant satisfaction. The 2015/16 Q2 report shows the Trust in the top 5 Trusts for:
  - complaints being resolved
  - complaint handled well / very well
  - staff handling the complaint making complainant feel comfortable about making the complaint
  - discussing the timescale for response with complainants at the beginning of the process
  - Keeping the complainant informed about the progress of the complaint.

Are services at this trust well-led?

Requires improvement

We rated well-led as requires improvement because:

- There was a governance framework in place however there was a need to embed and strengthen governance processes within the clinical divisions and at ward level.
- During the inspection we raised concerns with the chief executive and executive team regarding a number of areas within maternity services. These included feedback from patients during the inspection, the numbers of large volume postpartum haemorrhages (PPH), third and fourth degree tears, the antenatal assessment of mums to ensure the delivered in the appropriate setting and the ability to open a second obstetric theatre. We were concerned that staff we spoke with did not highlight these issues as a risk. We were therefore not assured that the systems in place for sharing information, monitoring and identifying risks were effective. The culmination of all these concerns had not been identified or acted upon by the senior management team with maternity services.
- At the inspection we found a number of patients on the clinical decision units in the accident and emergency departments who had an extended length of stay on the units whilst waiting for a general inpatient bed and staffing levels on CDU. We were concerned that when we raised this with the director of nursing and medical director they were not aware the CDU were used in this way and these areas had not been raised as a concern within the department or by senior managers.
- It was difficult to determine how the service had planned services to meet the needs of local children and young people. There was no clear rationale or model of care for the services provided on the paediatric observation and emergency surgery unit. The trust was undertaking emergency surgical procedures on children and young people over the age of four months. This

meant on occasions children and young people stayed overnight in the unit with the support of advanced nurse practitioners. No paediatricians were on site if a child or young person deteriorated suddenly; however, there were anaesthetists on site with competencies in paediatric care.
- Data provided by the trust was not always accurate with different information provided for the same time period. Mandatory training and appraisals data was unreliable with trust and divisional data differing from ward level records.

However:

- The trust had an overall vision which was underpinned by behaviours, goals and responses to support the delivery of the vision. The trust vision was "Together we will deliver outstanding compassionate care to the communities we serve." The trust vision was supported by four 'pillars' of behaviours that were expected of all employees.
- The trust had a PWC well-led governance review in October 2015 which identified areas of strength and areas for improvement. As a result the trust had developed an action plan for improvement and progress was monitored against actions.
- The senior estates leadership had a clear vision of their role in improving the quality of patient care and experience.
- There was a nursing assurance framework which included at ward level Friday huddles weekly/ fortnightly 1:1's and a nursing committee. Key performance indicators (KPI's) had been developed and identified for nursing and each ward had a dashboard. An escalation process had been developed to provide additional support to wards where concerns had been identified.

Vision and strategy

- The trust had an overall vision which was underpinned by behaviours, goals and responses to support the delivery of the vision. The trust vision was "Together we will deliver outstanding compassionate care to the communities we serve."
- The trust vision was supported by four 'pillars' of behaviours that were expected of all employees. The four behaviours were:
  - We put the patient first
  - We 'go see'
  - We work together to get results
  - We do the must do's

- There was a clear five year strategy and a one year plan which was based on the vision of delivering outstanding compassionate care. These included transformation and improvement of patient care, safety, workforce development and financial sustainability.
- The one year plan was based on four key principles which included the development of the community division and care closer to home, development of seven day working (the trust was in the first wave of seven day working) and the roll out of electronic records.
- The trust had a nursing and midwifery strategy which was reviewed in 2014 which identified the trust's priorities and linked into the national and local initiatives.
- The Trust was working in partnership with commissioners and had over the previous two years in conjunction with health and social care organisations across Calderdale and Greater Huddersfield been listening to the views of local people and had worked together to review and develop proposals to improve services. At the time of inspection the trust with commissioners were currently out to consultation on the Right Care, Right Time, and Right Place transformation programme.
- The trust and the community services were to be involved with one of the 29 new care model vanguards that were proposed nationally. The vanguard, called Calderdale Health and Social Care Economy, was a collaboration of organisations. The purpose of the vanguard was to deliver integration across all services, delivering care outside of a hospital setting through a single point of access.
- The senior estates leadership had a clear vision of their role in improving the quality of patient care and experience. There was a new estates strategy in the trust, the senior management team were fully aware of the challenges of estates particularly on the HRI site. The strategy outlined the capital programme and was aligned to the 5 year strategy, each capital programme had been risk assessed.

Governance, risk management and quality measurement

- The trust had governance framework that supported delivery of safe and high quality care from 'ward to board'. There were a number of assurance groups including a quality committee, audit committee and clinical effectiveness.
- There were a number of committees that provided assurance to the board; non-executive directors chaired these. All assurance committee chairs attended the Clinical Governance and Quality committee.

Summary of findings

- At a service level across both acute and community there were processes in place for teams to review incidents and ensure shared learning.
- A Board Assurance Framework and Corporate Risk Register identified strategic and operational risks. We reviewed the corporate risk register, which documented actual risk, control measures and residual risk ratings. The Board Assurance Framework was under regular review and was presented three monthly to the Trust Board.
- Risks on the corporate risk register included the "trust is perceived to provide poor standards of care for acutely ill patients/frail elderly patients as a result of a high HSMR and / or SHMI" and risk of not being able to deliver safe and effective high quality care and experience for patients due to: - lack of nursing staffing as unable to recruit to substantive posts.
- We reviewed a sample of quality reports that formed part of the board papers, there were no concerns raised from this review.
- We reviewed the integrated performance reports which was presented to the board and was based on the CQC five domains. This report identified where performance wasn't meeting trust standards and identified actions and accountable people/ roles to deliver these actions.
- The trust had a PWC well-led governance review in October 2015 which identified areas of strength and areas for improvement. As a result the trust had developed an action plan for improvement and progress was monitored against actions.
- The trust had also secured additional external support into the organisation to embed and strengthen governance arrangements at divisional and ward level. The trust aimed to build capability and capacity to write risk registers with workshops to support staff to make risk registers more meaningful and a tool to support staff with the management of risk.
- Priorities for quality improvement included a plan on a page and incorporated priorities from the quality account, CQUIN's and local needs. The trust identified five priorities included improving patient experience in community services, safety huddles on wards, hospital at night, nerve centre handover and self-management of patient medicines for long-term conditions.
- There was a nursing assurance framework which included at ward level Friday huddles weekly/ fortnightly 1:1's and a nursing committee. Key performance indicators (KPI's) had been

developed and identified for nursing and each ward had a dashboard. An escalation process had been developed to provide additional support to wards where concerns had been identified.

- Directorates had their own divisional boards and Patient safety and quality boards. We reviewed a sample of meeting minutes from 2015/16, which showed evidence of review of incidents, complaints, and risk registers. Actions were agreed and there were mechanisms for ensuring follow-up actions.
- We reviewed 10 root cause analysis reports from serious incident investigations. The reports included contributory factors although there didn't always appear to be a standardised format for the investigation reports. The trust had undertaken further work and training in late 2015 regarding undertaking RCA investigations.
- The trust had a business continuity policy. This described the roles, responsibilities, and processes to ensure continuity of services, protection of patients and staff and the reputation of the organisation.
- During the inspection we raised concerns with the chief executive and executive team regarding a number of areas within maternity services. These included feedback from patients during the inspection, the numbers of large volume postpartum haemorrhages (PPH), third and fourth degree tears, the antenatal assessment of mums to ensure they delivered in the appropriate setting and the arrangements to open a second obstetric theatre.
- As a result of the feedback the trust drafted and implemented a comprehensive action plan to address the concerns raised. The trust had also arranged a Royal College of obstetricians and gynaecologists (RCOG) which was to be undertaken in July 2016.
- Following feedback at the inspection in relation to a number of patients on the clinical decision units in the accident and emergency departments who had an extended length of stay on the units whilst waiting for a general inpatient bed and staffing levels on CDU. We were concerned that when we raised this with the director of nursing and medical director they were not aware the CDU were used in this way and these areas had not been raised as a concern within the department or by senior managers.
- The trust had reviewed the use and developed a standard operating procedure for the use of the units which identified the three categories of patients cared for on CDU these included patients on the CDU pathway, patients awaiting cross site transfer and patients awaiting a speciality bed.

- An escalation process had been developed and implemented for those patients not on the CDU pathway which identified key trigger points after admission for example eight hours post admission if the patient was still on CDU this would be escalated to the on-call director.
- The trust has implemented a core staffing team on the unit at CRH which included a band 6 who would provide clinical leadership.
- It was difficult to determine how the service had planned services to meet the needs of local children and young people. There was no clear rationale or model of care for the services provided on the paediatric observation and emergency surgery unit. The trust was undertaking emergency surgical procedures on children and young people over the age of four months. This meant on occasions children and young people stayed overnight in the unit with the support of advanced nurse practitioners. No paediatricians were on site if a child or young person deteriorated suddenly; however, there were anaesthetists on site with competencies in paediatric care.
- Data was provided by the trust to CQC as part of the inspection process, some information provided before the inspection was later found to be inaccurate. For example within critical care information regarding staffing in post indicated that 44.35 wte staff were in post in November 2014. Subsequently the trust provided information which identified there was 58 wte staff in post for the same month. This was found to be the case in a number of areas where inaccurate or incomplete data was provided.

Leadership of the trust

- The trust had a stable board with the last member recruited in April 2014 however the director of nursing was leaving the trust and the trust had started the recruitment process to replace this role.
- Executive and non-executive directors would walk round clinical and non-clinical areas on a regular basis and would talk to staff. Staff reported the chief executive was particularly visible around the trust.
- The council of Governors were positive and engaged with the trust; they understand the risks and undertook walk rounds in all clinical areas.
- There was a committed senior leadership team in the estates department that included a Matron; they were able to articulate a strong commitment to the delivery of patient care and patient experience. An example of this was the work with Food for Life to improve choice of food on menus.

- There was a board development programme in place which included four-five days per year.
- There was a Band 7 leadership development programme in place, however managers in middle management roles couldn't articulate what leadership training they'd received. The Chief executive identified that transformation management training and further strengthening of a clinical leadership model was needed.
- The medical director had no designated deputy but had support from two associate medical directors, the assistant director for quality and divisional directors whom they met on a weekly basis.
- Some staff commented they felt as though their views were not always listened to and communications from senior management could be better. This coincided with the findings in the NHS Staff Survey 2015 where only 26% of staff reported communications between senior management and staff to be good (compared with 32% nationally).

Culture within the trust

- Throughout our inspection feedback from the majority of staff we spoke to was very positive and they reported that the culture was open and transparent. Staff spoke with pride of working for the trust.
- In critical care staff we spoke with told us that they enjoyed working in critical care as a speciality as it was rewarding and challenging. However nursing and medical staff expressed concerns over historic cultural issues and low morale amongst staff.
- In maternity services senior management were aware of the culture of not refusing anyone giving birth at the birth centre. This was something we experienced during our inspection from speaking with staff.
- Management teams described a 'united spirit, with good informal networks that were supportive and there was effective teamwork across the organisation.
- The chief executive reported that through the use of the Work Together Get Results programme this had highlighted there had been a previous command and control culture in the organisation and the organisation were moving towards a culture which sought to empower all staff to be leaders.
- The trust had undertaken staff listening events in October 2015 information was collated from different staff groups which included consultants, nursing staff, allied health professionals and therapists and administration and clerical staff.

- A specific listening event had been undertaken in November 2015 with staff on critical care in relation to the high staff turnover, staff dissatisfaction and challenges within the unit. From the event proposed interventions were identified which included developing leadership styles, develop teamwork and address concerns about leadership behaviours.
- The Workforce race equality standard (WRES) aims to ensure employees from black and ethnic minority (BME) backgrounds have equal access to career opportunities and receive fair treatment in the workplace. In line with this standard the trust had developed a WRES action plan.
- The chief executive had led on focus groups for BME staff within the trust in 2015 and 2016. The focus of this work was to look at where they trust had been where they were now and where they wanted to be. Staff reported this was positive as it was the first time they felt this had been a focus in the trust.

Fit and Proper Persons

- The trust was prepared to meet the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014). This regulation ensures that directors of NHS providers are fit and proper to carry out this important role.
- We looked at 11 summary sheets of executive and non-executive directors and saw the following:
  - Six out of the 11 files the DBS checks were in progress
  - Three out of the 11 files stated there was a signed declaration form however there was no copy of these in the employment file.

Public engagement

- The trust consistently scored higher than the England average for percentage of patients who would recommend the trust to friends and family.
- The Trust had an established trust wide group working on improving in-patient experience; work had concentrated on the comments received through the friends and family test feedback.
- Information in the quality report indicated that in during Q1 and Q2 the main areas of focus for patient and public involvement had been:
  - Follow up on the engagement and consultation to centralise Child Development services at Calderdale Royal Hospital
  - Seeking views on our plans to centralise Emergency Gynaecology and Early Pregnancy Assessment on to one site at Calderdale Royal Hospital

  - Working with our commissioners on completing the outstanding engagement work on the provision of hospital services and care closer to home to inform the commissioner's decision on readiness for consultation.
- Initiatives had been introduced in the trust which included the "hello my name is" campaign which encouraged staff to introduce themselves, ward orientation information leaflets and display boards, reducing noise at night and staff taking the three step challenge, to listen, ask patients if they have been disturbed and challenge noisy colleagues.
- The Calderdale community midwives held a one-off engagement event in November 2015 called 'Meet the Midwives' to make people more aware of the permanent clinic they ran at a supermarket store in Halifax.
- The surgical division had implemented the trust's 'You said, we did' project which provided a forum to staff and patients to voice comments about trust services. On feedback from patients, the gastroenterology department established a telephone hot-line for patients with irritable bowel disease.
- The trust gathered views and opinions of patients and relatives. The trust participated in the National Care of the Dying Audit for Hospitals in 2015. The trust had recently completed a survey of 120 bereaved relatives and carers. Feedback showed that relatives had confidence and trust in doctors and nurses caring for their loved ones at EOL.
- Outpatients had carried out a patient experience workshop in 2015 and had produced an action plan from the patient feedback. Actions included improving the clarity of information in appointment letters to better prepare patients for their experience of the service.

Staff engagement

- The trust results for staff engagement in the NHS staff survey 2015 was 3.76 which was slightly below the average of 3.79 for similar trusts in England. This was also slightly lower than last year's survey results of 3.77.
- Data collected by the Health and Social Care Information Centre (HSCIC) showed that the sickness absence rates for the trust had been very similar to the England average during 2014 and 2015.
- Staff were invited to attend 'trust update' events. These were sessions held regularly across the year which were open to all staff and encouraged teams from across the directorates to share good practice, lessons learnt, and specific patient journeys.

- Trust management recognised divisions, wards and staff with monthly STAR awards as well as the annual Celebrating Success event. Long service holder events were also held quarterly and these were welcomed by both staff and their relatives. The trust had a programme of visits for Executive and Non-Executive Directors to the clinical areas.

Innovation, improvement and sustainability

- Nerve centre was a software solution providing modules on physiological observations, handover, and task management for out-of-hours care and nursing assessments.
- The respiratory department were involved in new treatment trials such as TIME3, PILOT and DIAPHRAGM. The department were involved in national and European projects looking at interstitial lung disease, bronchiectasis register and theophylline treatment studies.
- The dementia team had been working in partnership with academics and clinicians at University of Bradford to develop holistic strategies to improve care and quality of life for patients living with dementia.
- One area in the locality was to be developed into a pilot vanguard site where localities were to take a national lead in transforming health and social care in the future. This involved a collaboration of health and social care commissioners and providers developing a new model of care. The purpose of the vanguard was to deliver integration across all services, delivering care outside of a hospital setting through a single point of access.
- The future of the service included the formation of health and social care hubs with staff working away from staff bases with the technology to support this more agile way of working.
- The Quest for Quality team was contacted by care home staff through a single point of contact. This was managed by one of the community matrons. The service included support, advice or guidance and when required, a visit from a member of staff. The Quest for Quality team in conjunction with the local clinical commissioning group was shortlisted for a Health Service Journal award last year.
- The trust was a pilot site for the Child Protection – Information Sharing (CP-IS) project, an NHS England sponsored programme. This is an electronic system which allows the sharing of information across health care providers when children are subject to safeguarding concerns.
- The trust was one of only three trusts nationally to work with Food for Life campaign to improve the quality of food in the trust and had adopted the James Martin menu.

Summary of findings

- The estates and facilities team had introduced a weekly fruit stall in the entrance of the hospital site for patients and relatives to be able to buy fresh fruit and vegetables.
- Acre mill won silver in the green apple award for conservation and won 'constructing excellence award in the building conservation category.

Overview of ratings

Our ratings for Huddersfield Royal Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Good	Good	Good	Good	Good
Services for children and young people	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Overview of ratings

Our ratings for Calderdale Royal Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Good	Good	Good
Medical care	Requires improvement	Good	Good	Good	Good	Good
Surgery	Good	Good	Good	Good	Good	Good
Critical care	Good	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Maternity and gynaecology	Requires improvement	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement
Services for children and young people	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
End of life care	Good	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Good	Not rated	Good	Requires improvement	Good	Good
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for Community Services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health services for adults	Good	Requires improvement	Good	Good	Good	Good
Community health services for children, young people and families	Good	Good	Good	Good	Good	Good
Community End of Life Care services	Good	Good	Good	Good	Good	Good
Overall Community	Good	Good	Good	Good	Good	Good

Overview of ratings

Our ratings for Calderdale and Huddersfield NHS Foundation Trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Overall	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement

Notes

Outstanding practice and areas for improvement

Outstanding practice

- The development and growth of the ambulatory care service to support the hospital sites and meet local need.
- The trust had vulnerable adult's leaders to ensure the vulnerable adult care principles and process was embedded into practice.
- Engagement support workers had been appointed to provide engagement, socialisation and companionship, cognitive and physical support for patients with dementia and/or delirium. The team supported patients during the day with either group or one-to-one activities which promoted sleep at night. Through providing suitable engaging activities during the day, less 1:1 care was required during the day and night. This also helped other patients experience by reducing sleep disruption on the wards.
- The trust had worked closely with local higher education facilities and offered an enrichment programme to 'A' level students to experience working in a hospital environment but particularly with patients living with dementia or experiencing delirium.
- The development of NEWS and 'Nerve centre' technology to identify deteriorating patients for prompt care escalation and intervention.
- The use by critical care outreach of the NEWS and Nerve Centre technology to drive effective identification of the deteriorating patient in ward areas. This supported early admission to critical care, and in turn better patient outcomes. The team could use the system to prevent readmission of critical care discharges.
- A proactive, positive and energised discharge coordination team together with an integrated MDT working to provide care to the patient in the most appropriate environment.
- Within community services multidisciplinary and multiagency working was completely integrated in some teams with staff having a good understanding of each other roles. This led to a seamless service for patients and there was a collective responsibility to meet patients' needs in the community.
- The diagnostic imaging department worked hard to reduce the patient radiation doses, and had presented this work at national and international conferences.
- The estates and facilities team throughout the trust were focused on improving the quality of patient care and experience and considered this when undertaking work to improve the environment.

Areas for improvement

Action the trust MUST take to improve

- The trust must continue to ensure at all times there are sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels.
- The trust must continue to embed and strengthen governance processes within the clinical divisions and at ward level.
- The trust must ensure all staff have completed mandatory training, role specific training and had an annual appraisal.
- The trust must continue to strengthen staff knowledge and training in relation to mental capacity act and deprivation of liberty safeguards.
- The service must ensure staff have an understanding of Gillick competence.
- The trust must continue to identify and learn from avoidable deaths and disseminate information throughout the divisions and the trust.
- The trust must ensure staff have undertaken safeguarding training at the appropriate levels for their role. The service must also ensure all relevant staff are aware of Female genital mutilation (FGM) and the reporting processes for this.

Outstanding practice and areas for improvement

- The trust must ensure that systems and processes are in place and followed for the safe storage, security, recording and administration of medicines including controlled drugs.
- The trust must ensure that interpreting services are used appropriately and written information is available in other languages across all its community services.
- The trust must ensure that appropriate risk assessments are carried out in relation to mobility and pressure risk and ensure that suitable equipment is available and utilised to mitigate these risks.
- Within maternity services the service must focus on patient experience and ensure women feel supported and involved in their care.
- The trust must review the provision of a second emergency obstetric theatre to ensure patients receive appropriate care.
- The trust must continue work to reduce the numbers of third and fourth degree tears following an assisted birth and the incidence of PPH greater than 1500mls following delivery.
- The trust must review the admission of critical care patients to theatre recovery when critical care beds are not available to ensure staff suitably skilled, qualified and experienced to care for these patients.
- The trust must continue to review arrangements for capacity and demand in critical care.
- The trust must ensure that patients on clinical decision unit meet the specifications for patients to be nursed on the unit and standard operating procedures are followed.
- The trust must ensure there are improvements to the timeliness of complaint responses.
- The trust must ensure there is formal rota for the management of patients with gastrointestinal bleeds by an endoscopy consultant
- The trust must review the model of care for the services provided on the paediatric assessment unit at Huddersfield Royal Infirmary.

In addition the trust should:

- The trust should ensure that the equipment inventory is updated in community adult services and that all equipment in use is properly maintained and checked.
- The trust should ensure there are systems to measure effectiveness and responsiveness of the services within community adult services.
- The trust should review the availability or referral processes for formal patient psychological and emotional support following a critical illness.
- The trust should review the handover arrangements from the hospital at night team to the critical care team to ensure continuity of patient care across the hospital.
- The trust should ensure that relevant staff have received training in root cause analysis to enable them to provide comprehensive investigations into incidents.
- The trust should provide consultation opportunities and team collaboration in the development and completion of its business strategy and vision for end of life care.
- The trust should ensure that children are seen in an appropriate environment by staff that are suitably skilled, qualified and experienced.
- The trust should ensure signage throughout the HRI main building and Acre Mills reflect the current configuration of clinics and services.
- The trust should ensure there is access to seven-day week working for radiology services.

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

The table below shows the fundamental standards that were not being met. The provider must send CQC a report that says what action they are going to take to meet these fundamental standards.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment **Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment** **Regulation 12 (1) Care and treatment must be provided in a safe way for service users** **How the regulation was not being met:** **Medicines were not always managed appropriately. Within the medical, surgical and maternity divisions there was inconsistent monitoring of medicines requiring refrigeration. For example out of range fridge temperatures were not always acted upon.** **On one of the medical wards visited we identified that a controlled drug date expired but this had continued to be administered on a further five occasions over three days before a replacement supply was obtained** **Within maternity services controlled drug checks were not always checked in line with trust policy and recorded.** **In critical care services there were delays in discharges and admissions which led to patients being cared for in the theatre recovery area.** **There was no formal rota for the management of patients with gastrointestinal bleeds by an endoscopy consultant.**

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance **Regulation 17 HSCA (RA) Regulations 2014 Good Governance**

This section is primarily information for the provider

Requirement notices

Regulation 17 (1) Systems and processes must be established and operated effectively to:

(2) (a) assess, monitor and improve the quality and safety of services; (b) assess, monitor and mitigate the risks relating to the health, safety and welfare of service users; (c) Maintain securely and accurate, complete and contemporaneous record of care; (e) seek and act on feedback from relevant persons and other persons on the services provided for the purpose of continually evaluating and improving such services.

How the regulation was not being met:

There was a governance framework in place however there was a need to embed and strengthen governance processes within the clinical divisions and at ward level.

During the inspection there were a number of concerns raised within maternity services there was limited assurance that the systems in place for sharing information, monitoring and identifying risks were effective in addressing these concerns.

At the inspection there were issues with flow and these had not been identified and therefore adequately addressed and patients were being admitted to the CDU for inappropriately long times.

There was a lack of comprehensive data for community adult services which impacted on the ability of the service to measure its effectiveness and responsiveness.

Data provided by the trust was not always accurate with different information provided for the same time period. Mandatory training and appraisals data was unreliable with trust and divisional data differing from ward level records.

There was a backlog across the trust in responding to complaints and this failed to meet the trust timescales.

Within children's services there were some patient safety issues identified on the inspection. The trust's own systems had not highlighted these risks. For example resuscitation trolleys behind locked doors, button batteries in unlocked cupboards in an area accessible to children.

Regulated activity	Regulation

This section is primarily information for the provider

Requirement notices

Treatment of disease, disorder or injury

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Regulation 18 HSCA (RA) Regulations 2014 Staffing

Reg. 18 (1) There must be sufficient numbers of suitably qualified, competent, skilled and experienced staff on duty.

How the regulation was not being met:

Nurse staffing levels in some clinical areas were regularly below the planned number. This included accident and emergency for nursing and medical staffing, medical care, children's services and adult community services.

Reg. 18 (2) (a) Persons employed by the service provider in the provision of the regulated activity must receive such appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out duties they are employed to perform.

How the regulation was not being met:

Staff appraisals were below trust target in some areas.

There were variable rates of appraisals across the divisions within the trust. In some services there was inconsistency in the way staff received clinical supervision and this required standardising and strengthening.

At least 50% of nursing staff should have post registration training in critical care nursing; this had been completed by 39% of nursing staff.

Mandatory training compliance did not meet the trust's target in several areas including accident and emergency, medical care, critical care, maternity services, children's services and community adult services.

Level 2 and Level 3 children's safeguarding training compliance in children's and maternity services was below the trust target of 100%.

Within maternity services there was variable knowledge and understanding of female genital mutilation.

Level 2 safeguarding adults training was also below the trust target in maternity services, surgical services and medical services.

This section is primarily information for the provider

Requirement notices

There was variable understanding of the mental capacity act and deprivation of liberty safeguards.

There were occasions where critical care patients were cared for in recovery. Theatre nursing staff were not trained in critical care competencies and access to ITU staff for support and advice was limited.