Bradford Teaching Hospitals NHS Foundation Trust

Quality Report

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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?	Inadequate
Are services at this trust effective?	Requires improvement
Are services at this trust caring?	Good
Are services at this trust responsive?	Requires improvement
Are services at this trust well-led?	Requires improvement

Summary of findings

Letter from the Chief Inspector of Hospitals

Bradford Teaching Hospitals NHS Foundation Trust is an integrated trust, which provides acute, and community in-patient health services. The trust serves a population of around 500,000 people from Bradford and the surrounding area. The acute services are provided in two hospitals, Bradford Royal Infirmary and St Luke's Hospital. The trust also has four community hospitals; Westwood Park, Westbourne Green, ward F3 (at St Luke's hospital) and Eccleshill.

The community hospitals are part of the elderly and intermediate care service in the division of medicine at the trust and provide a less acute environment. These services are aimed at avoiding the need for patients to be admitted to an acute hospital for rehabilitation and restoring functional abilities following an acute hospital stay. At the time of the inspection only two community hospitals had in-patient services operating: Westwood Park and Eccleshill.

We inspected the trust from 21 to 24 October 2014 and undertook an unannounced inspection on 4 November 2014. We carried out this comprehensive inspection as part of the CQC's comprehensive inspection programme.

We inspected the following core services:

- Bradford Royal Infirmary – urgent and emergency care, medical care, surgical care, critical care, maternity, children's and young people's care, end of life care, outpatients and diagnostic imaging.
- St Luke's Hospital – medical care, outpatients and diagnostic imaging services and community children's service, which were based at this hospital.
- Eccleshill and Westwood Park - community health inpatient services.

Overall, the trust was rated as requires improvement. Safety was rated inadequate, effectiveness, responsiveness and well led were rated as requires improvement and caring was rated as good. The ratings within the reports are based on the evidence gathered at the time of the inspection.

We found that the trust was dealing with the challenge of wide ranging changes within the organisation, which had been introduced over the last few months prior to the inspection. Changes included a new leadership with a new Chair and Chief Executive, and new organisational structures and governance arrangements. Going into the next 2015/16 financial year, the trust will be facing tighter budget and saving controls and may face a deficit Although, there was a robust impact assessment process in place, with consultation and involvement of staff; the Trust had not yet determined how this would impact on the quality and safety of services in the next financial year.

We found that the new governance arrangements and systems had yet to be embedded and their lack of maturity meant that they were generally untried and untested with regard to robustness and effectiveness. In some cases there was an unacceptable length of time taken to identify and address concerns over risk. We found this was the case with the considerable backlog of patients waiting for a review of their outpatient care pathway. There were over 205,000 patient pathways to be reviewed. A recommendation that the trust should assess thesepathways followed a review of Referral To Treatment Times (i.e. new referrals), It was not until May 2014, that the size of the backlog was fully understood by the trust. The Trust Board did not receive a briefing paper regarding this issue until October 2014.

We found serious concerns over the arrangements for stabilising children waiting for transfer to another hospital for paediatric intensive care as not all staff were appropriately trained and had experience of caring for the needs of such children. We also had serious concerns over the arrangements in place for caring for patients who required non-invasive ventilation at the Bradford Royal Infirmary site and whose care and treatment was not in accordance with national guidance.

There had been a commitment by the executive team to consult and involve staff, particularly the clinical body. However, further work was needed to engage staff over improvements. For example; a major challenge for the trust was the age of the buildings and some of the estate stock, particularly at Bradford Royal Infirmary. Improvements to the facilities were in progress with new builds on the Bradford Royal Infirmary site. Staff were aware of the ambition to improve the facilities through rebuilding. However, many of the staff we spoke with,

Summary of findings

particularly clinicians were unclear as to how it would impact on their service. For example, children's and critical care staff did not know which services would be in the new builds

Our key concerns were as follows:

- We had serious concerns over the high volume backlog of patients waiting for a review of their outpatient care pathway. There were over 205,000 patient pathways to be reviewed. The trust had taken steps to address this and was validating the information on patients in the back log. However, we had serious concerns over the length of time it had taken to put in suitable actions and the time it would take to assess the impact on individual patients.
- Following the inspection we requested further information from the trust in accordance with Section 64(1) of the Health and Social Care Act 2008 (HSCA) regarding this backlog. The trust's response indicated that actions were in place and that the backlog was reducing. The timescale for completing the review of all these patient pathways was March 2015.
- We were concerned about the skills and experience of some staff, particularly in the stabilisation room used for children waiting to be collected for transfer to another hospital for paediatric intensive care. An outcome from a serious incident related to the stabilisation room had not been acted upon. We raised these concerns with the trust. The trust acted on the concerns raised.
- At the Bradford Royal Infirmary, the hospital building and estates were old and many areas were no longer suitable to meet the needs of patients or staff. Space was compromised on the critical care unit and on the children's wards, there were insufficient bathing facilities.
- There was work in progress to increase and improve on the facilities within the hospital including the addition of a new wing to house the children's service, critical care and improve endoscopy services. There was some anxiety amongst the staff working at the trust as to how the services would be reconfigured as part of the estate development.
- There was a dedicated infection prevention and control team with arrangements in place for the prevention of infection. However, the layout in some medical wards and the critical care unit presented challenges. For example the inadequate number of side rooms (including a lack of ensuite facilities), meant that patients were not always suitably isolated. Access to hand wash sinks was compromised on the critical care unit. The trust was on target for its trajectory for Clostridium difficile infection rates but had breached the zero tolerance level for Methicilin-resistent Staphylococcus Aureus (MRSA).
- There were staff shortages at Bradford Royal Infirmary, St Luke's Hospital, and the community in-patient services. Staffing levels and skill mix did not regularly meet best practice or national guidance. We were particularly concerned about the low number of qualified staff working in children's services, the recovery areas of the operating theatres and maternity services at Bradford Royal Infirmary, although there had been some improvements made in the urgent and emergency care department and medical services at this site. The trust was actively recruiting into vacant posts and staff were working additional hours to cover gaps on shifts. Some bank and agency staff were also used to cover shortages.
- Not all staff had completed their mandatory training, particularly safeguarding training at Levels 2 and 3 or had received an appraisal. Access to training for some staff, particularly on medical wards had been affected by the staff shortages as they were unable to attend courses. We were concerned at the time of the inspection visit about the skills and experience in some areas, particularly in the stabilisation room used for children waiting to be collected for transfer to another hospital for paediatric intensive care. We found that children were exposed to risk as not all staff caring for the deteriorating child had all the necessary skills and experience required. In addition, we had concerns over the checking of equipment within the room, particularly ventilation equipment. We drew this to the attention of the trust immediately and after the inspection visit the trust addressed the risks by identifying staff on each shift with the necessary skills and experience to care for children in this room and by ensuring that competent staff were checking the equipment to the required frequency.
- We were also seriously concerned about the care of patients being treated with non-invasive ventilation, who were placed in a number of hospital wards. Whilst under the nominated care of a medical consultant the lead practitioner was a physiotherapist. , Nurse staffing

Summary of findings

did not meet with best practice guidance. We drew this to the attention to the trust. Subsequent to the inspection the Trust provided us with information that they were acting on these concerns.

We observed much good practice, especially in the following areas:

- Medical staff reported that the training was excellent at Bradford Royal Infirmary, including the teaching facilities within the trust. The trust had received good trainee doctor feedback.
- Generally, treatment and care followed best practice and national guidance and outcomes for patients were positive.
- Patients reported good experiences and were treated with kindness and their dignity and privacy protected. Patients and their relatives reported that they felt involved in decisions about their care. Women on the maternity unit reported good experiences and were happy with the care they received. Staff generally received feedback from complaints so that improvements in their service could be made.
- The support from the chaplaincy service was excellent. However, the facilities for spiritual support were inadequate and were having an impact on the experience of those wishing to access this service.
- Generally the community inpatient services offered a good experience for patients, although there were some concerns over nursing staffing levels and access to medical staff out of hours and at weekends.

We saw several areas of outstanding practice including:

At Bradford Royal Infirmary:

- The hospital was providing twelve internships for people with learning disabilities. This gave people valuable work experience and encouraged integration within the community.
- The surgical services had introduced a complementary system of 'green bands' worn by patients on their wrists displaying personal and procedure information. This was an effective additional safety measure to the World Health Organization (WHO) Five Steps to Safer Surgery checklist.
- Working in collaboration with Macmillan Cancer Support, the hospital specialist palliative care team (HSPCT) were awarded the International Journal of Palliative Nursing multidisciplinary teamwork award for the positive impact that their work had on the care they provided.
- The HSPCT were the first team in the country to link the AMBER care bundle to the Gold Standard Framework for end of life care register, which showed an increase of 38% to 57% in the identification of patients in their last year.
- The palliative care liaison service work with ethnic minorities had won a Department of Health and Social Care award under the category 'Improving Lives for People with Cancer' and was awarded with a commendation.
- The elderly care wards, particularly Ward 29 and Ward 30, had made improvements to the care of older people, including those living with dementia. The environment had been adapted and was an exemplar for friendly environments for people living with dementia.
- In diagnostic imaging, all ultrasound stenographers were independent reporters. There were a high proportion of advanced practitioners, which had helped improve access to services.

At St Luke's Hospital:

- There had been improvements to the wards to make them friendlier for people living with dementia.
- In diagnostic imaging, all ultrasound stenographers were independent reporters. There were a high proportion of advanced practitioners which had helped improve access to services.

The areas of poor practice where the trust needs to make improvements are listed at the end of this report.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Background to Bradford Teaching Hospitals NHS Foundation Trust

Bradford Teaching Hospitals NHS Foundation Trust is an integrated trust, which provides acute, and community in-patient and children's health services. The trust serves a population of around 500,000 people from Bradford and the surrounding area. The trust has approximately 980 acute beds and employs around 5,000 members of staff, including 636 medical staff. The acute services are provided in two hospitals, the main one being Bradford Royal Infirmary and St Luke's Hospital. The trust has four community hospitals; Westwood Park, Westbourne Green, Shipley and Eccleshill. At the time of the inspection only two of them had in-patient services operating: Westwood Park and Eccleshill.

The urgent and emergency care services based at Bradford Royal Infirmary (BRI) received 129,187 attendances in 2013 and 2014 and just above a quarter of these were admitted to hospital. This meant that, on average, 300-400 patients were treated each day. Almost 30% of patients seen in the department were children. The nearest major trauma centre was in Leeds.

The BRl has 12 medical wards, including an elderly acute assessment unit (Ward 3), a medical admissions unit (Ward 4) and a discharge lounge. The medical division included a number of different specialties, such as general medicine, care of the elderly, cardiology, respiratory medicine, renal medicine, gastroenterology, haematology, neurology and stroke care.

The BRI provided a range of surgical services for the population of Bradford and the immediate surrounding area and also served the population of West Yorkshire. There were thirteen wards providing surgical services and twenty operating theatres.

The critical care service is located at BRI and includes an intensive care unit (ICU) and a four-bed high dependency unit (HDU) situated away from the ICU.

The ICU has 16 mixed Level 2 and Level 3 beds and admits around 1,100 patients per year, placing it amongst the busiest 20 units in England and Wales. Around 40% of admissions are acute postoperative patients admitted directly from theatre and around 60% of admissions are elective.

The maternity service at Bradford Teaching Hospitals NHS Foundation Trust delivered approximately 6,000 babies per annum. The trust offered a full range of maternity services for women and families based in the BRI and community settings, ranging from specialist care for women who needed closer monitoring, to a home birth service for women with healthy pregnancies. There were six teams of community midwives who delivered antenatal and postnatal care in women's homes, clinics and general practitioner locations across the city. An integrated women's health unit also provided a range of treatments for gynaecological problems.

The children's services included three inpatient children's wards based at the BRI. Ward 16 was a 10 bed medical ward and included a two bed stabilisation room. The children's assessment unit was also based on Ward 16, which provided a further seven beds and accepted medical referrals from the children's emergency department, direct GP referrals and children with direct access. Ward 17 was a 25 bed medical ward and Ward 2 was a 27 bed surgical ward. At night, the ward capacity was reduced to 16 beds.

End of life care (EOL) services were provided across the BRI. The hospital specialist palliative care team (HSPCT) had a clinical and educational role within Bradford Teaching Hospitals NHS Foundation Trust. The service offered by the team was an advisory one, in which patients remained under the care of the referring medical team. There were also two community palliative care teams (from another NHS trust) and local hospices in the city with whom the team worked closely.

Bradford Teaching Hospitals NHS Foundation Trust provided a wide range of outpatient clinics, predominantly at BRI and St Luke's Hospital. Between 2013 and 2014, 577,619 patients attended outpatient clinics across the two sites, with 239,831 of these patients attending outpatient clinics at BRI.

Outpatient services at the trust were managed within the new directorate of outpatients and the patient booking service within the diagnostic and therapeutic division. Currently, some outpatient activity was managed by other clinical divisions, such as trauma and orthopaedics,

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ophthalmology and ear, nose and throat. Other specialties were managed within the outpatient department with their own staff rotating between BRI and St Luke's Hospital. There were plans in progress for the bringing together of outpatient services under one directorate.

St Luke's Hospital had two medical wards: Ward F6 stroke rehabilitation and Ward F5 care of the elderly rehabilitation. There was also Ward F3 which was run as a community hospital ward.

There was a virtual ward based at St Luke's Hospital. This team delivered care in the community setting and aimed to keep patients at home, where possible. The team consisted of nurses, therapists, rehabilitation support workers, an advanced nurse practitioner and medical consultants. The virtual ward had 50-60 patients referred to them each month. In addition, the community children's service was located at this hospital.

Community inpatient health services are provided across four community hospitals Eccleshill, Westwood Park, Westwood Green and Shipley. At the time of the inspection only Eccleshill, which had 19 beds and Westwood Park, which had 18 beds were providing services.

Our inspection team

Our inspection team was led by:

Chair: Michael Marrinan, Executive Medical Director, Kings College Hospital, London

Head of Hospital Inspections: Julie Walton, Care Quality Commission

The team included CQC inspectors and a variety of specialists including medical, paediatric and surgical consultants, junior doctors, senior managers, nurses, midwives, palliative care nurse specialist, a health visitor, allied health professionals, children's nurses and experts by experience who had experience of using services.

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 Bradford Royal Infirmary:

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

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

Organisations to share what they knew about the trust. 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 a listening event in Bradford on the 20 October 2014, where 21 people shared their views and

experiences of the Bradford Teaching Hospitals NHS Foundation Trust. As some people were unable to attend the listening events, they shared their experiences via email or telephone. We also attended additional local groups to hear people's views and experiences.

Summary of findings

We held focus groups and drop-in sessions 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 and staff from all the ward areas and outpatient services. We observed how people were being cared for, talked with carers and/or family members, and reviewed patients' records of personal care and treatment.

We carried out the announced inspection visit between 21 and 24 October 2014 and undertook an unannounced inspection in the evening on 4 November 2014.

What people who use the trust's services say

The results of the CQC Inpatient Survey 2013 showed the trust performed around the same as other trusts with the exception of one question. This was regarding whether patients felt they received enough emotional support during their stay.

The Cancer Patient Experience Survey results for 2012/ 2013 for inpatient stays showed the trust was in the top 20% for three indicators and consistent with other trusts in 33 indicators. They scored in the bottom 20% of trusts in eight indicators. This included provision of information and being provided with enough care.

Results of the Patient-Led Assessments of the Environment (PLACE) 2012 showed that the trust scored for cleanliness 97 (the England average was 98), food 87 (the England average was 90, privacy, dignity and wellbeing 81 (the England average was 87) and for facilities 89 (the England average was 92).

The local Healthwatch reported that the themes coming out of engagement with local people about the trust services were in the main about long waiting times for appointments, the need for a psychological liaison nurse, night discharges, problems with inebriated patients, long waits in outpatient clinics such as haematology and ENT, a lack of privacy in the urgent and emergency care department and a lack of wheelchairs. There were concerns over staffing levels in the maternity services and the care of people living with dementia There were some positive reports about the diabetic foot clinic being excellent and care in the gynaecology service being kind and compassionate.

Facts and data about this trust

In 2013 -14, Bradford Teaching Hospitals NHS Foundation Trust had a total of 103,189

inpatient admissions, 695,521 outpatient attendances and 201,210 attendances at the Accident & Emergency department.

The Bradford area sits within the 10% most deprived local authorities in the country, due to this they have a higher level of chronic disease than neighbouring areas. Areas of particular concern are cardiovascular disease, diabetes and respiratory disease.

31% of the population live in areas included in the 10% most deprived in England.

27% of the population is under the age of 18 years of age.

Bradford was the fourth largest metropolitan district in England (population 522,000).

Revenue for the trust stood at £358million.

Summary of findings

Our judgements about each of our five key questions

	Rating
Are services at this trust safe? We found that incidents were reported and investigated. Generally, lessons from these were shared across staff groups, but there was inconsistency in feedback. Not all serious incidents had led to learning and changes in practice. Wards monitored safety and 'harm free' care, although the results were not always readily available to staff. There had been improvements in the recruitment of staff, with increased investment in nursing and medical posts. However, there remained significant shortages in some specialities and staffing levels and skill mix did not always meet best practice guidance. Systems were in place to safeguard adults and children. However, mandatory training was not consistently completed across all staff groups, particularly safeguarding Levels 2 and 3. We were particularly concerned about the significant backlog of patients waiting for a review of their outpatient care pathway. There were over 205,000 patient pathways to be reviewed. This meant that patients were waiting considerable amounts of time for follow up appointments. The trust had commenced steps to validate appointments, but work was still required to assess the risk to the individual patient. **Safeguarding** • The Safeguarding Strategy was underpinned by safeguarding policies and procedures. There was in place a flagging system to alert staff to a patient with a possible safeguarding issue. • There were identified leads for children's and adults safeguarding and improvements had been made in embedding a safeguarding culture at the trust over the last year, particularly in the children's and young people's services. • There were named leads for children's and adult services, including at Trust Board level. The chief nurse had safeguarding as part of their portfolio of responsibilities and staff reported that safeguarding was given more priority than previously. • There were safeguarding newsletters, information available on the website and intranet, and a core service brief.	Inadequate 

- There was only one person leading for adults safeguarding, to cover across all the trust sites and relevant staff groups. This was insufficient for the needs of the service, as the role entailed handling internal safeguarding issues, dealing with external partners and training staff.
- There was generally good attendance at Level 1 safeguarding training for both adult and children's services, but poor completion of Levels 2 and 3 training. Plans were in place to complete training by December 2014.

Incidents

- There was an electronic reporting system in place and staff were aware of how to use this.
- Staff reported that they were confident in using the system. However, staff reported that on an individual level feedback was inconsistent.
- Learning was shared across services from incidents, and discussions had at governance and ward meetings. However, we found actions from incident investigations were not always timely or led to changes in practice.
- There had been two never events at the trust (April 2013 – October 2014).
- The trust was performing worse than the national average for the development of pressure sores. The prevalence rate for grade 3/4 pressure ulcers was consistently above the national average accounting for 79% of all serious incidents reported, although there had been a steady decrease throughout the year.
- There had been improvements in the rate of catheter urinary tract infections, which had decreased in July 2013, then remaining low throughout the year.
- Generally, the incidents of falls remained the same throughout the year.

Staffing

- There were staff shortages across a number of services and areas within the trust. Staffing levels regularly did not meet best practice and national recommended guidance. Safer nursing tools were used to calculate staffing levels, although this was not consistent across all areas and were not always adhered to.
- In some areas for example, children's and young people's there was no written guidance on the different levels of dependency, leaving this open to interpretation by the staff on duty.
- There were concerns that staff on some shifts were without the full range of skills needed to ensure that patients received appropriate care and treatment.

Summary of findings

- We had concerns around the staffing shortages in a range of areas including medical wards, particularly out of hours and weekends; the recovery areas in the operating theatres, maternity services and children's services.
- We found that there were a number of occasions when the qualified nurse staffing ratios on children's wards fell below that recommended by Royal College guidance. There were occasions when only two registered nurses were on duty on a children's ward. This meant that whenthey were preparing medication, which was in a separate room, this left the ward unattended by qualified staff.
- We drew to the attention of the trust our concerns over three particular areas at the time of the inspection. Firstly, children whose condition had deteriorated were transferred to the stabilisation room on Ward 16. Children were cared for in the room until the paediatric retrieval team transferred them to another hospital for paediatric intensive care. We found that not all staff had received specific training to care for such children. There was no system in place to ensure those with the competence and experience were always on duty and available should they be needed.
- The Trust wrote to the CQC on 12 November 2014 summarising actions they had taken. However, further assurance was still required. We wrote to the trust on 3 December 2014, putting them on notice that unless we received an action plan that demonstrated action had been taken in the immediate and going forward to ensure that children were not exposed to risk and harm, we would need to take urgent action. The trust provided information, which informed us of the actions they had taken to ensure that competent and experienced staff would be identified and available to work in the stabilisation room.
- The second concern raised involved the operating theatres, where we found that there were not enough recovery nurses available for the number of theatres working.
- Thirdly, we raised concerns over the care and treatment of patients undergoing non-invasive ventilation, who were placed around the medical ward sites, without the oversight of appropriately qualified and competent staff in accordance with best practice guidance.
- The trust's own staff would do additional shifts to cover shortages and there was a bank system in place. The trust infrequently used agency nurses.
- The trust was actively recruiting to posts and carefully monitoring the level of vacancies.

- The trust had developed a consultant appointment tracker, which was reviewed monthly with the divisional clinical directors. This was overseen by the workforce committee. There had been a number of consultants appointed, including four for accident and emergency, one restorative dentist, one general surgeon, three anaesthetists and two for acute medicine. Further appointments were in progress.
- In the emergency and urgent care department, the reception staff were requested to stream patients, this meant unqualified and non-clinical staff signposted patients to which treatment area they should be treated in and how urgent their condition was. We were concerned that this could lead to delays in treatment should patients' assessed needs not be appropriately identified so that they received timely treatment.

Infection Prevention and Control

- The trust had arrangements in place for the prevention and control of infection (IPC), including a lead director (DIPC) with a dedicated specialist team. The team comprised of four nurses, three microbiologists, and an administrator/secretary. The team met every two weeks and reported monthly to the IPC committee. Areas discussed included reports from the divisions and audit data. The DIPC met regularly with the chief nurse and Chief Executive to discuss infection control issues and governance.
- Infection issues were reported to the quality and safety committee. There had been some lapse in the reporting of IPC issues and the IPC team was struggling to engage effectively with the medical division. For example, - only one person was attending meetings and this was voluntary, other divisions were much more engaged and factored attendance into their job plans.
- Matrons were actively engaged with the IPC agenda and had link staff in each clinical area, who supported training but it was acknowledged that access to training and meetings for link workers was difficult at times due to staff shortages.
- Training was mandatory for all staff and included in the induction of new workers. Ad hoc catch up sessions were also held. The DIPC stated that there was good induction for junior doctors at FY1 level; it was an improving picture for FY2, but the next steps were to give more attention to the training of core medical trainees.
- There was an audit programme in place, but it was acknowledged that improvements were needed. It was recognised that one of the biggest challenges was the issues over estates and facilities. The lack of or access to hand wash

Summary of findings

basins, the lack of side rooms for isolation. Adjustments had been made to Ward 6 where more side rooms were installed, but these did not have any ensuite facilities. Bed spacing on Ward 4 was a concern; access to hand washing was a persistent concern in critical care.

- For the community services, each service had an IPC nurse allocated, including the virtual ward team.
- The trust was on trajectory to meet its Clostridium difficile target but had breached the zero tolerance level for Methicilin-resistant Staphylococcus Aureus.
- There had been an outbreak of Carbapenemase-producing Enterobacteriaceae (CPE), which is a group of bacteria that have become very resistant to antibiotics. The patients involved had been screened and identified at admission, but this information was not forwarded to the IPC team and ward staff in a timely way and therefore, infection prevention procedures were not put in place in a timely way. There had been an assumption that as this had been reported to the infection surveillance team that it would be communicated onwards. There were three cases in all and cross contamination had occurred. On investigation failings in communication and poor infection control practices had been identified.

Are services at this trust effective?

Requires improvement

Care and treatment was delivered in line with National Institute of Health and Care Excellence (NICE) and Royal College guidance, which were supported by local guidelines. However, some policies and guidelines were noted to be overdue for review.

Services participated in national audits, which monitored patients' outcomes and service performance through the speciality dashboards. The trust participated in 97.2% of national clinical audits and 100% of national confidential enquiries. For example, the results from the Sentinel Stroke National Audit Programme (SSNAP) showed a recent improvement. However, there were a number of indicators from other national audits that were below the national average. In some areas, there was limited feedback, particularly from senior staff to nursing teams to monitor the effectiveness of the care provided.

Medical staff undertook audits, which were discussed at clinical governance meetings, although there was recognition in some areas for the need to improve the number of audits being undertaken.

There was a trust-wide audit nursing audit timetable for ward sisters to complete, but staff did not always receive information that could identify trends or demonstrate good practice. In some services,

medicine for instance there were no action plans available, although staff reported that if there were issues they would be contacted and additional monitoring put in place. Nurses reported that they had limited time to undertake additional local audit.

Staff support was variable throughout the trust, with some good access to supervision and additional training courses. However, not all staff had received an appraisal.

Pain assessments were carried out. Patients reported that they had no concerns over the control of their pain. However, we found that the use of pain scores in some areas were not consistently used to ensure that adequate pain relief was being given for example in the children's areas.

Protected meal times were in place and we observed these were adhered to in most cases. Patients were assessed regarding their nutritional needs and care plans were in place. Systems were in place to identify patients who needed additional support with eating and drinking, such as the red tray system.

Staff demonstrated an understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. A number of applications had been to the local authorities to deprive patients of their liberty and appropriate policies and procedures had been followed.

There was good multidisciplinary team working across the wards and departments trust-wide. There was a strong team approach to ensuring the best outcomes for patients. There was generally good access to therapists, who worked closely with nursing teams. Access to diagnostic services was available seven days a week and there was an on-call pharmacist available out of hours.

Are services at this trust caring?

Good

Throughout the inspection patients and their visitors reported staff treated them with kindness and respect. Analysis of patient feedback on the whole confirmed that patients were positive about the care received from staff at the trust.

The NHS Friends and Family Test response rate was consistent with the England average. The percentage of patients who would recommend the services was consistent with, or higher than, the national average in September 2014. The trust performed around the same as other trusts in relevant questions in the CQC's Inpatient Survey 2013, with the exception of one question. This was regarding whether patients felt they received enough emotional support during their stay.

Compassionate care

Summary of findings

- Throughout the inspection of the four hospital sites, staff were reported to deliver care in a compassionate manner.
- Patient feedback confirmed that staff were caring and treated them as individuals.

Understanding and involvement of patients and those close to them

- On the whole, patients stated they felt listened to by staff and were aware of their treatment, including the reasons for this.
- Patients confirmed that they were involved in the planning and decision making about what their treatment.
- The CQC's Inpatient Survey 2013, showed an increase in patients' belief that they were involved as much as they wanted to be in decisions about their care and treatment over the previous year.

Emotional support

- We observed positive, kind and caring interactions on wards and between staff and patients.
- Patients reported that they felt able to talk to ward staff about any concerns, either about their care, or in general.
- Patients were able to access counselling services, psychologists and the mental health team.
- Assessments for anxiety and depression were undertaken, particularly in the surgical specialities and additional support was provided.
- There was excellent support from the chaplaincy service, across all faiths.

Are services at this trust responsive?

Requires improvement

Service planning and delivery to meet the needs of local people

- The trust was working with local commissioners, the local authority and neighbouring trusts to develop appropriate services in line with demand changes.
- There was an escalation and surge policy and procedure to deal with busy times.
- Capacity bed meetings were held to monitor bed availability in the hospital.
- Maternity and gynaecology services worked with the local commissioners, the local authority, other providers and GPs, including service users to coordinate and integrate pathways of

care. For example, in response to the increased demand for uro-gynaecology services, steps had been taken to expand services, including the appointment of a consultant and nurse specialists and the introduction of telephone follow-up clinics.

Meeting people's individual needs

- Patients reported that their privacy and dignity were respected. The only exceptions to this were due to the limitations of the environment in the emergency and urgent care department and on some wards were there was a lack of side rooms.
- The trust had a lead nurse for dementia and had introduced the 'Forget me not' scheme to alert staff to patients who were living with dementia. The trust had invested in refurbishing some ward and corridor areas to make them more dementia friendly and worked with external agencies to develop services further. A pilot of the use of a finger food menu on a ward caring for patients living with dementia was in progress. One service had achieved 'Gold Standard' for the care of people living with dementia.
- There was a learning disabilities lead nurse who linked in with the community learning disability nurse in the community to share examples of practice that worked well and didn't work well.
- In the emergency and urgent care department, most patients received pain relief promptly, but pain scores were not being consistently recorded.
- Out of normal working hours, the mental health crisis support arrangements did not enable a responsive service.
- In maternity, services were planned to meet women's needs, including those in vulnerable circumstances.
- The children's and young people's ward environments were old and limited in meeting patient needs. The majority of side rooms did not have ensuite facilities and the bathing facilities on Ward 2 were not adequate to meet the needs of children and young people. There were no specific surgical lists for children and young people and no individual fasting times, which meant that children could be without a drink for longer than necessary while they waited to be treated.
- There were significant waiting times within the child development service.
- We found some excellent practice in how the end of life service responded to patients' needs. Patients approaching the end of their life were identified appropriately and care was delivered according to their personal plan, including effective pain relief.

- However, we found the current facilities to meet patients' needs for spiritual and cultural support insufficient. There was insufficient space in all areas to allow for multi-faith worship which led to a poor patient experience.

Access and flow

- The Trust in May 2014 had identified a very high volume backlog of patients waiting for a review of their outpatient care pathway. There were over 205,000 patient pathways to be reviewed This was across all specialties. A briefing paper presented to the Quality and Safety Committee, dated 16 October 2014, stated that in September 2014, the trust had 205,257 patients on the patient tracking list with no active referral to treatment pathway or who were not on a review waiting list. Of the 205,257 patients, 155,622 did not have a follow-up appointment.
- Following the formal requests for information using our powers under Section 64 of the Health and Social Care Act 2008, the trust provided further details on the patients affected and the progress on the validation process they had commenced in October 2014. The trust informed us that of the 20,000 validated by 23 November 2014 - 8,000 referrals had been closed, 1000 had been added to the waiting list with an overdue review date, and 10,000 patients had been added to the waiting list with a review date in the future and 1,000 patients required a case note review as there was insufficient information in the clinic letter available to determine what was required.
- The trust informed us that within the 205,000 pathways there were 25,000 obstetric referrals that were being sampled by the consultant group to confirm all referrals could be closed. The work was expected to be completed by January 2015 due to the need for a software upgrade.
- The trust was moving to a new medical model, which would allow for improvements in the flow of patients through the hospital services. However, in the emergency and urgent care department, patients often had to wait a long time to be seen and assessed.
- The trust was performing better than the national average for unplanned re-attendance rates throughout the year, apart from a sharp increase above the average in March 2014. The number of patients being seen within four hours was around 95%, which was consistent with the national average. The percentage of patients waiting four to 12 hours decreased dramatically in April and May 2014, and then remained below

the national average for the rest of the year. The percentage of patients leaving before being seen was consistent with the national average in September 2014, and then above in November 2014.

- The relative risk of readmission was worse than the national average for elective surgery trust wide and for general surgery. The number of operations cancelled and were not treated within 28 days had been consistently better than the national average.
- Referral to treatment times was better than the national average and the trust had consistently achieved their performance targets for national cancer waiting times.
- The trust was generally meeting the referral to treatment standards, except for trauma and orthopaedics and oral surgery.
- Not all patients on the critical care unit were discharged in a timely manner, which impacted on the patient experience and bed occupancy, which was high.

Learning from complaints and concerns

- The trust had a complaints process and staff received feedback on complaints received. In the main, patients were aware of the complaints procedure.
- Methods used to seek feedback, apart from formal complaints, included comment cards and boxes, which were available. Patients could also leave comments on the trust's website.
- Acknowledgement letters were sent to complainants with an information sheet that included contact details to obtain independent advice.
- Complaints were handled sensitively, confidentially, and with respect for the patient's concerns. The patient was contacted by telephone after the complaint was received. If the complainant was unhappy with this initial response, they were offered a meeting. Further contact was made with the complainant to provide updates if, for example, delays occurred in the investigation of their complaint. Complainants received an explanation of the action being taking in response to their complaint.
- Individual complaints were discussed at clinical governance and ward meetings so that learning was shared, although this was not consistent across all wards and departments. Complaints were also reviewed to identify key themes.
- The trust had 553 complaints 282 complaints founded and 196 not founded between August 2013 and July 2014 327 (60%) of

Summary of findings

these were about all aspects of clinical care. 51 complaints were about communication or information to patients. There had been a 24% increase in complaints in the last twelve months.

- The top location for complaints was the adult outpatient Horton Wing at St Luke's Hospital. The emergency and urgent care department was second with 45 complaints and labour ward had 25 complaints. On average the response time to complaints was 82 days, the longest was 430 days.

Are services at this trust well-led?

Requires improvement

There had been some significant organisational changes introduced over the last few months, including changes in the leadership team with a new Chair and Chief Executive in post. New appointments had also taken place throughout the different clinical and managerial levels across divisions and departments. In tandem with changes in key personnel was a strengthening of the governance and assurance arrangements.

We had concerns that many of the changes to systems and processes had yet to be embedded in practice and the lack of maturity of these arrangements meant that they were untried and tested with regard to robustness and effectiveness.

Generally, staff reported good support by their local leaders for their service. There had been a drive to improve the involvement and inclusion of staff in the organisational changes, but some staff reported that they had not been fully engaged in service planning.

Vision and strategy

- The trust had a mission statement: to provide safe healthcare, of the highest quality at all times.
- The trust's corporate strategy, "Together putting patients first" was underpinned by four core values- 'we care, we value people, we strive for excellence and we make every penny count'. There were five corporate priorities – 'our patients, our staff, our services; our organisation and our community', integral to the strategy.
- The trust recognised that it faced challenges of increased population size estimated to be around 11% over the next 10 years. There were also some unique challenges to the trust; particularly that 23.5% of the population it served was under 16 years of age.
- To move the organisation forward in line with the aims of the corporate strategy and priorities as well as to meet the transformation agenda there was a recognised need to change.

How to enable this process of change was outlined in the trust's 'Clinical Service Strategy'. The strategy was presented to the Trust Board for approval in September 2014. Central to this strategy was the need to reconfigure services. This included a five year estates strategy, which was also presented to the Trust Board for approval in September 2014.

- There was recognition that some areas of the buildings and estates were old, particularly at Bradford Royal Infirmary and were not adequate for current service provision. The children's and young people's services for instance were housed in the poorest ward accommodation. Ward 2 did not have adequate bathing facilities, as required in care plans for the removal of urinary catheters.
- A new build on the Bradford site was in progress to address some of the key challenges such as lack of space, poor layout restricting access to hand wash sinks and the ability to observe patients in key areas such as the urgent care reception and children's wards, as well as the lack of side rooms presenting a risk to infection control. The new build was due for completion in 2016.
- We found that the trusts vision and strategy were not well embedded across the services and not all staff were aware of them.

Governance, risk management and quality measurement

- The trust was changing its divisional structures by reducing the number of clinical service units and moving to a divisional configuration of 4 directorates. In addition, creating a triumvirate leadership arrangement of a divisional clinical director as the responsible officer, supported by a general manager and lead nurse for the four clinical divisions. Changes came into effect on 29 September 2014.
- The trust was introducing a new site management cover arrangement and commenced implementation in October 2014, entailing the presence of a seven day a week site matron supported by patient flow co-ordinators arrangement.
- The trust had newly introduced a programme management office; part of the new arrangements for the oversight of improvement work and governance processes. For example, the trust commissioned external experts to work with teams from each division and directorate to identify opportunities for their area as part of the Quality, Innovation, Productivity and Prevention (QIPP) programme, which looked at areas where efficiencies could be made through innovation and the reduction of waste.

Summary of findings

- There was a clinically led change programme in progress developing an acute medicine model. The trust saw this as key to the sustainability of their emergency care delivery. It was anticipated that this would take around 18 months to complete. The programme had four core principals – the demand for care, medical assessment, consistency in assessment with timely senior doctor supervision and an integrated response based on the model of care. Key to the model was the single port of entry, the assessment unit for all patients whether referred from the emergency department or their GP. This did not include elderly care or surgery, where there were separate arrangements in place. This was to be supported by the opening of the ambulatory care facility in December 2014.
- It was recognised that key to the success of this model was the development of the estates and facilities, requiring the closure of wards, the relocating of wards and the upgrading of the surgical assessment unit facilities. In line with improving patient flow, plans were in place to redesign the emergency and urgent care department with the aim to increase the paediatric care facilities and co-locate the urgent care centre. To address some of the issues over 'bottlenecks' in the acute surgical pathway, the trust commissioned external expertise to focus on surgery in consultation with the clinical team, supported by the Emergency Care Intense Support team. The trust had recognised that following the CQC inspection in October 2014, that focus was required on this service to drive improvement.
- The trust had introduced the 'Safe' quality improvement programme and become a member of 'Quest', participating in the deteriorating patient initiative specifically sepsis, cardiac arrest and medication safety.
- The trust hosted and was also a member of the Yorkshire and Humber Improvement Academy to foster safer practice.
- In the last three years the trust had invested £5.5 million recurrently £2.5 million in new nursing and midwifery posts; £1million in new consultant posts; four for obstetrics and gynaecology, five for acute medicine and one orthogeriatrician. There had been £0.5million invested in middle grade doctor posts, including two decision makers after midnight in the urgent and emergency department.
- Going into the next 2015/16 financial year, the trust would be facing tighter budget and saving controls and may face a deficit. Efficiency savings had been identified totalling £66

million over the next five years. Although, there was a robust impact assessment process in place, the Trust had not yet determined how this would impact on the quality and safety of services in the next financial year.

- Assurance arrangements had been strengthened over the last few months, and a new system had been introduced.. For example, the trust had introduced a Board Assurance Framework in April 2014, following failings identified from a CQC inspection in October 2013. The trust had accessed external support and commissioned an external company to assess their governance arrangements and recommend where improvements were required.
- We found that even when risks had been identified they had not always been addressed or mitigated in a timely manner, leaving patients exposed to risk for many months or longer at a time.
- We had serious concerns over the arrangements for the stabilisation room on Ward 16. We found staff from the wards were left for periods of time caring for critically ill children while waiting for the paediatric retrieval team to transport them to the regional paediatric intensive care unit. The majority of staff we spoke with told us they had not received specific training to care for such ill children. Staff also expressed concern that they had not received any specific training to check the equipment, for example, the ventilator.
- We found the service did not have systems in place to ensure staff with training or experience of the stabilisation room were always on duty. This meant if a child required intensive support there was not always staff who were confident or competent to care for them.
- The children's and young people's service had been involved in two serious incidents, both had been investigated, one had been investigated by the trust and another by the paediatric retrieval team's organisation. We saw the one investigated by the external organisation and this related to the care of a child in the stabilisation room. We asked the head of nursing if any of the recommendations related to the children's services. They told us none of them did.
- However, when we reviewed the report, we found that there was one recommendation that related to the trust. The recommendation stated that, "The trust is to consider if there is to be a significant delay in the transfer [of a patient], are current arrangements for managing very sick children at the Bradford Teaching Hospitals NHS Foundation Trust (BTHFT) adequate?"
- The action plan specified that BTHFT should review the arrangements for very sick children with a completion date of 1

October 2014. We found that, during the inspection, no changes had been made to the arrangements for caring for critically ill children in the stabilisation room. From the information reviewed, we saw that this incident had occurred in November 2013, which meant that the trust had not demonstrated they had learned from the incident or implemented any changes to prevent a similar occurrence from happening again.

- Following the inspection the Trust wrote to the CQC on 12 November 2014 summarising actions they had taken. However, further assurance was still required. Using our power under Section 31 of the Health and Social Care Act 2008, we put the trust on notice that if we did not receive an action plan detailing the actions taken in the immediate and going forward to prevent children from being exposed to risk of harm, we would take urgent action. We received information from the trust about the steps they had taken to ensure that staff had been identified on the rota with the right competencies to care for children on the stabilisation unit and that the equipment was checked appropriately and fit for use.
- The trust had identified in May 2014 a very high volume backlog of patients waiting for a review of their outpatient care pathway. There were over 205,000 patient pathways to be reviewed This was across all specialties.
- This represented a significant failing in governance and reporting arrangements. It was not clear what monitoring and governance took place prior to this issue occurring. The full significance of the backlog was identified following a recommendation from an external review of waiting times. The trust had recognised the full extent of the problem in May 2014, but it was not until October 2014 that the Board was formally notified and extra staff were recruited to address the backlog. On 26 November 2014, the CQC formally issued a statutory request for information using our powers under Section 64 of the Health and Social Care Act 2008 with regard to the back log of patients on a non-referral to treatment pathway who did not have a follow-up appointment.
- The trust provided information detailing that in 2012 the trust had identified issues with RTT management and reporting. A turnaround team had been appointed and support from the Interim Management and Support service (IMAS) to validate pathways to deliver RTT performance. The programme of work with IMAS separated RTT and non RTT pathways. The initial focus was RTT delivery with IMAS signing off the Trust in March 2014. Additionally IMAS had recommended investment in a

formal Data Quality tool to support assurance mechanisms, with a second recommendation to review non RTT waiting times. Following a procurement process the trust put in place the Data Quality tool in September 2014.

- In April and May 2014, following the IMAS recommendation in March a review was undertaken, which highlighted concerns about the volume of non-RTT pathways. This led to a recommendation for investment in validation, which was presented to the Clinical Executive in August 2014, the Quality and Safety Committee in October and then escalated to the Board of Directors and Monitor. There had been a considerable time lag between the identification of the backlog problem and it beingpresented to the Board.
- It was approximately five months before additional staff were in place to validate the backlog which added significant delay in delivering appropriate follow up appointments for patients waiting.
- We were informed by the trust that deciding priority for booking appointments would be through the validation process involving the clinical lead and the relevant consultant. The process would be rolled out to each speciality.
- The trust provided information on the incident reporting system and acknowledged that at the present time the system does not separate access and administration issues. A total of 509 access/appointment/admission/discharge/transfer incidents have been reported but the system does not identify risk through delayed follow up. Of the 509 incidents, two incidents were rated as moderate, one related to administration and one to access.
- The trust had put in place a number of changes including global newsletters reminding staff of the processes, additional system training, refresher training sessions on the patient pathway to divisional teams and central booking teams. In addition, the trust has changed the clinic booking process.
- We had serious concerns that many of the changes to systems and processes had yet to be embedded in practice and the lack of maturity of these arrangements meant that they were untried and tested with regard to robustness and effectiveness.

Leadership of the trust

- There had been changes in the leadership team. There was a new Chair, who was also the Chair of Governors and a new Chief Executive. The Chief Executive had previously held the post of medical director and therefore this post had an interim in place. A number of directors had been longer in post, such as the director of finance, which added stability to the executive team.

Summary of findings

- To increase visibility and access the Chief Executive had held listening events, attended forums and the leadership team undertook walkabouts around the hospital sites.
- The trust operated a triumvirate (doctor, nurse & manager) arrangement at every level. Each division had a deputy clinical director who was responsible for overseeing and implementing clinical governance across divisions. There was an accountable officer for each speciality.
- There had been changes in many posts and roles across directorates and divisions, in the main to increase clinical leadership, for example, changes empowered matrons and gave them authority over their clinical areas. There was a senior clinician leading for each speciality to ensure medical oversight of the specialities and areas.
- Staff reported that locally they felt generally supported, although some of the line management arrangements were new.

Culture within the trust

- We found that there was a culture of openness among all the staff and teams we met. Staff spoke positively about the services they provided.
- We observed staff working well together and there were positive relationships within the multidisciplinary team.
- To improve the morale within the trust and recognise and value staff, the trust had introduced a reward and recognition scheme. This involved awarding staff Oscars and team of the year status.
- Staff reported that there was a supportive culture locally but there was generally a disconnect with the leadership team, which left some of them feeling less confident with the new changes introduced, including the improvements regarding the building of new facilities and how this would impact there services.
- The trust had yet to establish a robust safety culture within the organisation, although staff reported incidents, feedback was inconsistent and not all incident investigations led to timely actions being taken, and in some cases actions were limited for example with the stabilisation room Ward 16.

Public and staff engagement

- The trust had a 'Patient Experience Strategy' assurance group, which sent reports to the quality committee then to the Trust

Board. These contained information from patient feedback and surveys with examples of where improvements were needed such as the challenge with the estates for visually impaired service users.

- However, it was recognised that historically the trust had not engaged consistently with the general community and that little had been done in the way of engaging with different groups of diverse service users, including from ethnic minority groups. Bradford was multicultural in population make up with a high percentage of Asian and Eastern European people, but this was not reflected in representation at public and patient consultation meetings or within the makeup of governors and leaders within the trust. The trust had been poor in its response to local population needs in some areas such as responding to specific faith needs as seen with the inadequate multi-faith facilities and resourcing of the chaplaincy team who had to deal with large numbers of relatives visiting patients, and who had particular needs for faith observance.
- The trust had introduced divisional representation at monthly meetings entitled 'Patient First' with the aim to capture and report patient experience from the services. These were then incorporated into the monthly Patient Experience Report led by the chief nurse.
- Patient's stories were presented at the Trust Board meetings, with patients invited to tell their story. Consent was obtained to video these for dissemination through the divisions.
- Six monthly audits on patients' experience of privacy and dignity were shared with divisions so as to develop action plans. In addition, workshops on dignity were held and the dignity audit report held staff to account for their practice.
- In order to promote consultation with staff, particularly leaders across services, the chief operating officer provided consultants, ward/department managers and divisional leads with fortnightly briefings detailing news on programmes of work and news. These were highly informative and covered areas such as development with the clinical service strategy, the estates strategy, the QIPP programme, recruitment and external engagement news. For example, the March 2014 paper, informed staff of the financial challenge facing the trust over the next five years, and in particular the gap of £30 million in the next two years. The plan was that from April the trust would need to remove £15 million, recurrently, from budgets across the trust. The briefing requested staff consultation in projects including the QIPP programme across the organisation and detailed how staff could become involved in service development and delivery.

- There were listening events with staff and individual forums for the dissemination and consultation over service delivery.
- There was a drive in the leadership team to increase the involvement and engagement of staff and steps had been taken in recent months to establish a dialogue with the staff group. However, some staff, particularly senior clinicians reported that they were not fully consulted or engaged. For example, across medical wards, children's services and critical care, there was a lack of awareness and confidence in the changes expected with moving to the new building block.

Innovation, improvement and sustainability

- The trust had a joint programme in place with the clinical commissioning groups, which was looking at potential service or patient pathway redesign, for example the implementation of a new pathway for Irritable Bowel Syndrome and establishment of direct access to endoscopy.
- The trust was also liaising with neighbouring trusts regarding potential closer working.
- There were a range of innovations taking place throughout most services across the trust. Details of these can be found in the individual location reports at service level.

Overview of ratings

Our ratings for Bradford Royal Infirmary

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Good	Good	Requires improvement	Good	Requires improvement
Medical care	Requires improvement	Requires improvement	Good	Good	Requires improvement	Requires improvement
Surgery	Requires improvement	Good	Good	Good	Good	Good
Critical care	Requires improvement	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	Inadequate	Good	Good	Requires improvement	Requires improvement	Requires improvement
End of life care	Good	Good	Good	Requires improvement	Good	Good
Outpatients and diagnostic imaging	Inadequate	N/A	Good	Inadequate	Inadequate	Inadequate
Overall	Inadequate	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Our ratings for St Luke's Hospital

	Safe	Effective	Caring	Responsive	Well-led	Overall
Medical care	Requires improvement	Good	Good	Good	Good	Good
Outpatients and diagnostic imaging	Inadequate	N/A	Good	Inadequate	Inadequate	Inadequate
Overall	Inadequate	Good	Good	Requires improvement	Requires improvement	Requires improvement

Overview of ratings

Our ratings for Community Health Inpatients Services

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

Our ratings for Bradford Teaching Hospitals NHS Foundation Trust

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

Notes

1. We are currently not confident that we are collecting sufficient evidence to rate effectiveness for Outpatients.

Outstanding practice and areas for improvement

Outstanding practice

For Bradford Royal Infirmary:

- The hospital was providing twelve internships for people with mental health illnesses and people with learning disabilities. This gave people valuable work experience and encouraged integration within the community.
- The surgical services had introduced a complementary system of 'green bands' worn by patients on their wrists displaying personal and procedure information. This was an effective additional safety measure to the World Health Organization (WHO) checklist.
- Working in collaboration with Macmillan Cancer Support, the hospital specialist palliative care team (HSPCT) were awarded the International Journal of Palliative Nursing multidisciplinary teamwork award for the positive impact that their work had on the care they provided.
- The HSPCT were the first team in the country to link the AMBER care bundle to the Gold Standard Framework for end of life care register, which showed an increase of 38% to 57% in the identification of patients in their last year.
- The palliative care liaison service work with ethnic minorities had won a Department of Health and Social Care award under the category 'Improving Lives for People with Cancer' and was awarded with a commendation.
- The elderly care wards, particularly Ward 29 and Ward 30, had made improvements to the care of older people, including those living with dementia. The environment had been adapted and was an exemplar for dementia-friendly environments.
- In diagnostic imaging, all ultrasound stenographers were independent reporters. There were a high proportion of advanced practitioners, which had helped improve access to services.

For St Luke's Hospital:

- There had been improvements to the wards to make them dementia-friendly.
- In diagnostic imaging, all ultrasound stenographers were independent reporters. There were a high proportion of advanced practitioners which had helped improve access to services.

Areas for improvement

Action the trust MUST take to improve

Action the trust MUST take to improve

For the trust –

- Ensure that the significant backlog of outpatient appointments is promptly addressed and prioritised according to clinical need. Ensure that the governance and monitoring of outpatients' appointment bookings are operated effectively and are able to identify any potential system failures, assess them and take action so as to protect patients from the risks of inappropriate or unsafe care and treatment.
- Ensure that the care and treatment of patients undergoing non-invasive ventilation meet the national guidance.
- Ensure that there are at all times sufficient numbers of suitably skilled, qualified and experienced staff in line with best practice and national guidance taking into account patients' dependency levels, on medical wards across all locations, including the provision of staff out of hours, on bank holidays and at weekends; in children's and young people's services including the children's stabilisation room and that staffing levels meet planned staffing levels in the children and young people's services; in critical care and in the recovery areas of operating theatres, maternity services and within the urgent and emergency care department to ensure the safe initial streaming of patients attending the reception area.
- Ensure that there is in operation effective governance, reporting and assurance mechanisms that provide timely information so that risks can be identified, assessed and managed including incident reporting and lessons learnt from these. Ensure that there are alert systems in place to identify when actions are not effective and need to be reviewed.

Outstanding practice and areas for improvement

- Ensure there is in operation an effective system for regularly seeking the views of staff on the standard of care and treatment provided including service development to inform decision making about the identification and assessment of risks and how these should be managed.
- Ensure there are suitable arrangements in place for staff to receive appropriate training, supervision and appraisal including the completion of mandatory training, particularly the relevant level of safeguarding training so that they are working to the up to date requirements and good practice.
- Ensure that there is in operation an effective system for reviewing and updating policies and procedures to ensure that the patients are protected from receiving inappropriate or unsafe care and treatment.

For Bradford Royal Infirmary:

- Ensure that there are appropriate arrangements for the prevention and control of infection including the isolation of patients throughout the hospital, including the urgent and emergency care department; that infection prevention and control practices are adhered to, particularly on Ward 9 and in critical care. Ensure that there is suitable access to hand wash sinks, particularly on the critical care unit and high dependency unit. Review the number of side rooms available with ensuite bathroom facilities for the management of patients with infections. Ensure the procedures for cleaning and disinfecting endoscopes are consistent with accepted practice.
- Ensure that proper steps are taken to protect patients against receiving care and treatment that is inappropriate or unsafe by planning and delivering care in ward environments that meet individual needs and ensures the welfare and safety needs of patients on wards, particularly on Wards 2, 16 and 17. Ensure that on Ward 2 there are the appropriate bathing facilities for the removal of a urinary catheter in a child.
- Ensure that a nationally recognised acuity tool is used and ensure that written guidance is developed to support staff whilst assessing a patient's acuity.
- Ensure that patients are placed on the most appropriate ward to meet their needs, including a review of the care of patients requiring non-invasive ventilation to ensure that they are admitted to a suitable ward with appropriately skilled and experienced staff in line with good practice guidance.,
- Ensure that resuscitation equipment is checked according to best practice guidance and trust policy. Ensure that all checks are appropriately recorded.
- Ensure that patient records are maintained up to date, are patient centred and contain the relevant information about their treatment and care, including patients awaiting discharge to eliminate unnecessary delays.
- Ensure formal arrangements are developed for the receipt, recording and storage of surgical instruments.
- Ensure that there are suitable arrangements in place to provide effective bereavement, chaplaincy and mortuary facilities that treat patients and their visitors with consideration and respect and takes into account their age, sex, religious persuasion, sexual orientation, racial origin, cultural and linguistic background and any disability they may have.
- Ensure that safe manual handling procedures are in place in the mortuary through the use of suitable equipment.

For St Luke's Hospital the trust must:

- Ensure there is access on the wards to sufficient numbers of suitably skilled and experienced staff, particularly medical staff, at all times.

For the Community Inpatient Services the trust must:

- Ensure that staffing levels on the community wards reflect the trust's own planned levels and an acuity or dependency tool is used to determine staffing levels.
- Ensure that there is effective medical cover at the community hospitals so patients are assessed, reviewed and responded to in a timely manner.

Please refer to the location reports for details of areas where the trust SHOULD make improvements.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010 Care and welfare of people who use services Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 9: Person centred care. We found that the Trust was not ensuring that all patients received appropriate person-centred care and treatment that was based on an assessment of their needs. This was in breach of regulation 9(1)(a) and (b)(i) & (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 9(1)(b) and (3)(a) & (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The trust must: Ensure that pain scores are consistently completed in the urgent and emergency care department and children and young people's services, as these could have led to a delay in patients receiving adequate pain relief at Bradford Royal Infirmary. Ensure that proper steps are taken to protect patients against receiving care and treatment that is inappropriate or unsafe by planning and delivering care in ward environments that meet the individual needs of patients on wards, particularly on Wards 2, 16 and 17 at Bradford Royal Infirmary.

This section is primarily information for the provider

Compliance actions

Review and improve the environment on Ward 7, Ward 9, and Ward 24 and in the Diabetes Centre at Bradford Royal Infirmary.

Ensure that there are adequate bathroom facilities on Ward 2 to meet the needs of the children on that ward at Bradford Royal Infirmary.

Ensure that a nationally recognised acuity tool is used and ensure that written guidance is developed to support staff whilst assessing a patient's acuity.

Ensure that patients are placed on the most appropriate ward to meet their needs, including a review of the care of patients requiring non-invasive ventilation to ensure that they are admitted to a suitable ward with appropriately skilled and experienced staff in line with good practice guidance.

Review the care pathway for children undergoing surgical procedures including individual fasting times and timings for theatre at Bradford Royal Infirmary.

Review the access to and capacity of the child development service, especially in relation to access to autism services.

Review the processes for ensuring patients on critical care are reviewed by a consultant with 12 hours of admission at Bradford Royal Infirmary.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17: Good governance.

This section is primarily information for the provider

Compliance actions

We found that the Trust had not protected service users from the risks of inappropriate or unsafe care and treatment as the provider's systems designed to regularly assess and monitor the quality of the services and identify, assess and manage risks were not always effective.

This was in breach of regulation 10(1)(a) and (b) and (2)(a)(b)(c)(d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(1) and (2)(a), (b) & (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The trust must:

Ensure that there is in operation effective governance, reporting and assurance mechanisms that provide timely information so that risks can be identified, assessed and managed including incident reporting and lessons learnt from these.

Ensure that there are alert systems in place to identify when actions are not effective and need to be reviewed.

Ensure there is in operation an effective system for regularly seeking the views of staff on the standard of care and treatment provided including service development to inform decision making about the identification and assessment of risks and how these should be managed.

Ensure that there is in operation an effective system for reviewing and updating policies and procedures to ensure that the patients are protected from receiving inappropriate or unsafe care and treatment.

This section is primarily information for the provider

Compliance actions

Ensure that there are effective systems in operation that give assurance that the resuscitation equipment is checked according to best practice guidance and trust policy, including appropriate recorded.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control HSCA 2008 (Regulated Activities) Regulations 2014. Regulation 12(2)(h): Assessing the risk of, and preventing, detecting and controlling the spread of infections. We found that the trust did not always have the facilities, systems and arrangements in place to protect service users from the risk of exposure to a health care associated infection. This was in breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The trust must: Ensure that there are appropriate arrangements for the prevention and control of infection including the isolation of patients throughout Bradford Royal Infirmary, including the urgent and emergency care department. Ensure that infection prevention and control practices are adhered to, particularly on Ward 9 and in critical care at Bradford Royal Infirmary.

This section is primarily information for the provider

Compliance actions

Ensure that there is suitable access to hand wash facilities, particularly on the critical care unit and high dependency unit at Bradford Royal Infirmary.

Review the number of side rooms available with ensuite bathroom facilities for the management of patients with infections at Bradford Royal Infirmary.

Ensure the procedures for cleaning and disinfecting endoscopes are compliant with HTM 0106 at Bradford Royal Infirmary.

Ensure formal arrangements are developed for the receipt, recording and storage of surgical instruments to ensure that there are appropriate levels of sterile equipment at all times at Bradford Royal Infirmary.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010 Cleanliness and infection control HSCA 2008 (Regulated Activities) Regulations 2014. Regulation 12(2)(f) & (g): Medicines We found that the trust did not always have arrangements in place to protect service users from the risks associated with the unsafe use and management of medicines. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 12(2)(f) & (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The trust must:

This section is primarily information for the provider

Compliance actions

Ensure medicines are stored safely on all wards and fridge temperatures are checked in line with national guidance.

Ensure there are suitable arrangements in place for the oversight and reconciliation of patients' medicines by a pharmacist.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 15 HSCA 2008 (Regulated Activities) Regulations 2010 Safety and suitability of premises HSCA 2008 (Regulated Activities) Regulations 2014. Regulation 15: Premises and equipment. We found that the trust did not have suitable arrangements in place within the Bradford Royal Infirmary mortuary to protect staff from the risk of using unsafe equipment. This was in breach of regulation 16(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 15(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The trust must ensure that safe manual handling procedures are in place in the mortuary through the use of suitable equipment.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010 Assessing and monitoring the quality of service providers Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 10: dignity and respect.

This section is primarily information for the provider

Compliance actions

We found that the trust was not meeting service users' needs with regard to the provision of bereavement and chaplaincy services.

This was in breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 10(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The trust must ensure that there are suitable arrangements in place to provide effective bereavement, chaplaincy and mortuary facilities that treat services users and their visitors with consideration and respect and takes into account their age, sex, religious persuasion, sexual orientation, racial origin, cultural and linguistic background and any disability they may have at Bradford Infirmary.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010 Respecting and involving people who use services Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 17(2)(c) Good governance

We found that the trust did not always protect patients against the risks of unsafe or inappropriate care and treatment arising from a lack of proper information about them by means of the maintenance of records.

This was in breach of regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17(2)(c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

This section is primarily information for the provider

Compliance actions

The trust should ensure that an accurate record is maintained in respect of each patient, which shall include appropriate information and documents in relation to the care and treatment provided to each service user.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010 Consent to care and treatment Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Regulation 18 We found that the Trust did not always protect patients from unsafe or inappropriate care as not all staff had received mandatory training and had an appraisal. This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2)(a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The trust must ensure there are suitable arrangements in place for staff to receive appropriate training, supervision and appraisal including the completion of mandatory training, particularly the relevant level of safeguarding training so that they are working to the up to date requirements and good practice.