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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Agenda for a meeting of the Health and Social Care Overview and Scrutiny Committee to be held on Thursday, 22 November 2018 at 4.30 pm in Committee Room 1 - City Hall, Bradford

Members of the Committee – Councillors

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT	BRADFORD INDEPENDENT GROUP
Hargreaves Riaz	V Greenwood A Ahmed K Hussain Mir Shabbir	N Pollard	Khadim Hussain

Alternates:

CONSERVATIVE	LABOUR	LIBERAL DEMOCRAT
Barker Senior	Akhtar Berry Godwin Iqbal H Khan	J Sunderland

NON VOTING CO-OPTED MEMBERS

Susan Crowe	Strategic Disability Partnership
Trevor Ramsay	Strategic Disability Partnership
G Sam Samociuk	Former Mental Health Nursing Lecturer

Notes:

- This agenda can be made available in Braille, large print or tape format on request by contacting the Agenda contact shown below.
- The taking of photographs, filming and sound recording of the meeting is allowed except if Councillors vote to exclude the public to discuss confidential matters covered by Schedule 12A of the Local Government Act 1972. Recording activity should be respectful to the conduct of the meeting and behaviour that disrupts the meeting (such as oral commentary) will not be permitted. Anyone attending the meeting who wishes to record or film the meeting's proceedings is advised to liaise with the Agenda Contact who will provide guidance and ensure that any necessary arrangements are in place. Those present who are invited to make spoken contributions to the meeting should be aware that they may be filmed or sound recorded.
- If any further information is required about any item on this agenda, please contact the officer named at the foot of that agenda item.

From: **To:**

Parveen Akhtar
City Solicitor
Agenda Contact: Palbinder Sandhu
Phone: 01274 432269
E-Mail: palbinder.sandhu@bradford.gov.uk

A. PROCEDURAL ITEMS

1. ALTERNATE MEMBERS (Standing Order 34)

The City Solicitor will report the names of alternate Members who are attending the meeting in place of appointed Members.

2. DISCLOSURES OF INTEREST

(Members Code of Conduct - Part 4A of the Constitution)

To receive disclosures of interests from members and co-opted members on matters to be considered at the meeting. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

Notes:

(1) Members may remain in the meeting and take part fully in discussion and voting unless the interest is a disclosable pecuniary interest or an interest which the Member feels would call into question their compliance with the wider principles set out in the Code of Conduct. Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.

(2) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

(3) Members are also welcome to disclose interests which are not disclosable pecuniary interests but which they consider should be made in the interest of clarity.

(4) Officers must disclose interests in accordance with Council Standing Order 44.

3. MINUTES

Recommended –

That the minutes of the meeting held on 4 October 2018 be signed as a correct record (previously circulated).

(Palbinder Sandhu – 01274 432269)

4. INSPECTION OF REPORTS AND BACKGROUND PAPERS
(Access to Information Procedure Rules – Part 3B of the Constitution)

Reports and background papers for agenda items may be inspected by contacting the person shown after each agenda item. Certain reports and background papers may be restricted.

Any request to remove the restriction on a report or background paper should be made to the relevant Strategic Director or Assistant Director whose name is shown on the front page of the report.

If that request is refused, there is a right of appeal to this meeting.

Please contact the officer shown below in advance of the meeting if you wish to appeal.

(Palbinder Sandhu - 01274 432269)

5. REFERRALS TO THE OVERVIEW AND SCRUTINY COMMITTEE

Any referrals that have been made to this Committee up to and including the date of publication of this agenda will be reported at the meeting.

B. OVERVIEW AND SCRUTINY ACTIVITIES

6. HEALTH AND SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE WORK PROGRAMME 2018/19 1 - 4

The City Solicitor will present the Committee's Work Programme 2018/19 (**Document "U"**).

Recommended –

That the information in Appendix A of Document "U" be noted.

(Caroline Coombes – 01274 432313)

7. AN UPDATE FROM THE CARE QUALITY COMMISSION 5 - 40
Previous reference: Minute 87 (2016/2017)

The Inspection Manager, Adult Social Care, Care Quality Commission, will submit a report (**Document "V"**) which provides an update of their inspection activity across Adult Social Care.

Recommended –

That the report be noted.

(Sarah Drew – 0300 0616161)

8. **CARE QUALITY COMMISSION INSPECTION REPORT: BRADFORD TEACHING HOSPITALS NHS FOUNDATION TRUST** 41 - 102

The Care Quality Commission (CQC) carried out inspections of Bradford Teaching Hospitals NHS Foundation Trust (the Trust) in January and February this year. The Trust was rated 'Requires Improvement'.

The City Solicitor will submit **Document "W"** which presents the CQC Inspection Report (Appendix 1) and the report of the Director of Governance and Corporate Affairs at the Trust on the compliance actions required by the CQC and the Trust's action plan (Appendix 2).

Recommended –

That Members receive the information provided in Appendix 1 and Appendix 2 of Document "W" and consider any comments and recommendations they wish to make.

(Caroline Coombes – 01274 432313)

9. **RESPIRATORY HEALTH IN BRADFORD DISTRICT** 103 - 116
Previous reference: Minute 94 (2016/2017)

Respiratory disease is an important cause of ill health and early death in Bradford District. The District performs relatively poorly compared to other areas in England. Recognising this, partners across the District, including the local authority and NHS, have prioritised respiratory health with the aim of improving health outcomes and reducing inequalities.

The Strategic Director, Health and Wellbeing will submit **Document "X"** which provides an overview of respiratory health in Bradford District and outlines what partners across the NHS and local authority are doing to improve outcomes for people in the District. There is a specific focus on prevention and on asthma and chronic obstructive pulmonary disease (COPD), as these conditions account for a significant amount of the ill health and subsequent costs associated with respiratory disease in the District.

Recommended –

That the Committee note the information provided in the report and support on-going work seeking to address the main challenges going forward.

(Toni Williams – 01274 434071)

10. BRADFORD DISTRICT CARE NHS FOUNDATION TRUST CQC INSPECTION: OUTCOME AND RESPONSE 117 - 124

Previous reference: Minute 80 (2017/2018)

Following an inspection of nine, out of fourteen, core services, in February 2018 the CQC published an updated report on Bradford District Care NHS Foundation Trust. The Trust was rated as 'Requires Improvement' overall which was a deterioration from the previous rating of 'Good'. Community services were rated as 'Good' with some aspects of care rated 'Outstanding'. Mental health services were rated as 'Requires Improvement'. An action plan was developed, in response to the CQC's findings, and the Committee requested that a progress update be provided.

The Trust will submit **Document "Y"** which outlines that the Trust Board has overseen delivery of the action plan and has recently approved the introduction of a formal Quality Improvement System, throughout the Trust, which will deliver long term, sustainable, staff-led improvements to the quality of its services.

The next CQC inspection is expected in early 2019.

Recommended –

That the Committee notes the progress made, during 2018, by Bradford District Care NHS Foundation Trust, in response to its February 2018 CQC report and the Trust Board's commitment to long-term, sustainable improvement via the implementation of a formal Quality Improvement System.

(Dr Andy McElligott - 01274 228293)

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 22 November 2018

U

Subject: Health and Social Care Overview and Scrutiny Committee Work Programme 2018/19

Summary statement:
This report presents the work programme 2018/19

Parveen Akhtar
City Solicitor

Report Contact: Caroline Coombes
Phone: (01274) 432313
E-mail: caroline.coombes@bradford.gov.uk

Portfolio:

Healthy People and Places

1. Summary

1.1 This report presents the work programme 2018/19.

2. Background

2.1 The Committee adopted its 2018/19 work programme at its meeting of 12 July 2018.

3. Report issues

3.1 **Appendix A** of this report presents the work programme 2018/19. It lists issues and topics that have been identified for inclusion in the work programme and have been scheduled for consideration over the coming year**.**

4. Options

4.1 Members may wish to amend and / or comment on the work programme at **Appendix A**.

5. Contribution to corporate priorities

5.1 The Health and Social Care Overview and Scrutiny Committee Work Programme 2018/19 reflects the ambition of the District Plan for 'all of our population to be healthy, well and able to live independently for a long as possible' (District Plan: Better health, better lives).

6. Recommendations

6.1 That the Committee notes the information in **Appendix A**

7. Background documents

7.1 Constitution of the Council

8. Not for publication documents

None

9. Appendices

9.1 **Appendix A** – Health and Social Care Overview and Scrutiny Committee work programme 2018/19

Democratic Services - Overview and Scrutiny

Appendix A

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Thursday, 6th December 2018 at City Hall, Bradford.			
Chair's briefing 21/11/2018. Report deadline 23/11/2018			
1) Mental Health	Item to include the involvement of people with a lived experience of mental health issues and representatives of the voluntary sector	Sasha Bhatt, Simon Long (CCGs, Care Trust and Public Health)	Recommendations of 2 March 2017
Thursday, 24th January 2019 at City Hall, Bradford.			
Chair's briefing 09/01/2019. Report deadline 11/01/2019			
1) Department of Health and Wellbeing budget and financial outlook	Annual report	Bev Maybury (Wendy Wilkinson)	
2) Housing support for older people	To be scoped, but to include: Great Places to Grow Old review / affordable housing provision / finance / issues around housing and dementia	Adult Services and partners, including the voluntary sector	Resolutions of 6 July 2017 and 12 April 2018
3) Support for people with dementia and their carers post diagnosis	Report to focus on the gap between diagnosis and specialist dementia care services	NHS / Council / Voluntary Sector	Resolution of 12 April 2018
Tuesday, 5th February 2019 at City Hall, Bradford.			
Chair's briefing 21/01/2019. Report deadline 23/01/2019.			
1) Children and Young People's Mental Health	JOINT MEETING WITH CHILDREN'S SERVICES OSC: Update on progress	Sasha Bhatt	Young people to be invited to attend (resolution of 28 Nov 2017)
Wednesday, 20th February 2019 at City Hall, Bradford.			
Chair's briefing 05/02/2019. Report deadline 07/02/2019.			
1) Primary medical care update - Bradford District and Craven	Annual update on the initiatives that CCGs and primary care providers are undertaking to improve the quality of services delivered, including access and how they are engaging patients in the process	Clinical Commissioning Groups (Victoria Wallace)	Resolution of 8 February 2018

Health and Social Care O&S Committee

Scrutiny Lead: Caroline Coombes tel - 43 2313

Work Programme

Agenda	Description	Report	Comments
Wednesday, 20th February 2019 at City Hall, Bradford.			
Chair's briefing 05/02/2019. Report deadline 07/02/2019			
2) Bradford and Airedale Stroke Service	Update on the action plans to improve the Bradford and Adiredale Stroke Service	Kath Helliwell	Resolution of 8 February 2018
3) Autism (specialist support and access to wider services)	Report to respond to the recommendations of Healthwatch Bradford and District's report on autism including issues raised at the Committee's meeting of 6 September 2018	Jane Wood / NHS	Resolution of 6 September 2018
Thursday, 21st March 2019 at City Hall, Bradford.			
Chair's briefing 06/03/2019. Report deadline 08/03/2019			
1) Advocacy Services	Update following the recommissioning of advocacy services to include performance on meeting statutory requirements	Kerry James (service users and voluntary sector to be involved)	Resolution of 7 September 2017
2) Digital Health	To be scoped but to include the use of technology in primary care, care homes and in people's own homes	TBC but to include providers and stakeholders	Resolution of 12 April 2018
3) Cancer and lung cancer	To be scoped	Ian Wallace / Ian Fenwick	

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the CQC, Adult Social Care, to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held 22 November 2018

V

Subject: An update from the Care Quality Commission

Summary statement:
CQC are providing an update on the findings of CQC strategy.

Adult Social care has provided a current update of their inspection activity.

Portfolio:

Healthy People and Places

Report Contact: Sarah Drew
Phone: 03000 616161 /07789876498
E-mail: sarah.drew@cqc.org.uk

1. Summary

This report provides a current update from the Adult Social Care Directorate. This is based upon published reports.

2. Background

The CQC last attended a meeting of the Health and Social Care Overview and Scrutiny Committee to provide an update on the work of all inspection directorates on 23 March 2017.

3. Report issues

This report reflects the current inspection activity in the Bradford area only.

Appendix 1 provides updates on regulatory activity in the Bradford District across Adult Social Care only as of 1 November 2018. Adult Social Care Manager Sarah Drew will be attending the meeting of 22 November 2018 and will be happy to provide additional information in relation to this report.

4. Options

Members may wish to comment on aspects of this report.

5. Contribution to corporate priorities

6. Recommendations

That the report be noted.

7. Background documents

None

8. Not for publication documents

None

9. Appendices

Appendix 1 - CQC update from the Adult Social Care Directorate in the Bradford district

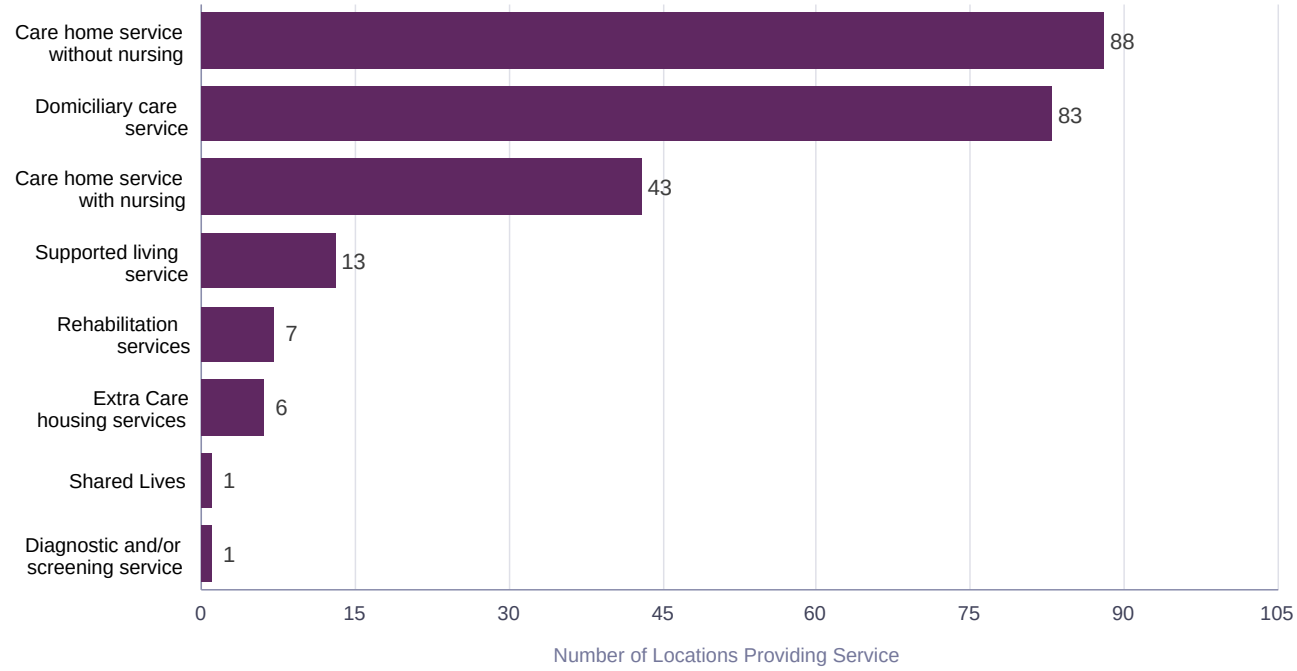
Local Authority: Bradford

Sector: Social Care Org

Date: 01 November 2018

Active locations in Bradford providing the following services

N.B. Locations can provide more than one type of service



Total active Social Care Org locations: 208

Care homes with nursing in Bradford

N.B: Care homes can register both as a care home service with nursing and care home service without nursing. Those have been classified as a Care Home with Nursing in this section of the report

Care Homes With Nursing	Number of Locations	Number of Beds*
Nursing home	43	2,053

*Some of these beds may not be categorised as nursing

Care homes without nursing in Bradford

Care Homes Without Nursing	Number of Locations	Number of Beds
Residential home	83	2,247

Number of Social Care Org locations that have closed in Bradford

Service Type	2011	2012	2013
Care home service with nursing	3	4	2
Care home service without nursing	8	6	5
Community based services for people who misuse substances	0	0	1
Community health care services - Nurses Agency only	0	0	1
Community healthcare service	0	0	0
Domiciliary care service	6	13	15
Extra Care housing services	0	2	0
Rehabilitation services	2	1	0
Residential substance misuse treatment and/or rehabilitation service	0	0	1
Supported living service	0	1	2

Service Type	2014	2015	2016
Care home service with nursing	2	4	3
Care home service without nursing	8	4	9
Community based services for people who misuse substances	1	0	0
Community health care services - Nurses Agency only	1	1	2
Community healthcare service	0	0	1
Domiciliary care service	12	12	16
Extra Care housing services	0	1	2
Rehabilitation services	0	1	1
Residential substance misuse treatment and/or rehabilitation service	0	0	0
Supported living service	1	1	3

Service Type	2017	2018	Total
Care home service with nursing	10	1	29
Care home service without nursing	12	10	62
Community based services for people who misuse substances	1	0	3
Community health care services - Nurses Agency only	0	0	5
Community healthcare service	0	0	1
Domiciliary care service	10	5	89
Extra Care housing services	0	1	6
Rehabilitation services	1	1	7
Residential substance misuse treatment and/or rehabilitation service	0	0	1
Supported living service	0	2	10

Social Care Org locations that have closed in Bradford in last 31 days

Location ID	Location Name	Location Postcode	Provider ID	Provider Name	Location End Date
1-110970705	Rosegarth Residential Home	LS29 8TT	1-101714360	Mrs Carol Taylor	15 October 2018
1-249066496	Supported Lives	BD1 2RX	1-145241026	Supported Lives Services Ltd	25 October 2018
1-106748043	Walmer Lodge Residential Home	BD8 7ET	1-101631200	Mr Suleman Ahmed Chunara & Mr Sikander Khan	23 October 2018

Number of Social Care Org locations that have opened in Bradford

The number of newly activated locations is higher for 2010 and 2011 due to the reregistration process under the Health and Social Care Act

Service Type	2010	2011	2012	2013	2014	2015
Care home service with nursing	22	33	3	0	2	1
Care home service without nursing	43	53	13	6	5	3
Community based services for people who misuse substances	0	1	0	1	0	1
Community health care services - Nurses Agency only	0	1	1	2	1	0
Community healthcare service	0	0	0	0	0	1
Diagnostic and/or screening service	0	1	0	0	0	0
Domiciliary care service	27	39	23	21	14	12
Extra Care housing services	3	4	2	0	0	2
Rehabilitation services	11	2	1	0	0	0
Residential substance misuse treatment and/or rehabilitation service	0	1	0	0	0	0
Shared Lives	1	0	0	0	0	0
Supported living service	3	8	0	1	1	2

Service Type	2016	2017	2018	Total
Care home service with nursing	7	2	2	72
Care home service without nursing	12	9	6	150
Community based services for people who misuse substances	0	0	0	3
Community health care services - Nurses Agency only	0	0	0	5
Community healthcare service	0	0	0	1
Diagnostic and/or screening service	0	0	0	1
Domiciliary care service	13	9	14	172
Extra Care housing services	1	0	0	12
Rehabilitation services	0	0	0	14
Residential substance misuse treatment and/or rehabilitation service	0	0	0	1
Shared Lives	0	0	0	1
Supported living service	4	1	3	23

Social Care Org locations that have opened in Bradford in last 31 days

Location ID	Location Name	Location Postcode	Provider ID	Provider Name	Location Start Date
1-5931800516	Supported Lives Services Ltd	BD4 9SW	1-145241026	Supported Lives Services Ltd	25 October 2018
1-5937375342	Your Care Team	BD7 1JR	1-4035758952	Your Care Team Ltd	25 October 2018

New manager registrations at currently active Social Care Org locations in Bradford in last 31 days

May include locations where manager was already registered and added a new regulated activity

Location ID	Location Name	Location Postcode	Registered Manager Name	Registered Manager Start Date	Provider ID	Provider Name
1-5796355310	Mayfield View Care Home	LS29 8WH	Laird, Donna	10 October 2018	1-5437295500	Springfield Healthcare Group (Ilkley) Ltd
1-369877595	Reevy Road Care Home	BD6 3LH	Williams, Sara	25 October 2018	1-102642564	Turning Point
1-2334208813	Stonham Bradford	BD8 8BD	Wilde, Stacey	24 October 2018	1-101693325	Home Group Limited
1-5931800516	Supported Lives Services Ltd	BD4 9SW	Barton, Michael	25 October 2018	1-145241026	Supported Lives Services Ltd
1-3021032077	Turning Point - Station Road	BD14 6JA	Prendergast, Elizabeth	05 October 2018	1-102642564	Turning Point
1-3021032015	Turning Point - West Lane	BD13 3JB	Prendergast, Elizabeth	05 October 2018	1-102642564	Turning Point
1-142190858	Woodleigh Rest Home Limited	BD13 2SR	Watson, Anita	31 October 2018	1-101654719	Woodleigh Rest Home Limited

Location ID	Location Name	Location Postcode	Registered Manager Name	Registered Manager Start Date	Provider ID	Provider Name
1-5937375342	Your Care Team	BD7 1JR	Bi, Farzan	29 October 2018	1-4035758952	Your Care Team Ltd

Manager deregistrations at currently active Social Care Org locations in Bradford in last 31 days

May include locations where manager remains registered but cancelled their registration for one or more regulated activities

Location ID	Location Name	Location Postcode	Registered Manager Name	Registered Manager End Date	Provider ID	Provider Name
1-117541953	Currergate Nursing Home	BD20 6PE	Cutts, Sue	18 October 2018	1-101656794	Czajka Properties Limited
1-369877595	Reevy Road Care Home	BD6 3LH	Brown, Lucy	12 October 2018	1-102642564	Turning Point
1-3021032077	Turning Point - Station Road	BD14 6JA	Williams, Sara	25 October 2018	1-102642564	Turning Point
1-3021032015	Turning Point - West Lane	BD13 3JB	Williams, Sara	25 October 2018	1-102642564	Turning Point
1-120266690	Vision Homes Association - 2 Ouzel Drive	BD6 3YN	Crookes, Jon	03 October 2018	1-101665603	Vision Homes Association

Summary of latest published new approach ratings of active Social Care Org locations in Bradford

	Latest Rating	Number of Active Locations
1	Outstanding	3
2	Good	120
3	Requires improvement	52
4	Inadequate	3
Total		178

Latest published new approach ratings of active Social Care Org locations in Bradford

Location ID	Location Name	Website URL	Location Postcode	Overall Rating	Publication Date
1-323930881	06 Care Limited	http://www.cqc.org.uk/location/1-323930881	BD21 4BZ	Requires improvement	29 August 2018
1-207504800	Abbeydale Residential Care Home	http://www.cqc.org.uk/location/1-207504800	LS29 9QE	Outstanding	19 October 2018
1-2540376971	Abbeyfield - Grove House Residential	http://www.cqc.org.uk/location/1-2540376971	LS29 9BF	Good	11 May 2018
1-2540377241	Abbeyfield - The Beeches	http://www.cqc.org.uk/location/1-2540377241	LS29 6JQ	Good	13 July 2017
1-2540377052	Abbeyfield Grove House - DCA	http://www.cqc.org.uk/location/1-2540377052	LS29 9BF	Good	04 August 2018
1-126243399	Acorn Nursing Home	http://www.cqc.org.uk/location/1-126243399	BD5 0NJ	Requires improvement	18 October 2017
1-344695709	Affinity Trust - Domiciliary Care Agency - Shipley and Airedale	http://www.cqc.org.uk/location/1-344695709	BD18 3DZ	Good	24 August 2016
1-122193096	Allerton Park Care Centre	http://www.cqc.org.uk/location/1-122193096	BD15 7RT	Good	29 March 2017
1-1931929281	Allied Healthcare	http://www.cqc.org.uk/location/1-1931929281	BD21 3DU	Requires improvement	12 October 2018

Location ID	Location Name	Website URL	Location Postcode	Overall Rating	Publication Date
	Keighley				
1-141606488	Ambler Way Support Services	http://www.cqc.org.uk/location/1-141606488	BD22 0EN	Good	09 June 2016
1-126240140	Ashcroft	http://www.cqc.org.uk/location/1-126240140	BD2 3EF	Good	12 September 2018
1-117961368	Ashville Care Home	http://www.cqc.org.uk/location/1-117961368	BD10 8PN	Requires improvement	12 October 2017
1-141446846	Assist Home Care Limited	http://www.cqc.org.uk/location/1-141446846	BD8 7JF	Good	21 April 2016
1-835652983	Assisted Lives	http://www.cqc.org.uk/location/1-835652983	BD8 7JF	Good	28 April 2017
1-408979494	Audley Care Ltd - Audley Care Clevedon	http://www.cqc.org.uk/location/1-408979494	LS29 8AQ	Good	01 September 2016
1-1786412825	Availl - Bradford	http://www.cqc.org.uk/location/1-1786412825	BD3 9BD	Good	13 April 2018
1-181470164	Beacon House	http://www.cqc.org.uk/location/1-181470164	BD6 3DQ	Good	16 June 2018
1-122317094	Beckfield	http://www.cqc.org.uk/location/1-122317094	BD2 4BN	Requires improvement	06 February 2018
1-971016431	Beckside Lodge	http://www.cqc.org.uk/location/1-971016431	BD6 3NU	Outstanding	08 November 2016
1-1213942068	Bingley Wingfield Nursing Home	http://www.cqc.org.uk/location/1-1213942068	BD16 4TE	Good	11 August 2018
1-125964655	Bluebird Care (Bradford North)	http://www.cqc.org.uk/location/1-125964655	BD18 3QN	Good	19 April 2017

Location ID	Location Name	Website URL	Location Postcode	Overall Rating	Publication Date
1-2383823340	Body&Soul Assistance, Admin.	http://www.cqc.org.uk/location/1-2383823340	LS29 0NZ	Good	07 September 2017
1-443000814	Box Tree Cottage	http://www.cqc.org.uk/location/1-443000814	BD8 0AQ	Good	12 October 2016
1-298066894	Bradford Home Support	http://www.cqc.org.uk/location/1-298066894	BD16 1AQ	Good	16 March 2017
1-3168284660	Bradford Supported Living	http://www.cqc.org.uk/location/1-3168284660	BD5 0LN	Good	17 April 2018
1-111223750	Britannia Care Home	http://www.cqc.org.uk/location/1-111223750	BD8 9NU	Good	02 November 2017
1-2745005362	Bronte Care Services	http://www.cqc.org.uk/location/1-2745005362	BD16 4LD	Requires improvement	10 May 2018
1-117541987	Brookfield Care Home	http://www.cqc.org.uk/location/1-117541987	BD18 4EJ	Good	24 January 2017
1-128272473	Burley Hall Care Home	http://www.cqc.org.uk/location/1-128272473	LS29 7DP	Requires improvement	29 June 2018
1-2063397931	CRS Doctors Limited	http://www.cqc.org.uk/location/1-2063397931	BD10 0SG	Good	27 July 2017
1-125960898	Care 24-7 Limited	http://www.cqc.org.uk/location/1-125960898	BD18 1JD	Good	02 June 2018
1-2164949965	Care @ Carers Resource	http://www.cqc.org.uk/location/1-2164949965	BD18 3DZ	Good	28 June 2018
1-110241402	Care Unique Limited	http://www.cqc.org.uk/location/1-110241402	BD3 9TX	Good	13 July 2018
1-2420757113	Care2Care (Yorkshire) Ltd	http://www.cqc.org.uk/location/1-2420757113	BD14 6QY	Requires improvement	17 October 2017
1-1974615919	Caremark	http://www.cqc.org.uk/lo	BD4 8PW	Requires	14 August 2018

Location ID	Location Name	Website URL	Location Postcode	Overall Rating	Publication Date
	(Bradford)	cation/1-1974615919		improvement	
1-114429093	Carers and Companions Limited	http://www.cqc.org.uk/location/1-114429093	LS29 9EP	Good	22 December 2017
1-142654639	Carlton And Pelham House	http://www.cqc.org.uk/location/1-142654639	BD2 3DB	Good	02 September 2016
1-115043788	Carlton Home Care	http://www.cqc.org.uk/location/1-115043788	BD18 1BX	Requires improvement	03 October 2018
1-142697141	Carlton Manor Care Home	http://www.cqc.org.uk/location/1-142697141	BD8 7AB	Good	13 April 2017
1-113827273	Cliffe Vale Residential Home Limited	http://www.cqc.org.uk/location/1-113827273	BD18 3AN	Good	22 June 2017
1-126476544	Cooper House Care Home	http://www.cqc.org.uk/location/1-126476544	BD6 3NJ	Good	20 October 2018
1-418189651	Copwood Respite Unit	http://www.cqc.org.uk/location/1-418189651	BD4 0DJ	Requires improvement	18 October 2017
1-126434135	Cottingley Hall Care Home	http://www.cqc.org.uk/location/1-126434135	BD16 1TX	Good	07 May 2016
1-632906186	Creative Support - Bradford Service	http://www.cqc.org.uk/location/1-632906186	BD18 3DZ	Good	20 April 2017
1-110242637	Croft House Care Home Limited	http://www.cqc.org.uk/location/1-110242637	BD20 7SJ	Good	23 May 2017
1-144221566	Crossley House	http://www.cqc.org.uk/location/1-144221566	BD8 0HH	Good	27 June 2018
1-117541953	Currergate	http://www.cqc.org.uk/lo	BD20 6PE	Good	15 November

Location ID	Location Name	Website URL	Location Postcode	Overall Rating	Publication Date
	Nursing Home	cation/1-117541953			2016
1-1514463335	Dignicare	http://www.cqc.org.uk/location/1-1514463335	BD16 1PE	Good	25 April 2017
1-3299902800	Duchess Gardens Care Centre	http://www.cqc.org.uk/location/1-3299902800	BD16 4AP	Requires improvement	04 September 2018
1-108306728	Elderthorpe Residential Home	http://www.cqc.org.uk/location/1-108306728	BD18 3AN	Good	14 October 2016
1-123935405	Elmar Home Care Limited	http://www.cqc.org.uk/location/1-123935405	BD20 9JS	Requires improvement	18 May 2018
1-4699258775	Elmhurst Care Home	http://www.cqc.org.uk/location/1-4699258775	BD2 4RW	Good	27 October 2018
1-125113971	Emm Lane Care Home	http://www.cqc.org.uk/location/1-125113971	BD9 4JH	Good	20 July 2017
1-926435499	Emmandjay Court	http://www.cqc.org.uk/location/1-926435499	LS29 8PF	Good	24 July 2018
1-2067224724	Empowered Lives Limited	http://www.cqc.org.uk/location/1-2067224724	BD9 4HN	Good	21 October 2017
1-117541908	Fairmount Nursing Home	http://www.cqc.org.uk/location/1-117541908	BD18 4EJ	Good	28 October 2016
1-4012513561	Fern House	http://www.cqc.org.uk/location/1-4012513561	BD16 4FA	Requires improvement	31 October 2018
1-117965646	Glen Rosa & Kitwood House	http://www.cqc.org.uk/location/1-117965646	LS29 9PH	Good	14 November 2017
1-2955533909	Grange Court Residential Home	http://www.cqc.org.uk/location/1-2955533909	BD17 6HS	Good	30 November 2017

Location ID	Location Name	Website URL	Location Postcode	Overall Rating	Publication Date
1-2923033388	Greenhill	http://www.cqc.org.uk/location/1-2923033388	BD20 6RY	Good	20 April 2018
1-243530394	Greys Nursing Limited	http://www.cqc.org.uk/location/1-243530394	BD1 3HT	Good	18 October 2016
1-298693161	Greystones Nursing Home	http://www.cqc.org.uk/location/1-298693161	BD9 4DW	Requires improvement	06 April 2018
1-110924055	Guardian House	http://www.cqc.org.uk/location/1-110924055	BD1 4QU	Requires improvement	15 September 2018
1-1041032166	HF Trust - Bradford DCA	http://www.cqc.org.uk/location/1-1041032166	BD4 6DN	Good	05 August 2017
1-325393706	Handsale Limited - Bierley Court	http://www.cqc.org.uk/location/1-325393706	BD4 6AD	Requires improvement	25 July 2018
1-325402520	Handsale Limited - Shakespeare Court Care Home	http://www.cqc.org.uk/location/1-325402520	BD3 9ES	Requires improvement	25 October 2018
1-127478084	Hawkstone House	http://www.cqc.org.uk/location/1-127478084	BD20 6NA	Good	19 November 2016
1-122224601	Hazel Bank Care Home	http://www.cqc.org.uk/location/1-122224601	BD9 6BN	Good	22 December 2017
1-137463788	Heaton Grange Residential Home	http://www.cqc.org.uk/location/1-137463788	BD9 5NN	Requires improvement	04 April 2018
1-112501975	Herncliffe Care Home	http://www.cqc.org.uk/location/1-112501975	BD20 6LH	Requires improvement	23 September 2017
1-2952966378	Hillbro Nursing	http://www.cqc.org.uk/lo	BD17 6RZ	Requires	10 January 2018

Location ID	Location Name	Website URL	Location Postcode	Overall Rating	Publication Date
	Home	cation/1-2952966378		improvement	
1-122224618	Holly Park Care Home	http://www.cqc.org.uk/location/1-122224618	BD14 6BB	Requires improvement	27 June 2018
1-122317209	Holmewood	http://www.cqc.org.uk/location/1-122317209	BD22 6AB	Requires improvement	28 December 2017
1-1745293950	Home Instead Senior Care	http://www.cqc.org.uk/location/1-1745293950	LS29 8PB	Good	23 December 2016
1-128219136	Homecroft Residential Home	http://www.cqc.org.uk/location/1-128219136	LS29 9BW	Good	14 December 2016
1-2095147035	Housing & Care 21 - Elm Tree Court	http://www.cqc.org.uk/location/1-2095147035	BD10 0TD	Good	16 January 2018
1-125497873	Housing & Care 21 - Staveley Court	http://www.cqc.org.uk/location/1-125497873	BD22 7EB	Good	28 June 2016
1-310212539	Howgate House	http://www.cqc.org.uk/location/1-310212539	BD10 9RD	Requires improvement	08 September 2018
1-1111859903	Kalcrest Care (Northern) Limited	http://www.cqc.org.uk/location/1-1111859903	BD1 3AZ	Good	18 August 2018
1-133987472	Kirkwood Care Home	http://www.cqc.org.uk/location/1-133987472	LS29 8BL	Requires improvement	27 June 2017
1-3121936751	Knowles Court Care Home	http://www.cqc.org.uk/location/1-3121936751	BD4 9SN	Requires improvement	22 February 2018
1-120342068	Ladies In Waiting	http://www.cqc.org.uk/location/1-120342068	LS29 9EJ	Good	16 May 2018
1-114958578	Langdale	http://www.cqc.org.uk/lo	BD4 6AB	Good	18 November

Location ID	Location Name	Website URL	Location Postcode	Overall Rating	Publication Date
	Residential Home	cation/1-114958578			2017
1-120675587	Laurel Bank Care Home	http://www.cqc.org.uk/location/1-120675587	BD15 0JR	Requires improvement	25 April 2018
1-117042879	Laurel Mount	http://www.cqc.org.uk/location/1-117042879	BD20 6JB	Good	23 May 2017
1-137789675	Lindisfarne Care Home Limited	http://www.cqc.org.uk/location/1-137789675	BD22 8QE	Good	08 November 2016
1-109775435	Lister House Nursing Home	http://www.cqc.org.uk/location/1-109775435	BD8 8RA	Requires improvement	09 February 2018
1-530762441	Longfield House	http://www.cqc.org.uk/location/1-530762441	BD14 6NP	Good	02 September 2017
1-2530478528	Low Hall	http://www.cqc.org.uk/location/1-2530478528	BD18 3SA	Good	03 November 2017
1-122199751	Malvern Nursing Home	http://www.cqc.org.uk/location/1-122199751	BD9 5NN	Requires improvement	20 December 2017
1-112964155	Manor Park Care Home	http://www.cqc.org.uk/location/1-112964155	BD21 1JB	Good	13 October 2016
1-319264754	Mill Lodge Care Centre	http://www.cqc.org.uk/location/1-319264754	BD3 8DR	Good	26 May 2017
1-1477142310	Mill View	http://www.cqc.org.uk/location/1-1477142310	BD2 4BN	Outstanding	27 September 2018
1-1441005926	Moorfields Lodge	http://www.cqc.org.uk/location/1-1441005926	BD22 8EN	Good	23 August 2017
1-230646946	Morton Close	http://www.cqc.org.uk/location/1-230646946	BD20 6RP	Good	25 July 2017
1-1491017059	Newline Care Home	http://www.cqc.org.uk/location/1-1491017059	BD10 9AS	Good	23 March 2018

Location ID	Location Name	Website URL	Location Postcode	Overall Rating	Publication Date
1-1491197297	Newline Care Services	http://www.cqc.org.uk/location/1-1491197297	BD10 9TE	Good	10 August 2018
1-122317138	Norman Lodge	http://www.cqc.org.uk/location/1-122317138	BD6 1EX	Requires improvement	06 April 2018
1-154685378	Norwood House Nursing Home	http://www.cqc.org.uk/location/1-154685378	BD20 6DZ	Good	11 October 2018
1-2950981299	Oak Lodge Residential Home	http://www.cqc.org.uk/location/1-2950981299	BD8 7BG	Good	19 September 2017
1-1015909323	Oasis Care	http://www.cqc.org.uk/location/1-1015909323	BD16 2NB	Good	21 October 2017
1-419446102	Old Park Road Respite Unit	http://www.cqc.org.uk/location/1-419446102	BD10 9BG	Good	06 September 2016
1-842083566	Our TLC Limited	http://www.cqc.org.uk/location/1-842083566	BD18 3AP	Good	19 May 2018
1-106171754	Park House Nursing Home	http://www.cqc.org.uk/location/1-106171754	BD13 1QJ	Good	10 September 2016
1-121612571	Park View	http://www.cqc.org.uk/location/1-121612571	BD9 4NB	Good	13 October 2017
1-130134864	Pollard House	http://www.cqc.org.uk/location/1-130134864	BD2 4RW	Good	15 August 2017
1-3973037876	Premier Care - Bradford Branch	http://www.cqc.org.uk/location/1-3973037876	BD18 3SR	Inadequate	24 October 2018
1-369877595	Reevy Road Care Home	http://www.cqc.org.uk/location/1-369877595	BD6 3LH	Good	29 October 2016
1-138289660	Regency Court	http://www.cqc.org.uk/location/1-138289660	BD21 4NA	Requires improvement	16 August 2018
1-120124978	Riddlesden Rest	http://www.cqc.org.uk/lo	BD20 5HR	Requires	21 April 2017

Location ID	Location Name	Website URL	Location Postcode	Overall Rating	Publication Date
	& Convalescent Home	cation/1-120124978		improvement	
1-115045144	Riverview Nursing Home	http://www.cqc.org.uk/location/1-115045144	LS29 9BG	Inadequate	29 March 2018
1-369921832	Rix House	http://www.cqc.org.uk/location/1-369921832	BD22 6AR	Requires improvement	01 June 2018
1-1082758137	Rose Cottage	http://www.cqc.org.uk/location/1-1082758137	BD13 3EL	Requires improvement	25 August 2018
1-1156155659	Routes Healthcare Yorkshire	http://www.cqc.org.uk/location/1-1156155659	BD6 3EW	Good	14 April 2017
1-117965729	Rowanberries	http://www.cqc.org.uk/location/1-117965729	BD14 6PN	Good	13 August 2016
1-2432559335	S & S Home Care Limited	http://www.cqc.org.uk/location/1-2432559335	BD22 6JY	Good	13 April 2017
1-135667878	Safehands Services Limited	http://www.cqc.org.uk/location/1-135667878	BD8 8BD	Good	19 January 2018
1-125046556	Saint John of God Hospitaller Services - 1 Bedes Close	http://www.cqc.org.uk/location/1-125046556	BD13 3NQ	Good	28 April 2018
1-2853046519	Salroyd Villa	http://www.cqc.org.uk/location/1-2853046519	BD12 0JN	Requires improvement	14 August 2018
1-787337976	Sentinel Homecare Limited	http://www.cqc.org.uk/location/1-787337976	BD8 9TB	Good	14 July 2018
1-3642505091	Serenity Care - Support Ltd	http://www.cqc.org.uk/location/1-3642505091	BD5 0BQ	Good	20 September 2018

Location ID	Location Name	Website URL	Location Postcode	Overall Rating	Publication Date
1-122317080	Shared Lives Adult Placement Scheme	http://www.cqc.org.uk/location/1-122317080	BD16 1AQ	Good	31 August 2016
1-419566370	Sheldon Ridge	http://www.cqc.org.uk/location/1-419566370	BD4 6EE	Good	14 September 2018
1-109775451	Sherrington House Nursing Home	http://www.cqc.org.uk/location/1-109775451	BD8 8RA	Requires improvement	10 May 2017
1-3017909815	Silverlea Care Home Limited	http://www.cqc.org.uk/location/1-3017909815	BD3 7JG	Requires improvement	19 June 2018
1-120591195	Southfield Care Home	http://www.cqc.org.uk/location/1-120591195	BD7 3LF	Requires improvement	14 December 2017
1-2301340253	Sova Healthcare Ltd	http://www.cqc.org.uk/location/1-2301340253	BD1 5EE	Good	25 June 2016
1-281868881	Spring Mount	http://www.cqc.org.uk/location/1-281868881	BD9 4DW	Good	04 January 2017
1-126242109	Springfield	http://www.cqc.org.uk/location/1-126242109	BD6 2UB	Good	27 April 2016
1-1088250864	St Anne's Bradford Supported Living Services	http://www.cqc.org.uk/location/1-1088250864	BD8 8JY	Requires improvement	26 July 2017
1-117541937	Staveley Birkleas Nursing Home	http://www.cqc.org.uk/location/1-117541937	BD18 4HD	Requires improvement	21 July 2018
1-119721767	Steeton Court Nursing Home	http://www.cqc.org.uk/location/1-119721767	BD20 6SW	Good	08 June 2017
1-2334208813	Stonham	http://www.cqc.org.uk/lo	BD8 8BD	Good	14 September

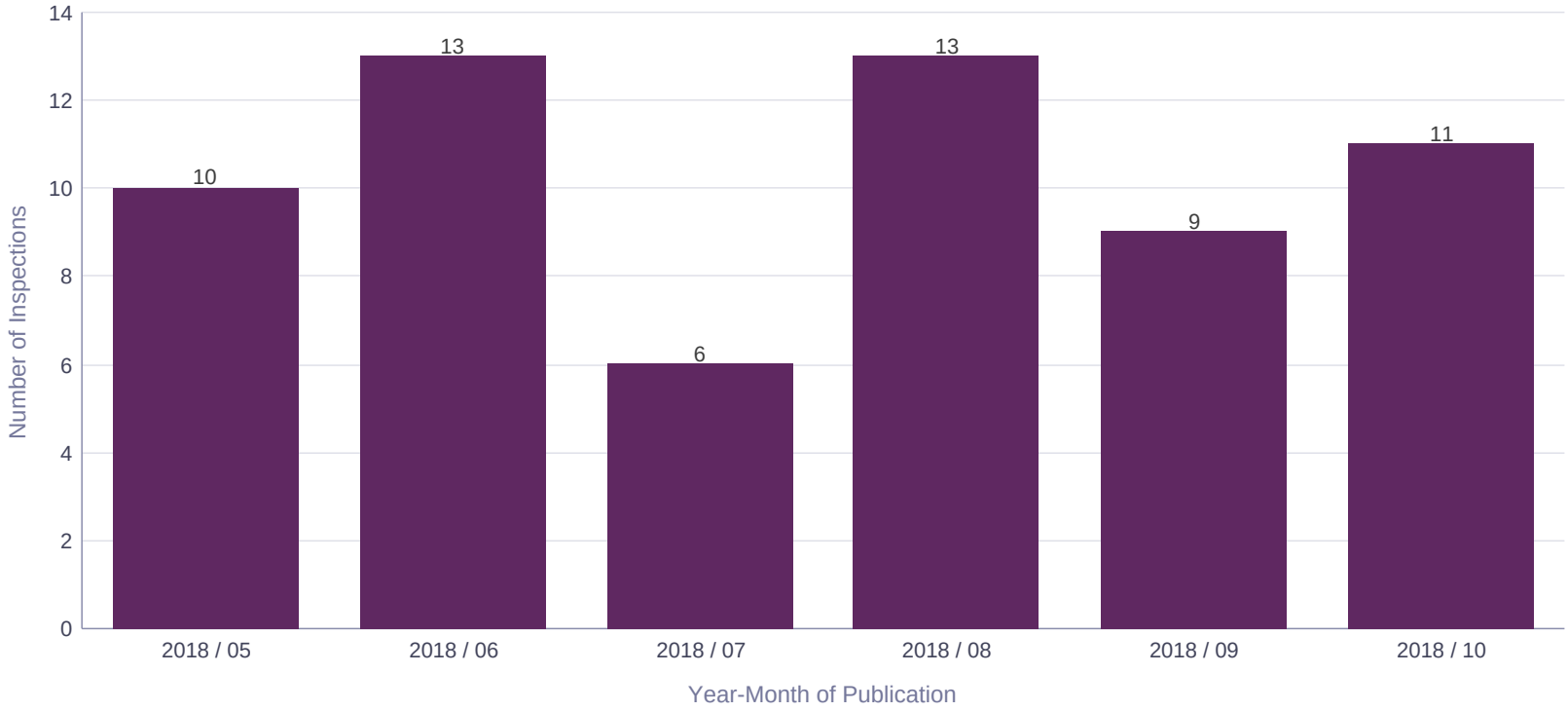
Location ID	Location Name	Website URL	Location Postcode	Overall Rating	Publication Date
	Bradford	cation/1-2334208813			2017
1-3110630161	Straven House Care Home	http://www.cqc.org.uk/location/1-3110630161	LS29 9QL	Good	15 May 2018
1-225796762	Summerfield Private Residential Home	http://www.cqc.org.uk/location/1-225796762	BD20 9DA	Good	17 March 2018
1-122007536	Sunningdale EMI Care Home	http://www.cqc.org.uk/location/1-122007536	BD9 4NB	Requires improvement	30 November 2017
1-319449751	Sunshine Care (Yorkshire) Limited	http://www.cqc.org.uk/location/1-319449751	BD13 1PL	Good	21 September 2016
1-2318715962	Synergy Homecare - Bradford	http://www.cqc.org.uk/location/1-2318715962	BD1 4PS	Good	05 August 2017
1-1079432984	Tempcare Personnel Limited	http://www.cqc.org.uk/location/1-1079432984	BD4 8BX	Good	20 June 2018
1-120690704	The Beeches Care Home	http://www.cqc.org.uk/location/1-120690704	BD6 3DP	Good	29 December 2017
1-3110297372	The Borrins Care Home	http://www.cqc.org.uk/location/1-3110297372	BD17 6NW	Good	25 August 2017
1-294590228	The Cedars	http://www.cqc.org.uk/location/1-294590228	BD17 6QA	Requires improvement	24 March 2018
1-1790539111	The Flowers Care Home Limited	http://www.cqc.org.uk/location/1-1790539111	BD7 4LZ	Good	27 April 2017
1-352813815	The Gables	http://www.cqc.org.uk/lo	BD20 9LN	Good	29 November

Location ID	Location Name	Website URL	Location Postcode	Overall Rating	Publication Date
	Nursing Home	cation/1-352813815			2016
1-2235535718	The Gateway Care Home	http://www.cqc.org.uk/location/1-2235535718	BD4 8RD	Good	04 January 2018
1-3527144569	The Gateway Respite	http://www.cqc.org.uk/location/1-3527144569	BD4 8RD	Good	08 June 2018
1-1195529037	The Glen Nursing Home	http://www.cqc.org.uk/location/1-1195529037	BD17 5DX	Good	29 November 2017
1-119614435	The Heathers	http://www.cqc.org.uk/location/1-119614435	BD8 7LU	Good	09 March 2018
1-4761908472	The Links Care Centre	http://www.cqc.org.uk/location/1-4761908472	BD3 7NJ	Inadequate	03 October 2018
1-122007499	The Raikes Residential Home	http://www.cqc.org.uk/location/1-122007499	BD20 9JN	Good	03 October 2017
1-122317163	Thompson Court	http://www.cqc.org.uk/location/1-122317163	BD16 2EP	Requires improvement	17 November 2017
1-127478098	Thornfield House	http://www.cqc.org.uk/location/1-127478098	BD10 8QY	Good	01 November 2016
1-1482500032	Three Sisters & Bronte View	http://www.cqc.org.uk/location/1-1482500032	BD22 9PH	Good	16 March 2018
1-2510439166	Total Homecare (Yorkshire) Ltd	http://www.cqc.org.uk/location/1-2510439166	BD18 3HD	Good	02 October 2018
1-124000067	Troutbeck Care Home	http://www.cqc.org.uk/location/1-124000067	LS29 9JP	Requires improvement	25 August 2018
1-2404425008	Trustcare	http://www.cqc.org.uk/location/1-2404425008	BD17 7BN	Good	28 April 2018
1-3021032176	Turning Point - 1-2 Cuthberts	http://www.cqc.org.uk/location/1-3021032176	BD13 2DF	Requires improvement	04 May 2018

Location ID	Location Name	Website URL	Location Postcode	Overall Rating	Publication Date
	Close				
1-3021032272	Turning Point - 3-4 Cuthberts Close	http://www.cqc.org.uk/location/1-3021032272	BD13 2DF	Good	09 May 2018
1-3021032121	Turning Point - Bede's Close	http://www.cqc.org.uk/location/1-3021032121	BD13 3NQ	Requires improvement	28 February 2018
1-1488272345	Turning Point - Bradford	http://www.cqc.org.uk/location/1-1488272345	BD1 4HR	Good	12 May 2018
1-3021032077	Turning Point - Station Road	http://www.cqc.org.uk/location/1-3021032077	BD14 6JA	Good	11 April 2018
1-3021032015	Turning Point - West Lane	http://www.cqc.org.uk/location/1-3021032015	BD13 3JB	Good	01 May 2018
1-568147038	United Response - Bradford Community Support	http://www.cqc.org.uk/location/1-568147038	BD5 8JX	Good	09 August 2017
1-3154065064	Vision Care Services	http://www.cqc.org.uk/location/1-3154065064	BD8 9JT	Requires improvement	20 September 2017
1-120266690	Vision Homes Association - 2 Ouzel Drive	http://www.cqc.org.uk/location/1-120266690	BD6 3YN	Good	16 June 2016
1-122317270	Wagtail Close	http://www.cqc.org.uk/location/1-122317270	BD6 3YJ	Requires improvement	18 April 2018
1-369921717	Weaver Court	http://www.cqc.org.uk/location/1-369921717	BD10 9TL	Good	04 May 2016
1-109813723	Well Springs Nursing Home	http://www.cqc.org.uk/location/1-109813723	BD9 5QU	Good	23 August 2018

Location ID	Location Name	Website URL	Location Postcode	Overall Rating	Publication Date
1-113532149	Wellington House Nursing Home	http://www.cqc.org.uk/location/1-113532149	BD18 3LU	Good	06 June 2018
1-123449640	West Bank Care Home	http://www.cqc.org.uk/location/1-123449640	BD8 0AN	Requires improvement	10 February 2017
1-2969293218	Westfield Manor	http://www.cqc.org.uk/location/1-2969293218	BD10 8PY	Good	01 March 2017
1-401860649	Whiteoak	http://www.cqc.org.uk/location/1-401860649	BD2 3QF	Good	07 March 2017
1-120690719	Willow Bank Care Home	http://www.cqc.org.uk/location/1-120690719	BD15 7WB	Requires improvement	14 August 2018
1-3779619799	Windsor Court	http://www.cqc.org.uk/location/1-3779619799	BD15 7TN	Good	01 August 2018
1-4107541985	Woodhall Care Services Ltd	http://www.cqc.org.uk/location/1-4107541985	BD4 8BX	Requires improvement	11 September 2018
1-142190858	Woodleigh Rest Home Limited	http://www.cqc.org.uk/location/1-142190858	BD13 2SR	Requires improvement	24 May 2018
1-122317254	Woodward Court	http://www.cqc.org.uk/location/1-122317254	BD15 7YT	Good	24 April 2018
1-284382921	Worth Valley Care Services Ltd	http://www.cqc.org.uk/location/1-284382921	BD22 8LR	Good	31 July 2018

Number of new approach inspections of Social Care Org locations in Bradford published in the last 183 days



The number of compliance actions and requirement notices served on Social Care Org locations in Bradford in inspections published in the last 12 months

Each compliance action and requirement notice is counted separately for every regulation breached as part of a published inspection.

Action Type	Number of Actions
Requirement	77

The number of published enforcement actions served on Social Care Org locations in Bradford in management reviews carried out since 1 April 2017

Action Type	Number of Actions
Cancel registration	1
Impose Condition	1
Recommend fixed penalty	1
Serve WN	19
Total	**22**

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the City Solicitor to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 22 November 2018

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Subject: Care Quality Commission Inspection Report: Bradford Teaching Hospitals NHS Foundation Trust

Summary statement:

The Care Quality Commission (CQC) carried out inspections of Bradford Teaching Hospitals NHS Foundation Trust (the Trust) in January and February this year. The Trust was rated 'Requires Improvement'.

This report presents the CQC Inspection Report (Appendix 1) and the report of the Director of Governance and Corporate Affairs at the Trust on the compliance actions required by the CQC and the Trust's action plan (Appendix 2).

Parveen Akhtar
City Solicitor

Report Contact: Caroline Coombes
Phone: (01274) 432313
E-mail:
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Portfolio:

Healthy People and Places

1. Summary

The Care Quality Commission (CQC) carried out inspections of Bradford Teaching Hospitals NHS Foundation Trust (the Trust) in January and February this year. The Trust was rated 'Requires Improvement'.

This report presents the CQC Inspection Report (**Appendix 1**) and the report of the Director of Governance and Corporate Affairs at the Trust on the compliance actions required by the CQC and the Trust's action plan (**Appendix 2**).

2. Background

Between 9 and 11 January 2018, the CQC inspected the urgent and emergency, medical, surgical and maternity services provided by this trust, as part of its continual checks on the safety and quality of healthcare services.

They also inspected urgent and emergency and medical services at Bradford Royal Infirmary because they were previously rated as requires improvement.

CQC also inspected maternity services at Bradford Royal Infirmary because there were concerns that had been raised. There was intelligence to suggest concern in a number of areas.

Surgery was inspected because they required improvement in safety at the last inspection and intelligence suggested areas for review.

CQC also inspected well-led at trust level in a separate inspection between 6 and 8 February 2018.

Comprehensive inspections of NHS trusts have shown a strong link between the overall management of a trust and the quality of its services. For that reason, all trust inspections now include an inspection of the well-led key question at the trust level. The findings are in the section headed: Is this organisation well-led?

The CQC report was published on 15 June 2018 and an action plan was provided by the Trust on 12 July 2018. Progress against the action plan is reviewed by the Trust's Board of Directors. The Director of Governance and Corporate Affairs will attend the meeting to answer questions.

3. Recommendations

That Members receive the information provided in Appendix 1 and Appendix 2 and consider any comments and recommendations they wish to make.

4. Not for publication documents

None

5. **Appendices**

5.1 Appendix 1: CQC Inspection Report: Bradford Teaching Hospitals NHS Foundation Trust (Appendix 1)

5.2 Appendix 2: report of the Director of Governance and Corporate Affairs, Bradford Teaching Hospitals NHS Foundation Trust CQC Compliance Actions Update.

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Bradford Teaching Hospitals NHS Foundation Trust

Inspection report

Trust Headquarters
Bradford Royal Infirmary
Bradford
West Yorkshire
BD9 6RJ
Tel: 01274542200
www.bradfordhospitals.nhs.uk

Date of inspection visit: 9 January 2018 to 8 February 2018
Date of publication: 15/06/2018

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

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

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

Summary of findings

Background to the trust

Bradford Teaching Hospitals NHS Foundation Trust is an integrated trust, which provides acute and community health inpatient services. The trust serves a population of around 500,000 people from Bradford and surrounding area. The trust gained foundation status in April 2004.

Services provided at the trust are commissioned by three main clinical commissioning groups. NHS Airedale, Wharfedale and Craven CCG; NHS Bradford City CCG and NHS Bradford Districts CCG.

The acute services are provided in main two hospitals, Bradford Royal Infirmary and St Luke's Hospital. The community health inpatient services in Bradford are provided in three community hospitals; these are Westwood Park, Eccleshill and Westbourne Green.

The trust has approximately 805 beds and employs 5,028 WTE staff. Between December 2016 and November 2017 there were approximately 93,508 inpatient admissions, 519,719 outpatient attendances, 123,181 A&E attendances and 5,800 births.

The trust provides a full range of acute clinical services and community services. The trust has one emergency department, based at Bradford Royal Infirmary. This provides 24 hour seven days a week comprehensive accident and emergency service including resuscitation and high dependency unit, ambulatory care unit, dedicated paediatric service and a primary care streaming service (collocated GP unit) located next door to the department. A new clinical decision unit (CDU) opened in November 2017 and a side room in the CDU was available for the care and treatment of mental health patients when accompanied.

The medicine core service at the trust provides care and treatment for elective and acute services, as well as an out-reach dialysis service located in Skipton and a cardiology out-patient clinic in Addingham.

The Division of Surgery, Anaesthesia and diagnostics runs elective services across five hospital sites in the city of Bradford: Bradford Royal Infirmary; St Luke's Hospital; Eccleshill Hospital, Westwood Park Hospital and Shipley Hospital. The trust has five main operating theatres and 10 surgical wards. The Division provides and delivers acute, elective and day case surgery within four Directorates: The Digestive Diseases, Urology and Vascular Surgery Directorate; the Theatres & Critical Care Directorate; the Orthopaedics, Plastics & Breast Directorate; and the Head and Neck Directorate. The division is a Specialist Centre for Upper GI Cancer, Urology (including robotic surgery) and Head and Neck Cancer. Bradford Teaching Hospitals NHS Foundation Trust hosts the Yorkshire Cochlear Implant Centre and the surgical division provides services to neighbouring Trusts in Ophthalmology, ENT, Plastics, Maxillo Facial and Acute Vascular Services.

A full range of maternity services are provided at the trust and in community settings for women and families in the Bradford area. There were seven community teams providing antenatal and post-natal care and 10 specialist midwives. The trust delivered approximately 5,500 babies each year.

CQC carried out a comprehensive inspection of the trust in January 2016. We rated safe, responsive and well led as requires improvement. Effective and caring were rated as good. We rated the trust as requires improvement overall and issued requirement notices in regard to Regulation 12: Safe care and treatment; Regulation 17: Good governance and Regulation 18: Staffing. The trust put action plans in place, which have been implemented and monitored by CQC.

Overall summary

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

Summary of findings

What this trust does

Bradford Teaching Hospitals NHS Foundation Trust is an integrated trust, which provides acute and community health inpatient services. The trust serves a population of around 500,000 people from Bradford and surrounding area. The trust gained foundation status in April 2004.

Services provided at the trust are commissioned by three main clinical commissioning groups (CCG's). NHS Airedale, Wharfedale and Craven CCG; NHS Bradford City CCG and NHS Bradford Districts CCG.

The acute services are provided in two hospitals, Bradford Royal Infirmary and St Luke's Hospital. The community health inpatient services in Bradford are provided in three community hospitals; these are Westwood Park, Eccleshill and Westbourne Green.

The trust has approximately 805 beds and employs 5,028 WTE staff. Between December 2016 and November 2017 there were approximately 93,508 inpatient admissions, 519,719 outpatient attendances, 123,181 urgent and emergency attendances and 5,375 births.

Key questions and ratings

We inspect and regulate healthcare service providers in England.

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

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

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

What we inspected and why

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

Between 9 and 11 January 2018, we inspected the urgent and emergency, medical, surgical and maternity services provided by this trust, as part of our continual checks on the safety and quality of healthcare services.

We inspected urgent and emergency and medical services at Bradford Royal Infirmary because they were previously rated as requires improvement.

We inspected maternity services at Bradford Royal Infirmary because there were concerns that had been raised. There was intelligence to suggest concern in a number of areas.

We inspected surgery because they required improvement in safety at the last inspection and intelligence suggested areas for review.

We also inspected well-led at trust level in a separate inspection between 6 and 8 February 2018. Our comprehensive inspections of NHS trusts have shown a strong link between the overall management of a trust and the quality of its services. For that reason, all trust inspections now include an inspection of the well-led key question at the trust level. Our findings are in the section headed: Is this organisation well-led?

What we found

Summary of findings

Overall trust

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

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

Are services safe?

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

- We rated safe in medicine and maternity as requires improvement. We rated safe in urgent care and surgery as good.
- Mandatory training compliance rates varied and failed to meet the trust target of 95% in a number of key topics across the four core services we inspected. Notably, the training undertaken for key competencies around the collection, storage and handling of bloods and blood transfusions.
- The proportion of staff that had completed safeguarding training was varied and although some improvement was seen in surgery we saw that most areas were below the trust target of 95%. However, safeguarding processes were in place to protect adults and children from abuse and staff we spoke with understood these and they received appropriate support from safeguarding leads.
- We found the five steps to safer surgery process was not embedded in the maternity services as the World Health Organization (WHO) checklist process was not always followed by staff. Recent WHO audit records showed there was 89% compliance. However, the WHO surgical safety checklist was consistently followed and audited in the surgical services.
- There was concern regarding the sustainability of the nurse staffing situation as there was an overall trust nurse vacancy rate of 19% and this was 18% across the medical care services; 20% in surgery and 11% in maternity and urgent care. Nursing turnover and sickness rates were also high. However, we found that shifts were covered through the use of bank and agency staff and there were appropriate numbers of staff at most times.
- We were concerned that 1:1 care during labour was only occurring 70% of the time. We saw that on labour ward, two midwives would be utilised to cover theatre in the case of an emergency caesarean section. When this occurred, it had a significant impact on the agreed establishment of eight midwives on the labour ward. The trust was in the process of recruiting an obstetric theatre team to address this.
- Midwifery staffing challenges were also affecting he role of the ‘hot desk’ midwife. Their role was to oversee staffing on a day to day basis, but we found that they often were caring for patients.
- Medical staffing was better than nursing. However, Maternity leave within the obstetric consultant staffing was having an effect on workload especially when no locum cover was available. This had resulted in clinics being over booked and added to the medical workload. Also the respiratory service did not have access to a specialist respiratory consultant at the weekend or during bank holidays. However cover had been risk assessed and was provided by a medical rota.
- We noted that across the trust safety thermometer data; displaying harm free care; was not publicly displayed for patients or visitors.

Summary of findings

- The discharge lounge was not ideally located for ease of access, so patients being discharged to patient transport services needed to be collected and transported in the lift and wheeled or walked through the hospital to exit. The entrance vestibule to the discharge lounge had also been used to store large quantities of equipment and hospital beds.
- Other concerns in maternity services included, medicine fridge temperature checks that were not always recorded or actioned. The lack of a clinical pharmacy service and we noted medicines reconciliation could not be assured. We also found infection prevention and control audit data was not being completed by every area each month.

However:

- There were suitable processes for identifying and managing deteriorating patients including the use of early warning score systems.
- Records were appropriately and fully completed.
- We observed good compliance with infection prevention and control guidance including the use of personal protective equipment in most areas.
- Staff reported incidents, appropriate action was taken following investigations and learning was shared. However it should be noted that in maternity not all incidents relating to staffing challenges were reported.
- Concerns in relation to access and security to the maternity unit and the baby abduction policy being out of date were raised at the time of inspection and immediate action was taken to resolve the access issue.

Are services effective?

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

- In medicine, the trust had been identified as an outlier for stroke mortality data and their rating was worse than the last inspection in the Sentinel Stroke National Audit Programme (SSNAP). In the 2015 - 16 Heart Failure Audit they were worse than the national average for all four of the standards relating to in-hospital care and for all of the seven standards relating to discharge.The Myocardial Ischaemia National Audit Project (MINAP) from April 2015 to March 2016 was below the national average for patients being admitted to a cardiac ward and better than average for being seen by a cardiologist. Also a lower proportion of patients were referred for angiography than the England average.
- In the emergency department, the sepsis audit indicator for antibiotic administration within 1 hour was only 16% against national average of 44%. Actions were being taken to improve compliance against the audit findings, including staff training and awareness and updated sepsis guidelines and pathways.
- The trust had a consistently higher than average number of still births compared to the regional average. The number of babies with a low birth weight at term was also higher than the regional average for five of the months between January 2017 and December 2017. Nationally recognised patient pathways were in use such as the national stillbirth care bundle however, the trust had made a decision not to use customised growth charts.
- Appraisal rates across the trust varied and did not consistently meet the trust target of 100%.
- Staff on the maternity wards used paper copies of Patient Group Directions (PGDs) which were past their date of review, rather than accessing up-to-date electronic versions.
- There were a number of corporate and local policies that were past their date for review. This had been identified at the last inspection. The trust had an action plan around local clinical guidelines and a trajectory had been set by which time all policies and guidelines would be updated by 30th July 2017.

However:

Summary of findings

- National audit outcomes in urgent care, surgery and maternity were generally as expected or better.
- Patient reported outcomes in surgery were about the same as the England averages.
- Policies and pathways were based on guidance from the Royal Colleges' and the National Institute for Health and Care Excellence (NICE).
- The trust monitored its working scheme against NHS Services, Seven Days a Week Clinical Standards. There remained some areas where service could be improved.
- Staff worked well as part of a multidisciplinary team. Staff understood consent, mental capacity, and deprivation of liberty safeguards and received support when treating patients with mental ill health. Electronic patient records (EPR) provided up to date information and was becoming embedded since its introduction in September 2017.

Are services caring?

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

- We rated caring as good across all four core services we inspected.
- Staff were polite, caring, compassionate and treated patients with dignity and respect. Patients spoke positively about the care they received.
- Staff involved patients and those close to them in decisions about their care and treatment and supported their emotional needs.
- Volunteers provided help and support to patients.
- Friends and family test feedback was varied across all the core services we inspected. There was a worsening picture in urgent care but a consistently high in all areas of maternity.

However,

- The response rates for the friends and family test were lower than the national average which does affect the significance of the results. The trust had plans in place to try and address this.

Are services responsive?

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

- Despite us rating responsive as good across the four core services we inspected; the overall rating of responsive stayed the same due to the two remaining ratings for services we did not inspect as part of this inspection.
- The trust failed to meet the four hour standard between December 2016 and November 2017. From November 2017 to January 2018 the standard was not met but actual patient attendances were almost 20% above the department's contracted activity. An emergency care recovery programme plan was in place, including a manager being present 24 hours a day to facilitate performance against the four-hour standard.
- We found that although complaints were investigated and learning was shared to improve care, complaints were not always responded to in line with the timeframes of the trust's policy.

However;

- Services were planned and adapted to meet the needs of the local population. Approximately one third of Bradford's resident population is of BAME heritage and we found that the trust utilised specific service user groups to engage with the diverse local population. There was a diverse chaplaincy service which reflected the diversity of the local population. Prayer rooms and foods was provided in line with patients cultural needs.

Summary of findings

- The acute assessment area and medical admissions unit supported the efficient flow of patients; the ambulatory care unit assigned the patient to the appropriate pathway, including step down facilities, operated hot clinics for specific specialties and to reassess patients to avoid admission.
- Emergency patients were assessed within 15 minutes of arrival during our inspection. Waiting times of patients between four and 12 hours showed a long term trend of improvement.
- The paediatric emergency department included a separate waiting area and a clinical decision unit was recently opened. The trust planned to open the maternity assessment centre 24 hours a day to improve patient access and flow.
- The medical care service had a virtual ward model that had improved the access and flow and helped to decrease avoidable hospital admissions.
- The surgery referral to treatment performance improved to bring it to a similar level to the England average. The percentage of cancelled operations at the trust where the patient was not treated within 28 days was better than the England average.
- Maternity services consistently achieved better than the regional target of 90% for antenatal booking appointments at gestation less than 13 weeks.
- Services took account of patients' individual needs, such as patients with learning disabilities or living with dementia. Specialist midwife support was available to women throughout their pregnancy.
- The emergency department's musculoskeletal clinic for active or athletic patients was an effective route to physiotherapy with short waiting times, supported by clear communication between the emergency department, physiotherapy and orthopaedics.

Are services well-led?

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

- Although we found some areas for improvement in leadership, management and culture within some of the services we inspected, we were sufficiently assured of the trusts overall leadership, management and culture following our trust-wide well-led inspection.
- We rated well-led as good for three core services we inspected and as requires improvement for one service.
- The trust's vision and values had been shared and these were understood by staff. There was effective local leadership; staff were motivated and focused on team work.
- There was routine engagement with patients, staff, the public and local organisations to plan and manage services. There was a culture of continual improvement and research and innovation to improve the quality of its services.
- The services had systems for identifying and mitigating risks. Departmental risk registers were used to manage the local risks. However we identified risks which did not feature on the maternity departmental risk register.

However:

- Opportunities for sharing learning had not been embedded in the maternity services. For example the safety huddle. Ward meetings were not occurring regularly and were poorly attended. This was reflected in staff having limited knowledge of learning from incidents.
- We were not assured that there was timely response to audit reports and recommendations.
- Policies and guidance documents were out of their review date in the maternity and medical care services. This was also identified during our previous inspection.

Summary of findings

Ratings tables

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

Outstanding practice

We found examples of outstanding practice in all four core services we inspected. These related to staff networking and involvement in regional initiatives; new safety initiatives; innovative ways of working to keep patients at home and reducing waiting times and high level multidisciplinary working practices.

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

Areas for improvement

We found areas for improvement including eight breaches of legal requirements that the trust must put right. We found 41 areas that the trust should improve to comply with a minor breach that did not justify regulatory action, to prevent breaching a legal requirement, or to improve service quality.

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

Action we have taken

We issued three requirement notices to the trust. Our action related to breaches of legal requirements in the maternity and medical care core services.

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

What happens next

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

Outstanding practice

In Urgent and Emergency services:

- The emergency department supported and encouraged continuous learning, improvement and innovation. Staff participated in research projects and recognised accreditation schemes and the department used both standard and innovative tools and methods to support the development of staff skills.
- The emergency department held regular simulation-based training to support lessons learnt from challenging cases that were highlighted to the department from complaints or serious untoward incidents.
- The department's musculoskeletal clinic for active or athletic patients was an effective route to physiotherapy with short waiting times, supported by clear communication between the emergency department, physiotherapy and orthopaedics. Referral times from the emergency department to the clinic and from the clinic to obtaining a scan were significantly shortened. Patient satisfaction was high.

Summary of findings

- The ambulatory care assessment unit held a series of “hot clinics” for specific specialties throughout the week, which included: stroke; respiratory; neuro medicine; gastro; renal; and infectious diseases. The unit also held a hot clinic to reassess patients to avoid admission.
- The clinical emergency medicine application for mobile devices recently implemented in the department as a reporting tool provided an online situation report linked to electronic action cards for key operational medical and nursing staff and provided live updates. The application enabled key performance information to be shared by senior medical and nursing staff and supported staff members in responding quickly to mitigate identified risks to patients.

In Medical Care services:

- The service had an outstanding approach to multidisciplinary working. Staff described effective working relationships between consultants, doctors, nurses, health care assistants and allied health professional staff. We observed several meetings that incorporated staff from a variety of disciplines and their communication and approach to patient care was excellent. The division had integrated the therapies directorate in to its structure and it showed how positive and progressive the working relationships were with this staff group.
- The virtual ward was the winner of the ‘Improving Value in the Care of Frail Older Patients’ award at the HSJ Value in Healthcare Awards 2017. The virtual ward had positively impacted on access and flow at the trust, and had reduced the number of avoidable hospital admissions. Step up and step down pathways were in place with a robust referral criteria and governance framework.

In Surgery services:

- The service ensured the right patient gets the right operation by adding a green wrist-band at the time of consent. This is then cross-checked in the anaesthetic room.
- The service developed a ‘Standard Operating Procedure for full capacity’ protocol to manage the conversion to non-elective beds on the day case unit.
- The service developed paperless radiology reports through care records integrated with the theatre and ophthalmology systems.
- The service developed a virtual acute surgical ward to manage patients with specific conditions in surgery (such as abscesses or uncomplicated biliary colic) at home while they await their procedure.
- The Introduction of a ‘Fragility Nurse Service’ and joint care model with a surgeon and geriatrician has contributed significantly to the being fifth in the country for fracture neck of femur outcomes.
- The service developed the Bradford Macula Centre, a dedicated service which has reduced the waiting list for macular patients.

In Maternity services:

- The safeguarding midwife had helped set up the Yorkshire and Humber named midwives forum to address isolation for midwives in these specialist roles, and share good practice.

Areas for improvement

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

Action the trust MUST take to improve

Summary of findings

We told the trust that it must take action to bring services into line with legal requirements. This action related to concerns in two of the four services we inspected.

In Medical care services:

- The provider must ensure staff complete mandatory training, including safeguarding training, so they have the skills and competence to undertake their roles.
- The provider must ensure they have a robust system in place to identify policies and guidance approaching their review date.

In Maternity services:

- Ensure midwifery staff are compliant with all aspects of mandatory training.
- Ensure daily checks of emergency equipment are undertaken in maternity.
- Ensure fridge temperature monitoring is in place in maternity areas and that action is taken when minimum or maximum temperatures are exceeded.
- Ensure all staff are engaged and participate in all steps of the World Health Organisation' (WHO) surgical safety checklist, and that this is consistently utilised.
- Ensure all polices and guidelines are up to date.
- Ensure all staff have undergone an annual appraisal.

Action the trust SHOULD take to improve

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

Trust wide:

- To improve engagement and involvement in network groups from members of trust leadership.
- To improve the experiences of junior doctors and staff with protected characteristics.
- To develop processes to measure the outcomes of mental health patients in order to identify opportunities to improve care.

In Urgent and Emergency services:

- Ensure the reception layout supports the confidentiality of patients.
- Review signposting to the emergency department in the hospital is improved.
- Ensure nurse practitioner recruitment is completed so that the ambulatory care unit (ACU) is fully staffed for extended hours.
- Ensure mandatory training is facilitated so that all staff are compliant with mandatory training requirements.
- Ensure staff training and competency assessments to support the safe use of patient group directions are completed.
- Improve sepsis outcomes for the department in 2018.
- Improve unplanned re-attendance rate within seven days in 2018.
- Improve the number of patients who left the emergency department before being seen.

Summary of findings

- Clearly present key operational performance information (particularly compliance with the 95% standard) in the emergency department.
- Ensure information for patients is available in the reception area and further information in printed form is available for patients and their carers, particularly about the support available for patients with mental ill health, dementia or learning disability.
- Improve response rates for the friends and family test for the emergency department.
- Continue to development links with primary care services to support the department's role in health promotion and the use of joint patient pathways to avoid unnecessary referrals to the emergency department.

In Medical Care services:

- The provider should take appropriate actions to improve compliance with national audits (such as the stroke, heart failure and Myocardial Ischaemia audits) in order to demonstrate effective patient outcomes.
- The provider should ensure staff record oxygen prescriptions, and reasoning for varying the prescription, consistently in the electronic patient record.
- The provider should ensure that they provide suitable premises and that potential hazards are fully risk assessed and comply with infection prevention and control guidelines, to protect public, staff and patient safety.
- The provider should ensure they can continue to have appropriate numbers of staff on duty at all times to ensure patients receive safe care and treatment.
- The provider should ensure the environment throughout the service is sufficiently adapted to provide people with care in a way that meets their needs, with a particular view on signage throughout the hospital.

In Surgery services:

- Ensure the sustainability of safe nurse and medical staffing.
- Ensure mandatory training compliance rates meet trust targets and in particular the rates of completion for Mental Capacity Act and Deprivation of Liberty Safeguards training.
- Address environmental and preventative maintenance issues in theatres, specifically the condition of floors and the risk of contamination of the clean scrub area.
- Investigate the causes of the higher than expected risks of readmission for both elective and non-elective admissions when compared to the England averages.
- Investigate the reasons for cancelled operations to bring this in to line with the England average.
- Ensure the trust meets its policy that complaints should be resolved within 30 days of receipt.
- Improve the response rates for patient feedback.

In Maternity services:

- Ensure that up to date Patient Group Directions (PGDs) are used in maternity.
- Improve the use of 'fresh eyes' reviews of cardiotocography (CTG) for all women during labour.
- Ensure that infection control audits are routinely undertaken in each area in maternity.
- Ensure that there is sufficient time allocated in clinic for the number of patients being seen.
- Consider making some changes to the Snowdrop suite so it is a less clinical environment.

Summary of findings

- Consider revising the checklists for resuscitaires to include the individual checks that need to be made.
- Consider the provision of pharmacy support in midwifery.
- Consider strengthening the incident reporting of incidents related to staffing and ensure all opportunities for learning from incidents are taken.
- Consider having records of quality control checks for fetal blood gas analysers kept with the machines so staff can be assured the checks have been carried out.
- Consider looking at recording telephone contact advice calls in patient's electronic records.
- Ensure that labour ward coordinators are supernumerary at all times to ensure they can supervise staff and provide support, particularly in relation to providing 'fresh eyes' review of CTG's.
- Ensure clinical guidance for staff is clear and not contradictory particularly with regards to fetal growth monitoring.
- Ensure robust actions are in place from audits which will facilitate improvement.
- Ensure patient information leaflets are up to date.

Is this organisation well-led?

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

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

- The trust board had the appropriate range of skills, knowledge and experience to perform its role. They demonstrated a clear understanding of the priorities and challenges facing the trust.
- Leadership development and succession planning processes were in place and newly appointed directors underwent formal induction and training specific to their role. The trust was compliant with the Fit and Proper Persons Requirement (FPPR) (Regulation 5 of the Health and Social Care Act (Regulated Activities) Regulations 2014).
- Delayed transfers of care were consistently under 2% between October 2017 and March 2018. This was better than the national target of 3.5%. The trust had made improvements in mortality indicators since the last inspection. The Summary Hospital-level Mortality Indicator (SHMI) placed the trust in the "as expected" category with an outcome of 93 in the period July 2016 to June 2017. The Hospital standardised mortality ratio (HSMR) was 87 in the 12 months October 2016 to September 2017. This placed the Trust in the "better than expected" category.
- The trust's strategic objectives were incorporated into the clinical service strategy 2017 – 2022, which was supported by a number of other core strategic plans, strategies and framework documents. The trust involved staff, patients and key stakeholders in the development of the strategy. The strategy was aligned to local plans in the wider health and social care economy.
- There was a positive culture across the trust with a strong focus on patient safety. The strategic objectives and vision and values were cascaded across the trust and staff demonstrated the values of the organisation. Most staff felt appreciated and proud about working for the trust and within their teams.

Summary of findings

- There was a clear governance structure that supported the escalation of information and key risks to the trust board through various committees and assurance groups. The trust had made improvements to governance arrangements following an independent review of governance in April 2017.
- There were systems in place for effective and timely risk escalation and effective systems were in place to maintain, review and update the corporate risk register and board assurance framework.
- The board had a good understanding of the current financial position and the challenges and risks to the trust. Where cost improvements were taking place there were arrangements to consider the impact on the quality of patient care and the wellbeing of patients and staff.
- The trust worked effectively and collaboratively with trusts as part of the West Yorkshire and Harrogate sustainability and transformation plan to promote good patient care improve efficiency of services.
- The trust had appointed a Freedom to Speak up Guardian and a Guardian of safe working hours. They were provided with suitable resources and support to help staff to raise concerns.
- Patient safety thermometer data was not displayed where patients and their families could view it. This did not demonstrate an open culture in regards to patient safety outcomes.
- The senior leaders developed the 'Let's Talk' process to improve engagement with staff, patients and the public. Most staff reported that the leadership team were visible and approachable.
- The information used in reporting, performance management and delivering quality care was accurate and timely. The trust launched an electronic patient record (EPR) system in 2017 that enabled staff within the trust and externally to access patient records remotely. Plans were in place to on-going issues related to productivity following the implementation of the EPR system.
- There was a focus on continuous learning and improvement at all levels in the organisation, including through appropriate use of external accreditation and participation in research.
- There were effective systems in place to report, investigate and learn from serious incidents, safeguarding incidents, complaints and patient deaths. The trust complied with the statutory and contractual Duty of Candour requirement.

However:

- There were missed opportunities for learning. For example; the training undertaken for key competencies around the collection, storage and handling of bloods and blood transfusions was low.
- The WHO surgical safety checklist was consistently followed and audited in the surgical services but in the maternity services the checklist process was not always followed.
- It was noted that the board membership did not represent the ethnicity of the local population although there was representation amongst the non-executive directors.
- We received a mixed response from the staff side committee, disability network representatives and black, asian and minority ethnic (BAME) network representatives in relation to engagement and involvement in network groups from the trust leadership.
- The trust had a strategy for promoting equality and diversity and improvements had been made in recruiting staff from a diverse background. However, staff from protected characteristic groups described instances of alleged discrimination and difficulties obtaining reasonable adjustment for disabled members of staff. The director of human resources was aware of this and actions were being put in place to improve staff experiences.

Summary of findings

- Feedback from focus groups highlighted that junior doctors in the medical specialties did not always get the time to complete their training and development because of their on-call rota commitments. The guardian of safe working hours also reported that junior doctors in obstetrics and gynaecology specialty frequently working beyond contracted hours.
- The trust was developing an overarching mental health strategy and reported that they did not routinely audit the outcomes of mental health patients in order to identify opportunities to improve care. There were plans to improve this through the creation of a mental health working group.

Ratings tables

Key to tables					
Ratings	Not rated	Inadequate	Requires improvement	Good	Outstanding
Rating change since last inspection	Same	Up one rating	Up two ratings	Down one rating	Down two ratings
Symbol *	➔➔	↑	↑↑	↓	↓↓
Month Year = Date last rating published					

* Where there is no symbol showing how a rating has changed, it means either that:

- we have not inspected this aspect of the service before or
- we have not inspected it this time or
- changes to how we inspect make comparisons with a previous inspection unreliable.

Ratings for the whole trust

Safe	Effective	Caring	Responsive	Well-led	Overall
Requires improvement ➔➔ May 2018	Requires improvement ↓ May 2018	Good ➔➔ May 2018	Requires improvement ➔➔ May 2018	Good ↑ May 2018	Requires improvement ➔➔ May 2018

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

Rating for acute services/acute trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Bradford Royal Infirmary	Requires improvement ➔➔ May 2018	Requires improvement ➔➔ May 2018	Good ➔➔ May 2018	Requires improvement ➔➔ May 2018	Requires improvement ➔➔ May 2018	Requires improvement ➔➔ May 2018
St Luke's Hospital	Requires improvement Jun 2016	Good Jun 2016	Good Apr 2015	Requires improvement Jun 2016	Requires improvement Jun 2016	Requires improvement Jun 2016
Overall trust	Requires improvement ➔➔ May 2018	Requires improvement ➔➔ May 2018	Good ➔➔ May 2018	Requires improvement ➔➔ May 2018	Good ↑ May 2018	Requires improvement ➔➔ May 2018

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

Ratings for a combined trust

	Safe	Effective	Caring	Responsive	Well-led	Overall
Acute	Requires improvement ➔➔ May 2018	Requires improvement ➔➔ May 2018	Good ➔➔ May 2018	Requires improvement ➔➔ May 2018	Good ↑ May 2018	Requires improvement ➔➔ May 2018
Community	Good Jun 2016	Good Jun 2016	Good Apr 2015	Good Apr 2015	Good Jun 2016	Good Jun 2016
Overall trust	Requires improvement ➔➔ May 2018	Requires improvement ➔➔ May 2018	Good ➔➔ May 2018	Requires improvement ➔➔ May 2018	Good ↑ May 2018	Requires improvement ➔➔ May 2018

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

Ratings for Bradford Royal Infirmary

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

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

Ratings for St Luke's Hospital

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

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

Ratings for community health services

	Safe	Effective	Caring	Responsive	Well-led	Overall
Community health inpatient services	Good Jun 2016	Good Jun 2016	Good Apr 2015	Good Apr 2015	Good Jun 2016	Good Jun 2016
Overall*	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016	Good Jun 2016

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

Bradford Royal Infirmary

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Key facts and figures

Bradford Royal Infirmary is the larger of two main hospital sites providing acute clinical services for Bradford Teaching Hospitals NHS Foundation Trust. The hospital is based in Bradford and provides all clinical services from urgent and emergency care to maternity and services for children and young people.

The trust has over 800 beds including 60 maternity beds and 22 critical care beds at Bradford Royal Infirmary. The hospital saw over 9,000 inpatient admissions between December 2016 and November 2017. There were also over 18,000 outpatient attendances in the same period.

The hospital was inspected in October 2014 and January 2016. At the comprehensive inspection in October 2014 we found the trust was in breach of regulations relating to care and welfare of people, assessing and monitoring the quality of the service, cleanliness and infection control, safety, availability and suitability of equipment and premises, respecting and involving service users and staffing. We issued a number of notices which required the trust to develop an action plan for how they would comply with the regulations where breaches had been found.

We reviewed the trust's progress against the action plan during the follow-up inspection in January 2016. We found that there had been improvements in some of the services and this had resulted in a positive change in the overall ratings from the previous CQC inspection, notably in critical care and outpatients and diagnostic imaging. However, the ratings remained the same in accident and emergency, surgery, medicine and children's and young people's services. This was because we either did not see significant improvement from our previous inspection or because we identified new areas of concern.

At this inspection we visited medical, surgical, maternity and urgent care services and conducted a well-led review. We visited over 30 wards and clinical areas. We spoke to over 170 members of staff from all levels and reviewed over 130 patient and prescription records. We also spoke with over 100 patients or carers. We observed daily practice and before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

Summary of services at Bradford Royal Infirmary

Requires improvement

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

Summary of findings

- The medical services were rated as requires improvement in safe and effective but good in caring, responsive and well-led. The service did not always have appropriate numbers of staff to ensure patients received safe care and treatment. However, despite the 18% overall nursing vacancy rate for medicine, the service did manage staffing well and reviewed staffing throughout the day. There is concern regarding the sustainability of the current situation as there is also a 15% nursing turnover rate and a 5% sickness rate. The service was not meeting trust targets for mandatory training completion. The service did not always have suitable premises. The trust had been identified as an outlier for stroke mortality data and they were Band D in the Sentinel Stroke National Audit Programme (SSNAP). Results for the 2015 Heart Failure Audit were worse than the England and Wales average for all of the four of the standards relating to in-hospital care and for all of the seven standards relating to discharge. The Myocardial Ischaemia National Audit Project (MINAP) from April 2015 to March 2016 was noted to be below the national average for being admitted to a cardiac ward and better than average for being seen by a cardiologist. Also a lower proportion of patients were referred for angiography than the England average. Training that staff needed to undertake for their job roles was not consistently up to date. However, staff cared for patients with compassion and treated them with dignity and respect and we saw areas of outstanding practice. The service had an outstanding approach to multidisciplinary working. Staff described effective working relationships between consultants, doctors, nurses, health care assistants and allied health professional staff.
- The maternity services were rated as requires improvement in the safe, effective and well led domain; caring and responsive were rated as good. We found some of the areas of concern had not changed from the last inspection. Mandatory training rates and compliance with the World Health Organisation (WHO) safety checklist was variable. Infection prevention and control audit data was not being consistently collected each month. We also found some concerns in relation to medicines management and midwifery staffing. Care and treatment was evidence based however we found a number of guidelines past their review date. Some patient outcome data was worse than regional averages. We were concerned over the identification of some risks to the service and the slow pace in implementing actions from audits and reviews. However, we also found that care was patient centred and compassionate and we received positive feedback from the patients and relatives we spoke with.
- In surgical services we rated all domains as good. We found that relevant staff working complied with the five steps to safer surgery process and that the WHO surgical safety checklist was consistently followed and audited. Policies and pathways were based on guidance from the Royal College of Surgeons and the National Institute for Health and Care Excellence (NICE). Staff worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide care. The trust's performance for elective and non-elective admissions relating to overall length of stay was better than the England average. Staff told us the division had strong leadership and senior managers were visible and engaged with staff.
- The urgent and emergency care services had improved overall and was rated good in all domains. The new emergency department met our previous concerns about the limitations of the previous department's facilities; the department worked closely in liaison with the acute assessment area, the medical admissions unit and the ambulatory care unit to support the efficient flow of patients. Leadership and governance of the emergency department was stable with elements of good practice and staff spoke positively about the clinical leadership of the department; medical and nursing staff at all levels were clear about their roles; the culture was positive, friendly and open with high staff morale. The vision and strategy for the emergency department was supported by the clinical services strategy for 2017 to 2022 and the department embraced the overall mission of the trust to provide the highest quality healthcare. Information was used to monitor and manage the operational performance of the department, and to measure improvement. However, the sepsis audit figure, for antibiotic administration within 1 hour, was only 16% against national average of 44%; there were staffing concerns and the introduction of the electronic patient record in September 2017 adversely affected the completion of mandatory training.
- Overall we found that care was patient centred and compassionate and we received positive feedback from the patients and relatives we spoke with.

Summary of findings

- This demonstrates positive improvement since the last inspection but as two of the services that were not inspected on this visit had elements of requires improvement this has not allowed the hospital to raise its rating overall. The concerns in those services will continue to be monitored through our engagement programme.

Urgent and emergency services

Good ↑

Key facts and figures

The trust has one emergency department, based at Bradford Royal Infirmary. This provides 24 hour seven days a week comprehensive accident and emergency service including resuscitation and high dependency unit, ambulatory care unit, dedicated paediatric service and a primary care streaming service (collocated GP unit) located next door to the department. A new clinical decision unit (CDU) opened in November 2017 and a side room in the CDU was available for the care and treatment of mental health patients when accompanied.

A total of 135,147 patients attended the emergency department at Bradford Teaching Hospitals NHS Foundation Trust between April 2016 and March 2017; an average of 370 patients per day. For 2016-17, 25.7% of urgent and emergency care attendances resulted in an admission which was higher than the England average of 21.6%.

The emergency department at Bradford Royal Infirmary is a designated trauma unit. More severely injured patients are taken by ambulance to the nearest major trauma centre, based in Leeds.

We inspected the whole core service and looked at all five key questions. We visited the urgent and emergency care department. We spoke with 18 patients and carers and 24 staff across a range of disciplines including doctors, nurses, allied health professionals and the management team. We observed daily practice and viewed 56 patient records. Before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

Summary of this service

A summary of our findings about this service appears in the overall summary.

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

- Patients were clinically streamed on arrival in the department, with the oversight of qualified nurses and triaged promptly, usually with medical input.
- Staff acted promptly to escalate their concerns when a patient's condition deteriorated, so that the patient received the most appropriate care and treatment.
- Patients consistently gave positive feedback about their experience in the emergency department. Staff provided appropriate and timely support to help patients cope emotionally with their care and treatment.
- Almost all patients were assessed with 15 minutes of arrival during our inspection, which mainly met our previous concerns that not all patients were being assessed promptly, and waiting times of patients between four and 12 hours showed a long term trend of improvement.
- An agreement with a neighbouring mental health trust provided support for patients experiencing ill mental health and we observed this multidisciplinary arrangement worked well although we did observe some delays for assessment.
- Medical and nursing staff, of all grades, were deployed in sufficient numbers to support a safe service, staff received regular appraisals and staff development opportunities were consistently well received by staff.
- The emergency department followed recognised evidence-based care and treatment guidelines and participated in national audits to enable its practice to be compared.

Urgent and emergency services

- The emergency department had implemented electronic patient records so that the records of patients were complete, accessible, audited and met our previous concerns as to patient confidentiality.
- Staff reported incidents and applied safeguarding procedures for adults and children appropriately; Staff had an appropriate understanding of consent, mental capacity, and deprivation of liberty safeguards.
- Risks were identified, regularly reviewed and mitigation and action was taken. the department's processes and systems were reviewed through regular audit and monitored to support improvement.
- The new emergency department met our previous concerns about the limitations of the previous department's facilities; the department worked closely in liaison with the acute assessment area, the medical admissions unit and the ambulatory care unit to support the efficient flow of patients.
- Leadership and governance of the emergency department was stable with elements of good practice and staff spoke positively about the clinical leadership of the department; medical and nursing staff at all levels were clear about their roles; the culture was positive, friendly and open with high staff morale.
- The vision and strategy for the emergency department was supported by the clinical services strategy for 2017 to 2022 and the department embraced the overall mission of the trust to provide the highest quality healthcare.
- Information was used to monitor and manage the operational performance of the department, and to measure improvement.

However:

- The layout of the reception area did not support the confidentiality of patients.
- Signposting to the emergency department in the hospital needed to be improved.
- Nurse practitioner recruitment needed to be completed so that the ambulatory care unit (ACU) was fully staffed for extended hours.
- Mandatory training needed to be fully completed by all staff, including staff training and competency assessments to support the safe use of patient group directions.
- Improvements were required for sepsis outcomes for the emergency department, the unplanned re-attendance rate within seven days and to the high number of patients leaving the department before being seen.
- Some key operational performance information (particularly compliance with the 95% standard) was not presented clearly in the emergency department.
- Information for patients was not available in the reception area and further information in printed form was not available for patients and their carers, particularly about the support available for patients with mental ill health, dementia or learning disability.
- The friends and family test for the emergency department had achieved a very low response rate particularly in the last 12 months.
- The trust's policy commitment to resolve complaints within 30 days was not always being met, although recent improvements in complaint handling had been achieved.
- The links with primary care services needed to be developed further to support the emergency department's role in health promotion and the use of joint patient pathways to avoid unnecessary referrals to the emergency department.

Urgent and emergency services

Is the service safe?

Good  

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

- Patients were clinically streamed on arrival in the department, with the oversight of qualified nurses and triaged promptly, usually with medical input.
- The separate paediatric emergency department was staffed with paediatric emergency nurse practitioners working with paediatric medical staff.
- The ambulatory care unit operated specialty and 'hot' clinics to reduce admissions.
- Staff acted promptly to escalate their concerns when a patient's condition deteriorated, so that the patient received the most appropriate care and treatment.
- The emergency department had implemented electronic patient records so that the records of patients were complete, accessible, audited and met our previous concerns as to patient confidentiality.
- Medical and nursing staff of all grades were deployed in sufficient numbers to support a safe service despite the nursing and medical vacancy rates, turnover rates, sickness rate and unfilled bank , agency and locum shifts over the year
- Staff applied safeguarding procedures for adults and children appropriately supported by senior medical staff as designated adults' and children's safeguarding leads so that patients were safely protected from abuse. Child protection nursing staff also worked within the department.
- Staff reported incidents, appropriate action was taken following investigations and learning was shared, including through the use of in situ simulations for incidents and mortality and morbidity was included in the quality and safety agenda.
- Medicines were stored and dispensed safely and met our previous concerns as to the management and storage of medicines.
- The department was visibly clean, with audits and systems in place to control infections; consumables were readily available and equipment was clean, well-organised and fit for purpose.

However:

- The sepsis audit figure, for antibiotic administration within 1 hour, was only 16% against national average of 44%. Significant work had been undertaken to address sepsis performance including updated sepsis guidelines and pathways, staff training and awareness and the introduction of sepsis trolleys. An emergency department consultant acted as sepsis champion and had introduced sepsis simulation to support training. Sepsis outcomes for the department were due to be re-audited in February 2018.
- The reception desk barrier rail was not fit for purpose; no wheelchairs were available in the reception area; and we had some concerns about the clarity of signs to the emergency department in some areas of the hospital.
- Patient group directions had been recently transferred onto the electronic prescribing system, which mainly met our previous concerns as to the use of PGD's. Training and competency assessments were in progress to support the safe use of PGD's. Further work was required to embed the new system and to improve the governance arrangements for PGDs.

- The introduction of the electronic patient record in September 2017 adversely affected the completion of mandatory training. The professional practice and development lead included compliance with mandatory training in their role, but in practice the hours allocated as available for mandatory training were limited by the availability of staff.
- In addition to medical staff, the ambulatory care unit (ACU) had one nurse practitioner in post and the department was recruiting to fill the establishment of 4.5 WTE.

Is the service effective?

Good  

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

- The emergency department followed recognised evidence-based care and treatment guidelines which were based on National Institute for Health and Clinical Excellence (NICE) and Royal College of Emergency Medicine (RCEM) guidelines;
- The department recently implemented a clinical effectiveness tool on mobile devices which supported access to departmental guidance documents, for example a standard operating procedure for non-mobile children;
- The department participated in national audits to enable its practice to be compared and action was taken to improve areas identified from audit that were not at the required level. Results of audit showed the department was mainly above the national average;
- Medical and nursing staff received regular appraisals and staff development opportunities were consistently well received by staff. The department's lead for professional practice and development supported regular simulation-based training and in the paediatric emergency department, staff were supported with regular training in paediatric specialisms;
- Medical and nursing staff worked well together and an agreement with a neighbouring mental health trust provided support for patients experiencing ill mental health and we observed this multidisciplinary arrangement worked effectively;
- Patients who needed extra support were identified at their initial assessment and we found a number of examples of patients with extra support needs being met effectively, for example by access to the substance misuse liaison team and a homeless team was available to signpost patients that were homeless to a range of support services;
- Staff had an appropriate understanding of consent, mental capacity, and deprivation of liberty safeguards, appropriate action was taken and support was provided for the patient. Staff could seek advice about issues related to mental health from the safeguarding team, the onsite psychiatric liaison and first response teams out of hours; and
- Patients received nutrition and hydration where clinically appropriate, and pain relief was administered promptly where appropriate; this was recorded.

However:

- The national sepsis audit in 2017 showed the department was in the bottom quartile nationally. An emergency department consultant acted as sepsis champion and following the poor sepsis audit results, the sepsis guidelines for adults and children were reviewed and sepsis simulation was introduced to support training. Sepsis outcomes for the department were due to be re-audited in February 2018.

- The unplanned re-attendance rate within seven days was better than the England average but was worse than the national standard of 5%. The unplanned re-attendance rate had increased in September 2017, following the implementation of the electronic patient record system. The department planned to undertake an audit in 2018 to explore the reasons for the increase.
- The ambulatory care unit (ACU) was open during weekdays but the department planned to extend ACU opening to support the evening peak of admissions in the department.
- The co-located GP service provided significant support to the department, including out of hours services. Staff identified the need to develop further the links with primary care services to support the use of joint patient pathways and to avoid unnecessary referrals to the emergency department.
- The department's role in supporting health promotion in the local community required development, linked with primary care services.

Is the service caring?

Good 

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

- Patients consistently gave positive feedback about their experience in the emergency department. They said that staff treated them with kindness and compassion, and our observation confirmed this.
- Patients' privacy and dignity were maintained in the main department and the new emergency department facilitated this, meeting our previous concerns as to supporting patients' privacy and dignity.
- Staff provided appropriate and timely support to help patients cope emotionally with their care and treatment and understood the emotional impact of the patient's care and treatment potentially had on the patient's and their relative's overall wellbeing.
- Patients confirmed that they felt involved in decision making and medical and nursing staff shared enough information to support their decision making; we observed that staff asked if what they said had been understood by the patient and if there were further questions the patients, relatives or carers had.
- Staff sought accessible ways to communicate with patients which supported their equality and diversity, and patients' carers, advocates and representatives including family members and friends were welcomed.
- Patients were assured that information about them was treated confidentially in a way that complied with the Data Protection Act and staff supported patients to review choices about sharing their information.

However:

- The confidentiality of patients may be compromised when they first arrived in the reception area and spoke with reception staff and the nurse undertaking streaming.
- Further information in printed form was not available for patients and their carers about care and treatment for patients with mental ill health, dementia or learning disability.
- Responses to the friends and family test declined sharply in 2017; staff were aware of the need to relaunch the friends and family test and at our inspection were planning the most effective way of achieving this.

Urgent and emergency services

Is the service responsive?

Good ↑

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

- The new emergency department met our previous concerns about the limitations of the previous department's facilities in meeting the increasing demand on the service; for example the paediatric emergency department included a separate waiting area and a clinical decision unit was recently opened for patients that were likely to be discharged promptly from the hospital.
- The streaming and triage of patients was supported by nursing staff to direct patients to the most appropriate destination within the department and, supported by medical staff, facilitated patient flow; a co-located GP service provided direct access to primary care services.
- The acute assessment area and medical admissions unit supported the efficient flow of patients; the ambulatory care unit assigned the patient to the appropriate pathway, including step down facilities, operated hot clinics for specific specialties and to reassess patients to avoid admission.
- The department's musculoskeletal clinic for active or athletic patients was an effective route to physiotherapy with short waiting times, supported by clear communication between the emergency department, physiotherapy and orthopaedics.
- Almost all patients were assessed within 15 minutes of arrival during our inspection, which mainly met our previous concerns that not all patients were being assessed promptly.
- Emergency services were coordinated and made accessible to patients with different needs, including patients with protected characteristics under the Equality Act and those in vulnerable circumstances. Reasonable adjustments were made so that patients with a disability could access services on an equal basis to other patients. Patients were represented in a range of groups reflecting equality and diversity which were consulted about emergency services.
- Waiting times of patients between four and 12 hours showed a long term trend of improvement.
- The department's risk register included non-compliance with the four-hour standard. To address this risk, the department had in place an emergency care recovery programme plan linked to its hospital flow and discharge project. Actions were coordinated and key performance information monitored with the stated aim of contributing to the achievement of the 95% emergency care standard by March, 2018. The recovery programme was linked to the achievement of the hospital's winter plan. Within the emergency department a manager was present 24 hours to facilitate performance against the four-hour standard.
- NHS planning guidance and system rules affecting the 95% standard changed in February 2018, which provided for a longer timescale for the standard to be met.
- The department was not meeting the trust's policy commitment to resolve complaints within 30 days, although staff told us it had reduced formal complaints by 50% and around 2/3 of the complaints responded to within the 30 days between 1 April and 31 December 2017.

However:

- The trust breached the four hour standard continuously from December 2016 to November 2017 and in addition, from March 2017 the performance against the four hour standard was below the England average. The four hour standard was not identified as an area of concern at the last inspection. Although the standard was not met for November 2017 to January 2018 actual patient attendances were almost 10% above the department's contracted activity.

- The department worked with the local mental health trust to support the timely care and treatment of patients with mental ill health but some patients waited eight to nine hours to see the psychiatric liaison nurse for mental health assessment.
- The number of patients who left the department before being seen increased sharply from August 2017. Following our inspection the department planned to undertake an immediate audit to investigate the possible reasons for the trend.

Is the service well-led?

Good 

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

- The well-led domain for Bradford's urgent and emergency care had been rated 'Good' since the CQC inspection in 2014 and we confirmed that well-led at emergency department level was stable with elements of good practice.
- The clinical director for the medicine division provided overall clinical leadership and oversight of the emergency department, supported by the clinical lead and head of the department. Staff spoke positively of the clinical leadership and of the management of the department.
- Medical and nursing staff at all levels were clear about their roles so that they understood what they were accountable for within the emergency department, and who they reported to.
- The vision and strategy for the emergency department was supported by the clinical services strategy for 2017 to 2022 and linked with the "we are Bradford" vision for the trust. The department embraced the overall mission of the trust to provide the highest quality healthcare.
- Staff described the culture as putting patients first and felt the culture was positive, friendly and open with high staff morale which was enhanced by genuine team work. Our observation confirmed this.
- An effective governance structure was in place in the department, with processes and systems of accountability to support the delivery of the department's strategy.
- The department's processes and systems were reviewed through regular audit and monitored to support improvement. The department followed a system of clinical audit for a range of pathways and operational situations within the department to monitor quality and action plans were in place for areas of improvement identified from audit.
- Current risks were managed, regularly reviewed and mitigation and action to be taken was recorded and monitored. The impact of potential risk was taken into account in service planning.
- Information was used to monitor and manage the operational performance of the department, and to measure improvement. Service performance measures were monitored and reported.
- Information technology systems were used effectively. For example, the clinical emergency medicine application for mobile devices provided an online situation report, an escalation module and linked to electronic action cards which provided live updates so that staff could access key operational information in real time.

However:

- The emergency department achieved only a very low response in the friends and family test and the response rate had deteriorated further within the last 12 months. We found the department was reviewing the way in which patients' views and experiences were gathered.

Urgent and emergency services

- Performance information presented to staff was mostly robust, although some key operational information was not presented as clearly as it might be, and we discussed these areas with managers during our inspection. No information for patients was available in the reception area.

Outstanding practice

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

Areas for improvement

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

Medical care (including older people's care)

Requires improvement ➔➔

Key facts and figures

Bradford Teaching Hospitals NHS Foundation Trust is an integrated trust, which provides acute and community health inpatient services. The trust serves a population of around 500,000 people from Bradford and surrounding area.

The acute services are provided in two hospitals, Bradford Royal Infirmary and St Luke's Hospital. The community health inpatient services in Bradford are provided in three community hospitals; these are Westwood Park, Eccleshill and Westbourne Green. The medicine core service at the trust provides care and treatment for elective and acute services, as well as an out-reach dialysis service located in Skipton and a cardiology out-patient clinic in Addingham.

There are a total of 724 in-patient beds. The trust employs 5,028 WTE staff.

At Bradford Royal Infirmary there are 321 beds located within 15 wards.

The trust had 49,441 medical admissions from August 2016 to July 2017. Emergency admissions accounted for 24,548 (50%), 1,514 (3%) were elective, and the remaining 23,379 (47%) were day case.

Admissions for the top three medical specialties were:

- General medicine: 12,836 admissions
- Gastroenterology: 12,230 admissions
- Geriatric medicine: 7,375 admissions

We inspected the whole core service and looked at all five key questions. In order to make our judgements we visited 13 wards and spoke with 10 patients and 27 staff from different disciplines, including doctors, nurses, allied health professionals and health care assistants. We observed daily practice and viewed 26 sets of records. Before and after our inspection, we reviewed performance information about the trust and reviewed information provided to us by the trust.

We visited Ward 1 acute medical unit (AMU); Ward 3 elderly assessment unit (EAU); Ward 4 acute medical unit (AMU); Ward 6 stroke and neurology; Ward 7 haematology; Ward 9 renal and short stay; Ward 19 discharge lounge; Ward 22 coronary care; Ward 23 respiratory; Ward 24 infectious diseases; Ward 29 elderly care; Ward 31 elderly care and the cardiac catheter lab.

Summary of this service

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

- The trust had been identified as an outlier for stroke mortality data and they were Band D in the Sentinel Stroke National Audit Programme (SSNAP). The trust had investigated this and identified an issue with the data submissions. The SSNAP team were to visit the trust in early 2018.
- The trust performed worse than the England and Wales average for all of the four of the standards relating to in-hospital care in the Heart Failure Audit 2015 (published 2017). In particular, the input from specialist metric was 40% lower than the England average. The trust also performed worse than average for all of the seven standards relating to discharge.

Medical care (including older people's care)

- The Myocardial Ischaemia National Audit Project (MINAP) showed the trust was below the national average for patients being admitted to a cardiac ward and better than average for being seen by a cardiologist. Also a lower proportion of patients were referred for angiography than the England average.
- The service was not meeting trust targets set for mandatory training completion.
- The service did not always have suitable premises.
- The service did not always have appropriate numbers of staff to ensure patients received safe care and treatment.
- The service did not always make sure staff were competent for their roles.
- The environment throughout the service was not sufficiently adapted to provide people with care in a way that met their needs.
- The service did not have a robust governance process for information management. We reviewed 14 policies and guidance documents and found that nine were out of their review date.

However:

- The service managed patient safety incidents well. Staff knew how to report incidents and gave examples of recent incidents they had reported.
- Patients' records were secure and well completed. The service used electronic patient records and staff were enthusiastic and engaged with the implementation and roll out.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.
- Staff of different disciplines worked together as a team to benefit patients. Staff cared for patients with compassion and treated them with dignity and respect. Staff involved patients and those close to them in decisions about their care and treatment.
- The virtual ward model had helped to decrease avoidable hospital admissions, had been embedded well and improved access and flow.
- The divisional leadership team had a good understanding of the local demographic and their health needs. The service had a vision for the future and workable action plans developed with involvement from staff, patients, and key groups representing the local community.

Is the service safe?

Requires improvement 

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

- The service did not always have appropriate numbers of staff to ensure patients received safe care and treatment. Nursing shifts were downgraded and filled by health care assistants where a registered nurse was unable to be allocated to the shift. However, despite the 18% overall nursing vacancy rate for medicine, the service did manage staffing well and reviewed staffing throughout the day. However there is concern regarding the sustainability of the current situation as there is a 15% nursing turnover rate and a 5% sickness rate.
- The respiratory service did not have access to a specialist respiratory consultant at the weekend or during bank holidays. However cover had been risk assessed and was provided by a medical rota.

Medical care (including older people's care)

- The service was not meeting trust targets for mandatory training completion. Key mandatory training areas such as fire safety, health and safety, equality and diversity, infection prevention and control and moving and handling showed low compliance across all staff groups.
- The service was not meeting trust targets for safeguarding training in five out of five courses for nursing staff and three out of four courses for medical staff.
- The service did not always have suitable premises. The discharge lounge was located on level 4 at the far side of the hospital. The ward was not located near the main entrance or on ground level, so patients being discharged to patient transport services needed to be collected and transported in the lift and wheeled or walked through the hospital to exit. The entrance vestibule to the discharge lounge had also been used to store large quantities of equipment and hospital beds.
- The service did not have a process in place to identify and action faults in the side room ventilation system on ward 31.
- The service did not always record the prescribing of oxygen and the reasoning behind this in patient records; however this was escalated to the trust and rectified immediately.

However:

- The service managed patient safety incidents well. Staff knew how to report incidents and gave examples of recent incidents they had reported.
- The service used safety monitoring results well. Staff were able to identify and respond appropriately to patients at risk of deteriorating. They used the National Early Warning Scores (NEWS) effectively and risk assessments and intentional rounding were completed appropriately.
- The service controlled infection risk well. Staff adhered to the infection control policy and used personal protective equipment (PPE), such as plastic aprons and gloves, when delivering personal care to patients.

Patients' records were secure and well completed. The service used electronic patient records and staff were enthusiastic and engaged with the implementation and roll out.

Is the service effective?

Requires improvement 

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

- The trust had been identified as an outlier for stroke mortality data and they were Band D in the Sentinel Stroke National Audit Programme (SSNAP). The trust had investigated this and identified an issue with the data submissions. The SSNAP team were to visit the trust in early 2018.
- We found nine of 14 policies and guidance documents were out of their review date. This was identified as a concern during the last inspection and we did not find evidence to show that this had been addressed.
- Results for Bradford Teaching Hospitals NHS Foundation Trust in the 2015 Heart Failure Audit were worse than the England and Wales average for all of the four of the standards relating to in-hospital care. In particular, the input from specialist metric was 40% lower than the England average. The trust also performed worse than average for all of the seven standards relating to discharge.

Medical care (including older people's care)

- All hospitals in England that treat heart attack patients submit data to Myocardial Ischaemia National Audit Project (MINAP) by hospital site (as opposed to trust). From April 2015 to March 2016, it was noted that the trust was below the national average for being admitted to a cardiac ward and better than average for being seen by a cardiologist. Also a lower proportion of patients were referred for angiography than the England average.
- The service did not always make sure staff were competent for their roles. Training that staff needed to undertake for their job roles was not consistently up to date. An example of this was the training undertaken for key competencies around the collection, storage and handling of bloods and blood transfusions.

However:

- The 2016 National Diabetes Inpatient Audit placed this site in the highest 25 per cent for that audit year.
- The Lung Cancer Audit was as in line with the national average and the National Audit of in patient falls 2017 demonstrated four areas for improvement against the aspirational standards however, the trust had a multi-disciplinary working group for falls prevention.
- Staff of different disciplines worked together as a team to benefit patients. We observed that the service had an outstanding approach to multidisciplinary working. Staff described effective working relationships between consultants, nurses and allied health professional staff.
- Staff always had access to up-to-date, accurate and comprehensive information on patients' care and treatment.
- Staff understood their roles and responsibilities under the Mental Health Act 1983 and the Mental Capacity Act 2005. Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards.

Is the service caring?

Good

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

- Staff cared for patients with compassion and treated them with dignity and respect. When patients had treatments or nursing care delivered, curtains were pulled round or doors closed. We observed a number of interactions between staff, patients and relatives. Staff were always polite, respectful and professional in their approach.
- Staff involved patients and those close to them in decisions about their care and treatment. Patients, families and carers gave predominantly positive feedback about their care. We observed staff communicating in a way that people could understand and was appropriate and respectful.
- Staff provided emotional support to patients to minimise their distress. Patients reported that if they became upset or distressed, staff were quick to respond and give reassurance.

However:

- Two patients we spoke to felt they could have been more informed about decisions taken by staff. One patient felt that they did not get reasons around why they needed to move beds at short notice. Another patient felt they could have had more involvement in discussions around their discharge.

Is the service responsive?

Good

Medical care (including older people's care)

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

- The service understood the local population and demographic. The service collaborated with a dementia charity that worked with the South Asian population, who make up a high proportion of the local demographic. The service also had seven chaplains from faiths that reflected the diversity of the local population.
- The service took account of patients' individual needs. Staff were able to give us examples of when they had treated patients with learning disabilities and there was a dementia friendly ward for patients with dementia.
- Effective working relationships within teams and external services meant the needs of patients with mental ill health were being met.
- The service had a virtual ward model that had improved the access and flow and helped to decrease avoidable hospital admissions.
- The divisional leadership team had a good understanding of the local demographic and their health needs. They understood the local health landscape and were passionate about the integration of the virtual ward in to the service and working with community partnerships.
- The service managed medical outliers effectively. Patients who were medical outliers were cohorted and managed on pre-identified host wards and were reviewed and managed by the medical team allocated to the outliers. One matron had responsibility for medical outliers and they were discussed daily.
- The service had a renewed focus on avoiding night-time transfers after 10pm. Improvement was enabled by the work undertaken by the department on patient flow. The Chief Operating Officer had oversight of the work stream.
- The service treated concerns and complaints seriously, investigated them and learned lessons from the results, which were shared with all staff.

However:

- Throughout the service the signage was confusing. This made navigating throughout the service and between different wards difficult at times.
- The environment throughout the service was not sufficiently adapted to provide people with care in a way that met their needs. However the service had plans to adapt the environment to be more person-centred, this was in its early stages at the time of our inspection.

Is the service well-led?

Good ↑

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

- The service had managers at all levels with the right skills and abilities to run a service providing high-quality sustainable care. A triumvirate of a divisional clinical director, a divisional general manager and a divisional head of nursing led the division of integrated medicine. Ward areas had a matron and nurse in charge (ward manager). Matrons provided strategic and managerial support for the wards under their responsibility. This structure provided direct nursing and medical leadership.
- The service had a vision for the future and workable action plans developed with involvement from staff, patients, and key groups representing the local community. There was a vision and strategy that was quality driven and focused on core values.

Medical care (including older people's care)

- Managers in the service promoted a positive culture that supported and valued staff, creating a sense of common purpose based on shared values. Staff that we spoke to felt that they were valued and respected by their peers and leaders. Many of the staff we spoke to had worked for the trust for a number of years.
- The service had an associate chief nurse for quality improvement who reported to the chief nurse. This role contributed to the governance and quality improvement measures in the division.
- The service had effective systems for identifying risks, planning to eliminate or reduce them, and coping with both the expected and unexpected. There was a departmental risk register, which measured the impact and likelihood of the risk and documented the controls and mitigations in place to manage the risk. This fed in to the corporate risk register so that the board were sighted on local risks.
- The service collected, analysed, managed and used information well to support all its activities, using secure electronic systems with security safeguards. Staff were able to access patient information using an electronic patient record system. Every member of staff we spoke to was positive and engaged with the new electronic patient record system.
- The service engaged well with patients, staff, the public and local organisations to plan and manage appropriate services, and collaborated with partner organisations effectively. We saw particularly good examples of effective engagement around dementia care, elderly care and infection prevention and control.
- The service was committed to improving services by learning from when things go well and when they go wrong, promoting training, research and innovation. We saw examples of innovative practice, continuous learning, research projects and quality improvement.

Outstanding practice

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

Areas for improvement

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

Surgery

Good ➔➔

Key facts and figures

The trust has five main operating theatres and 10 surgical wards. The Division provides and delivers acute, elective and day case surgery within four Directorates: The Digestive Diseases, Urology and Vascular Surgery Directorate; the Theatres & Critical Care Directorate; the Orthopaedics, Plastics & Breast Directorate; and the Head and Neck Directorate.

(Source: Trust website)

The Division of Surgery, Anaesthesia and diagnostics runs elective services across five hospital sites in the city of Bradford: Bradford Royal Infirmary; St Luke's Hospital; Eccleshill Hospital, Westwood Park Hospital and Shipley Hospital. The division has the following theatres; Modular Theatres 1-4, Theatres 5-8, Nucleus Theatres 1-4 and ENT Theatres.

The division is a Specialist Centre for Upper GI Cancer, Urology (including robotic surgery) and Head and Neck Cancer. Bradford Teaching Hospitals NHS Foundation Trust hosts the Yorkshire Cochlear Implant Centre and the surgical division provides services to neighbouring Trusts in Ophthalmology, ENT, Plastics, Maxillo Facial and Acute Vascular Services.

The trust has 233 inpatient beds with an additional six assessment trolleys.

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

The trust had 38,405 surgical admissions from August 2016 to July 2017. Emergency admissions accounted for 16,267 cases (42%), 15,793 (41%) were day cases, and the remaining 6,345 (17%) were elective.

(Source: Hospital Episode Statistics)

During this inspection we visited surgical wards 5 (general surgery), 8 (general surgery, male), 11 (general surgery, female), 12 (gynaecological), 14 (urology), 18 (head and neck, progressive care unit), 20 (surgical assessment unit), 25 (gastroenterology), 26 (vascular), 27 (orthopaedics, plastics and trauma) and 28 (elective orthopaedic and breast surgery).

We spoke with 56 patients and relatives and 63 members of staff. We observed care and treatment and looked at 29 care records. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

Summary of this service

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

- Patients were protected from abuse because staff had received training in safeguarding, there was a lead nurse for safeguarding and staff reported good support from the psychiatric liaison team.
- Staffing numbers were reviewed regularly to ensure they were safe despite significant challenges.
- Learning was evident in discussions with staff about incidents and staff knew how to report incidents.
- The trust had ensured relevant staff working in surgery complied with the five steps to safer surgery process and that the WHO surgical safety checklist was consistently followed and audited.

Surgery

- Policies and pathways were based on guidance from the Royal College of Surgeons and the National Institute for Health and Care Excellence (NICE).
- Enhanced recovery pathways were in place, for example for patients undergoing elective joint replacement surgery.
- Staff worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide care.
- The trust had a multi-faith chaplaincy service and bereavement service and patients confirmed staff provided emotional support. The bereavement service scored positively in recent audits.
- All wards were dementia friendly and had a wide range of resources available for people living with and caring for people with a dementia. Specialist dementia nurses were employed by the trust and access to learning disability liaison support was available.
- The trust's performance for elective and non-elective admissions relating to overall length of stay was better than the England average.
- The surgical division had a management structure in place with clear lines of responsibility and accountability; senior staff were motivated and enthusiastic about their roles and had clear direction with plans in relation to improving patient care.
- Staff told us the division had strong leadership and senior managers were visible and engaged with staff.

However:

- Although staff received mandatory training, compliance rates were variable; the rates of completion for Mental Capacity Act training and also for the completion of staff appraisals were below trust targets.
- Environmental issues were identified with floors in theatres although these were in the process of being addressed by the trust.
- The trust recognised there remained a risk of contamination of the clean scrub area during the movement of dirty instruments from theatre.
- The trust had higher than expected risks of readmission for both elective and non-elective admissions when compared to the England averages.
- The percentage of cancelled operations at the trust was higher than the England average.
- The trust had received a concern from the National Joint Registry Outlier Committee drawing attention to the mortality rate for knee replacements.
- The trust was not meeting its policy that complaints should be resolved within 30 days of receipt and took an average of 55 days to investigate and close.
- Patients described the care they received in positive terms and friends and family recommendation rates were over 90% but response rates were very low.

Is the service safe?

Good ↑

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

Surgery

- Patients were protected from abuse because staff had received training in safeguarding, there was a lead nurse for safeguarding and staff reported good support from the psychiatric liaison team.
- Patient records were mainly electronic and so were legible, detailed and signed and medicines were stored and dispensed safely.
- The trust had ensured relevant staff working in surgery complied with the five steps to safer surgery process and that the WHO surgical safety checklist was consistently followed and audited.
- The environment was accessible to wheelchair users and visibly clean and there were systems in place to control infections.
- Staff reported they had enough equipment to provide safe care. The equipment was maintained and ready to use.
- Staff made use of the electronic patient record system to record observations on patients and received alerts to take action if the patient rapidly became unwell.
- Staffing numbers were reviewed regularly to ensure they were safe, despite there being high nurse vacancy rate, turnover rate, sickness rate and a dependency on agency use. Medical staffing was less challenging.
- Learning was evident in discussions with staff about incidents and staff knew how to report incidents.

However:

- Although staff received mandatory training, compliance rates were variable and this had been impacted by the introduction of an electronic patient record system.
- Environmental issues with some floors in theatres were in the process of being addressed by the trust.
- The trust recognised there remained a risk of contamination of the clean scrub area during the movement of dirty instruments from theatre.

Is the service effective?

Good ➔➔

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

- Policies and pathways were based on guidance from the Royal College of Surgeons and the National Institute for Health and Care Excellence (NICE).
- Enhanced recovery pathways were in place, for example for patients undergoing elective joint replacement surgery.
- Managers monitored the effectiveness of care and treatment through continuous local and national audits.
- The electronic patient record system provided up to date patient clinical information available to all members of staff.
- Staff worked together as a team for the benefit of patients. Doctors, nurses and other healthcare professionals supported each other to provide care.
- Patient outcomes were in line with England averages.

However;

- The trust had higher than expected risks of readmission for both elective and non-elective admissions when compared to the England averages.

Surgery

- The trust had received a concern (September 2017) from the National Joint Registry (NJR) Outlier Committee drawing attention to the mortality rate for knee replacements. A senior member of clinical staff was assigned to examine and validate trust data and to carry out an audit of the mortality cases.
- The rates of completion for Mental Capacity Act training and also for the completion of staff appraisals were below trust targets.

Is the service caring?

Good 

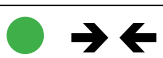
Our rating of caring stayed the same. We rated it as good because:

- Patients described the care they received in positive terms and friends and family recommendation rates were over 90% but response rates were low.
- We saw staff deal with patients compassionately and patients were well cared for.
- When providing care, staff closed doors and drew curtains to enhance patient dignity and privacy.
- The trust had a multi-faith chaplaincy service and bereavement service and patients confirmed staff provided emotional support. The bereavement service scored positively in recent audits.
- Patients we spoke with understood about their care, and the trust told us about initiatives they had taken, for instance, to involve and understand patients with learning disabilities.

However:

- Although staff tried to engage with patients to receive their feedback, response rates to feedback requests remained lower than England averages.

Is the service responsive?

Good 

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

- Referral to treatment (RTT) within 18 weeks had been slightly below the England average but had improved to be in line with the England average from June 2017. There had been significant improvement in Trauma and Orthopaedics but General Surgery remained below the England average.
- From June 2017 onwards the trust's referral to treatment performance increased to bring it to a similar level to the England average.
- Specialist dementia nurses were employed by the trust and access to learning disability liaison support was available.
- All wards were dementia friendly and had a wide range of literature and resources available for people living with and caring for people with a dementia.
- The trust's performance for elective and non-elective admissions relating to overall length of stay was better than the England average.
- A discharge team worked with other agencies and social services to develop packages of care taking mental health needs into consideration.

Surgery

- The percentage of cancelled operations at the trust where the patient was not treated within 28 days was better than the England average.
- The surgical services addressed the needs of different groups through leaflets in different languages, multi-faith chaplaincy, prayer rooms and foods was provided in line with their cultural needs.

However:

- The percentage of cancelled operations at the trust showed a trend of decline, and was generally higher than the England average.
- The trust was not meeting its policy that complaints should be resolved within 30 days of receipt and took an average of 55 days to investigate and close.

Is the service well-led?

Good 

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

- The surgical division had a management structure in place with clear lines of responsibility and accountability; senior staff were motivated and enthusiastic about their roles and had clear direction with plans in relation to improving patient care.
- All ward sisters said they were supported well by the senior management team and that members of the board were visible and regularly visited the wards.
- Staff told us the division had strong leadership and senior managers were visible and engaged with staff.
- All staff felt they received appropriate support from management to allow them to perform their roles effectively.
- There was a systematic programme of clinical and internal audit, which was used to monitor quality and systems to identify where action should be taken.

Outstanding practice

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

Areas for improvement

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

Maternity

Requires improvement

Key facts and figures

A full range of maternity services are provided at Bradford teaching Hospitals NHS Foundation trust and in community settings for women and families in the Bradford area. There were seven community teams providing antenatal and post-natal care and 10 specialist midwives. The trust delivered approximately 5,800 babies each year.

The trust had a comprehensive inspection in October 2014. All five domains were inspected in maternity and an overall rating of good was given. The safe domain was rated requires improvement, all other domains were rated as good.

A follow up inspection was done in January 2016. Within maternity only the safe domain was inspected, this remained requires improvement.

The main areas of concern from the last inspection and the areas the trust were told they must address were:

- The trust must ensure that robust arrangements are in place to ensure that policies and procedures (including local rules in diagnostics) are reviewed and updated.
- The trust must ensure that there are in operation effective governance, reporting and assurance mechanisms that provide timely information so that risks can be identified assessed and managed.
- The trust must ensure that there are alert systems in place to identify when actions are not effective and need to be reviewed.
- The trust must ensure that 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 ensure all staff have completed mandatory training, role specific training and had an annual appraisal.

We also said the trust should:

- Ensure that the amount of epidural waste destroyed is recorded, in-line with best practice.
- Ensure that PAT testing of electrical equipment takes place and is recorded.
- Consider having a policy regarding the use, monitoring and security of the baby milk refrigerators.

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

During this inspection we visited the labour ward, obstetric theatres and birth centre; the antenatal (M3) and post-natal ward (M4) which included the transitional care unit. We also visited the maternity assessment centre, antenatal clinic and the antenatal day unit.

We spoke with 15 patients and relatives and 46 members of staff. We observed staff delivering care, and looked at 10 patient records and 10 prescription charts. We reviewed trust policies and performance information from, and about, the trust. We received comments from patients and members of the public who contacted us directly to tell us about their experiences.

Maternity

Summary of this service

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

We rated this service as requires improvement because:

- We rated safe, effective and well led as requires improvement, caring and responsive were rated as good.
- We found some of the areas of concern had not changed from the last inspection. Mandatory training rates and compliance with the World Health Organisation (WHO) safety checklist was variable. Infection prevention and control audit data was not being consistently collected each month. We also found some concerns in relation to medicines management and midwifery staffing.
- Care and treatment was evidence based however we found a number of guidelines past their review date. Some patient outcome data was worse than regional averages.
- Care was patient centred and compassionate; we received positive feedback from the patients and relatives we spoke with.
- We found patient care to be individualised and plans were in place to improve access and flow in the department.
- We were concerned over the identification of some risks to the service and the slow pace in implementing actions from audits and reviews.

Is the service safe?

Requires improvement

We rated it as requires improvement because:

- Overall mandatory training compliance for midwifery staff was 73% which was below the trust target of 95%. The trust failed to meet their target for 15 of the 22 courses.
- We found infection prevention and control audit data was not being completed by every area each month.
- We did not observe full team engagement with the World Health Organisation (WHO) safety checklist. The process did not seem to be embedded with all staff. This was supported by audit data from the trust.
- Midwifery staffing was a challenge, particularly when midwives from labour ward had to support in the obstetric theatres. We were also concerned that 1:1 care during labour was only occurring 70% of the time.
- Maternity leave within the obstetric consultant staffing was having an effect on workload especially when no locum cover was available. Clinics were over booked and added to the medical workload.
- The combination of records used caused some concern and most staff, both midwifery and medical, commented on how much time they spent completing records. Despite the challenges staff described, we found that records were generally clear and contained completed risk assessments and care plans.
- There was a lack of assurance that medication fridges were always at the correct temperatures. We also found some gaps in daily controlled drug checks and wastage from epidural infusions was not being recorded on labour ward.

- Maternity did not receive a clinical pharmacy service. In the 10 records we reviewed there was no record of whether medicines reconciliation had been completed and we found four records where the reason for omitted medications was not recorded.
- All staff were aware of how to report incidents. However we lacked assurance from speaking to staff that all incidents were reported. It was felt there were missed opportunities for sharing learning as safety huddles were not embedded. Whilst there were other processes in place for sharing learning; staffing constraints meant that most staff did not have time to attend meetings or read newsletters; consequently many were not aware of themes or actions in response to incidents. We were not assured that incidents relating to staffing were always reported due to the frequency that this occurring.
- Safety thermometer data which showed the levels of harm free care was not displayed in the areas we visited.

However:

- Staff were aware of their safeguarding responsibilities and felt experienced in his area. Safeguarding training compliance was generally good with figures for adults and children's safeguarding exceeding the trust target of 95%. Good links had been established with other agencies such as the Multi-Agency Risk Assessment Conference (MARAC) and Bradford children's safeguarding board.
- We identified concerns in relation to access and security to the maternity unit and the baby abduction policy being out of date. These concerns were raised at the time of inspection and immediate action was taken.
- We observed appropriate infection prevention and control measures including the use of personal protective equipment.
- There were robust systems in place for the escalation of clinical concerns. We found processes in place to identify patients who were deteriorating, modified early warning score (MEWS) were accurately completed and sepsis bundles used as appropriate.
- From the records we reviewed we saw they were fully completed with appropriate risk assessments and care plans and in line with national guidance.

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Is the service effective?

Requires improvement 

We rated it as requires improvement because:

- Care and treatment followed evidence based practice and guidance. However we found that eight out of the 17 policies we reviewed were past their date for review.
- Nationally recognised patient pathways were in use such as the national stillbirth care bundle. The trust had made a decision not to use customised growth charts, however we found conflicting guidance in relation to this.
- Patient Group Directions (PGDs) were in use in maternity; however staff referred to paper copies kept on the wards which were past their date of review, rather than accessing up-to-date electronic versions.
- We were concerned that a 'fresh eyes' review of cardiotocography (CTG), was not routinely taking place for all women during labour. This was supported by audit data from the trust.

Maternity

- The trust had a consistently higher than average number of still births compared to the regional average. The number of babies with a low birth weight at term was also higher than the regional average for five of the months between January 2017 and December 2017.
- The overall appraisal rate for midwifery staff was 70% against a trust target of 100%.

However:

- Pain levels were monitored and effective pain relief provided. We also found good support for women with breastfeeding.
- The number of women having elective caesarean section was below the England average. The trust also had a higher rate of non-interventional deliveries.
- We observed that patient records had evidence of good multi-disciplinary working. We observed information displayed on health promotion during and after pregnancy.
- Mental capacity training compliance rates were good and staff understood the need to gain consent and understood the relevant consent and decision making requirements. This was supported by audit data.

Is the service caring?

Good

We rated it as good because:

- The women and their relatives we spoke with gave positive feedback. They reported staff were caring and supportive and we observed privacy and dignity being maintained.
- Friends and family test data was positive and the service performed better than other trusts for three questions in the CQC maternity survey 2017.
- Staff recognised the importance of the emotional needs of patients. Specialist midwives and chaplaincy services were available to provide additional support when required.
- From speaking with patients and their relatives and reviewing care records, we found evidence of their involvement in care planning and delivery.

Is the service responsive?

Good

We rated it as good because:

- Services were planned to meet the needs of the diverse local population. There were examples of ways in which different groups were being involved in services to improve links with the local community.
- The service consistently achieved better than the regional target of 90% for antenatal booking appointments at gestation less than 13 weeks. Services were changing to address service demands, for example the plan to open the maternity assessment centre 24 hours a day.
- We saw evidence of individualised patient care with women able to make informed decisions. Specialist midwives helped provide support and care planning for vulnerable patients such as those with a learning disability.

- We were provided with examples of women being supported with their decisions over place of birth and additional care put in place to support this.
- There were a range of specialist midwives available to support women throughout their pregnancy The service had recently established a perinatal mental health service, with the support of community psychiatric nurses and medical staff. The transitional care unit allowed mother's to stay with their baby when additional support was needed. For some women, this meant they did not have to be separated from their baby; for example, cases where baby would have otherwise been transferred to the special care baby unit.

However:

- There were no follow up facilities for baby loss outside of the maternity unit.
- We received a number of concerns from medical staff that the time allocated in clinic for the number of patients was not sufficient.
- The length of time it had taken the trust to respond to complaints was not in line with trust policy.
- We received mixed feedback from staff in relation to the use of interpreters. We were not provided with information that the potential gaps in the SANDS audit in relation to interpreters had been addressed.

Is the service well-led?

Requires improvement

We rated it as requires improvement because:

- Not all areas of concern from the previous inspection had been addressed. In particular that of mandatory training and updating of policies.
- Whilst governance processes had strengthened, some opportunities for sharing learning had not been embedded. For example the safety huddle. Ward meetings were not occurring regularly and were poorly attended. This was reflected in staff having limited knowledge of learning from incidents.
- We identified risks which did not feature on the departmental risk register. We lacked assurance that immediate action would have been taken if it had not been highlighted by the inspection team.
- We observed the World Health Organisation' (WHO) surgical safety checklist and found the whole team were not engaged and processes not fully embedded; audit data supported this. We lacked assurance that the actions in response to audit data were robust enough to ensure improvement.
- On the days we visited the labour ward the coordinator was not in a supervisory capacity. As they were providing direct care they had limited time to provide other roles, for example providing 'fresh eyes' review of CTG's.
- We were concerned that a number of midwives fed back that they were not reporting incidents relating to care and treatment as the situation arose frequently. For example the ability to provide 1:1 care during labour.
- We were not assured that there was timely response to audit reports and recommendations.

However:

- The leadership team were committed to service improvement and clearly patient focused. We saw good local leadership.

Maternity

- Staff were aware of the trust's vision and values and the management team were clear about plans to develop the service.
- Despite staffing challenges staff morale was good with a strong culture of team working.
- Staff engagement had improved and we were provided with several examples of how the trust was engaging with the public and vulnerable patient groups.

Outstanding practice

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

Areas for improvement

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

This section is primarily information for the provider

Requirement notices

Action we have told the provider to take

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

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

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

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

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

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Our inspection team

Lorraine Bolam, Head of hospital inspections led this inspection. An executive reviewer, Gerry McSorley, Independent Chair, supported our inspection of well-led for the trust overall.

The team included a CQC inspection manager, 10 inspectors and 16 specialist advisers.

Executive reviewers are senior healthcare managers who support our inspections of the leadership of trusts. Specialist advisers are experts in their field who we do not directly employ.

Appendix 2

Bradford Teaching Hospitals NHS Foundation Trust

Meeting Title			
Date		Agenda item	

CQC Compliance Actions: Update

Presented by	Tanya Claridge, Director of Governance and Corporate Affairs	
Author	Tanya Claridge, Director of Governance and Corporate Affairs	
Lead Director	Clive Kay, Chief Executive	
Purpose of the paper	This paper has been written to provide an update to the Health and Social Care Overview and Scrutiny Committee in relation to the Bradford Teaching Hospitals NHS Foundation Trust's (The Trust) response to the compliance actions required by the CQC following their unannounced and well led inspections	
Key control	This paper is a key control for the Trust's strategic objectives to provide outstanding care for patients and to be in the top 20% of NHS employers	
Action required	To note	
Previously discussed at/ informed by		
Previously approved at:	**Committee/Group**	**Date**

Key Options, Issues and Risks

The CQC published the report relating to its inspection of services at Bradford Teaching Hospitals NHS Foundation Trust on 15th June 2018. The CQC identified a number of compliance actions that the Trust was required to take, and required the submission of an action plan. This action plan was provided to the Trust's Board of Directors at its July meeting and subsequently provided to the CQC on the 12th July. Progress with the action plan was reported to the September Board of Director's meeting and will again be reviewed at the January Board of Director's meeting. Progress is directly monitored through established organisational governance.

Analysis

The CQC compliance action plan is being implemented across the Trust. The compliance actions identified in the inspection report were core service specific, but a decision was made by the Executive Management Team Operational Meeting to implement the related objectives across the Trust.

Recommendation

The Health and Social Care Overview and Scrutiny Committee is asked to note the content of this report and gain assurance in relation to the progress with the action plan.

Appendix 2

Bradford Teaching Hospitals NHS Foundation Trust

Meeting Title			
Date		Agenda item	

Risk assessment						
Strategic Objective	**Appetite (G)**					
	Avoid	**Minimal**	**Cautious**	**Open**	**Seek**	**Mature**
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	**Low**		**Moderate**	**High**	**Significant**	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)	This paper provides positive assurance that the Trust is addressing the compliance actions identified by the CQC in a timely way. The risk posed in relation to the relevant strategic objectives has been assessed in this context					

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments	▪	
Quality implications	▪	
Resource implications		▪
Legal/regulatory implications	▪	
Diversity and Inclusion implications		▪

Regulation, Legislation and Compliance relevance
NHS Improvement: Risk assessment framework, quality governance framework, code of governance , annual reporting manual
Care Quality Commission Domain: *Safe, caring, effective, responsive, well led*
Care Quality Commission Fundamental Standard: All
Other (please state):

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
▪	▪				

Meeting Title			
Date		Agenda item	

1 PURPOSE/ AIM

This paper has been written to provide an update to the Board of Directors in relation to the Trust's response to the compliance actions required by the CQC following their unannounced and well led inspections

2 BACKGROUND/CONTEXT

The Care Quality Commission (CQC) monitor, inspect and regulate services to make sure they meet fundamental standards of quality and safety and then publish what they find, including performance ratings to help people choose care. The CQC sets out what good and outstanding care looks like and they make sure services meet fundamental standards below which care must never fall. The CQC have a wide set of powers that allow them to protect the public and hold registered providers and managers to account. The CQC have an enforcement policy that:

- Protects people who use regulated services from harm and the risk of harm, and to ensure they receive health and social care services of an appropriate standard.
- Hold registered providers and managers to account for failures in how the service is provided.

In January 2018 the CQC undertook an unannounced inspection of the following core services: maternity, urgent and emergency care, medicine and care of older people and surgery. This unannounced inspection was followed by an announced well led inspection in February 2018. The CQC published the report relating to its inspection of services at Bradford Teaching Hospitals NHS Foundation Trust on 15th June 2018. The CQC identified a number of compliance actions that the Trust was required to take, and required the submission of an action plan. This action plan was provided to the Board of Directors at its July meeting and subsequently provided to the CQC on the 12th July.

3 PROPOSAL

The CQC compliance action plan is being implemented across the Trust. The compliance actions identified in the inspection report were core service specific, but a decision was made by the Executive Management Team Operational Meeting to implement the related objectives across the Trust. The action pan, together with a progress up date is attached as Appendix 1 to this paper.

4 RISK ASSESSMENT

There are currently no risks identified with the conduct, effectiveness or outcome of the implementation of the action plan. Delivery of this action plan is key to the mitigation of a number of risks on the Trust's risk register.

5 RECOMMENDATIONS

The Health and Social Care Overview and Scrutiny Committee is asked to note the content of this report and gain assurance in relation to the progress with the action plan.

6 Appendices

Appendix 1: CQC Compliance action plan update August 2018

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Bradford Teaching Hospitals
NHS Foundation Trust

Appendix 1

CQC Compliance Action Plan (2018 inspections)	Date initiated	13th June 2018
	Date of update	October 2018

Accountability		**Executive Responsibility**	
Lead	**Oversight/governance structure**	**Lead**	**Work-stream/operational group**
Clive Kay, Chief Executive (CK)	Board of Directors	Karen Dawber (KD), Chief Nurse	Quality Committee
Tanya Claridge, (TC) Director of Governance and Corporate Affairs		Bran Gill (BG), Medical Director	Quality Committee
		Tanya Claridge (TC), Director of Governance and Corporate Affairs	Quality Committee
		Pat Campbell (PC), Director of Human Resources	Workforce Committee

Aim	**Objective**		**Expected Outcome**	**Assurance Mechanism**	**Review date**
	Ref				
To effectively and sustainably address areas of non-compliance with the CQC's fundamental standards of quality and safety identified in the 2018 inspections	1.1	To ensure all staff closed mandatory training, including safeguarding training, so they have the skills and competence to undertake their roles.	The Trust will demonstrate full and sustained compliance with mandatory training targets	Key performance indicators incidents involving knowledge and skill based errors related to mandatory training	December 2018
	1.2	To ensure all staff have an annual appraisal.	The Trust will demonstrate full and sustained compliance with appraisal targets for all staff groups	Key performance indicators Staff survey	December 2018
	1.3	To ensure we have a comprehensive system in place to identify policies and guidance approaching their review date.	The Trust will demonstrate full and sustained compliance with procedural document management targets	Key performance indicators relating to compliance	September 2018
	1.4	To ensure that all safety and equipment checks happen consistently, as required, and are acted upon appropriately	All wards and departments will demonstrate full and sustained compliance with checking requirements	Rapid sequence auditing demonstrating whole system compliance	September 2018
	1.5	To ensure all staff are engaged and participate in all steps of the World Health Organisation' (WHO) surgical safety checklist, and that this is consistently utilised.	All teams performing operations across the Trust will demonstrate full and sustained compliance with the WHO checklist	Rapid sequence auditing Cultural assessment ProGRESS review	November 2018

Change team members			
Name	**Job title**	**Contact details**	**Initial**
Dr Janet Wright	**Divisional Clinical Director (W&C)**	**Janet.wright@bthft.nhs.uk**	**JW**
Sara Keogh	**Head of Midwifery (W&C)**	**Sara.keogh@bthft.nhs.uk**	**SK**
Diane Daly	**Acting Divisional General Manager (W&C)**	**Diane.daly@bthft.nhs.uk**	**DD**
Brad Wilson	**Divisional Clinical Director (DOMIC)**	**Brad.wilson@bthft.nhs.uk**	**BW**
Corinne Jeffrey	**Divisional General Manager (DOMIC)**	**Corinne.Jeffrey@bthft.nhs.uk**	**CJ**
Sarah Freeman	**Head of Nursing (DOMIC)**	**Sarah.freeman@bthft.nhs.uk**	**SF**
John Bolton	**Divisional Clinical Director (DADS)**	**John.bolton@bthft.nhs.uk**	**JB**
Collette Cunningham	**Divisional General Manager (DADS)**	**Collette.Cunningham@bthft.nhs.uk**	**CC**
Adele Hartley Spencer	**Head of Nursing (DADS)**	**Adele.HartleySpencer@bthft.nhs.uk**	**AHS**
Tracey Campbell	**Head of Nursing (DADS)**	**Tracey.campbell@bthft.nhs.uk**	**TrC**
Richard Pierce	**Deputy Director of Human Resources**	**Richard.pierce@bthft.nhs.uk**	**AH**
Lisa Fletcher	**Assistant Director of Human Resources**	**Lisa.Fletcher@bthft.nhs.uk**	**LF**
Lily Hurford	**Assistant Director of Human Resources**	**Lily. Hurford@bthft.nhs.uk**	**LH**
Amanda Hudson	**Head of Education**	**Amanda.hudson@bthft.nhs.uk**	**AH**
Sally Scales	**Deputy Chief Nurse**	**Sally.scales@bthft.nhs.uk**	**SS**
Sue Franklin	**Associate Chief Nurse**	**Susan.franklin@bthft.nhs.uk**	**SF**
Leeanne Elliott	**Medical Director**	**Leeanne.eliott@bthft.nhs.uk**	**LE**
Nicola Cawley	**Obstetric Specialty Lead**	**Nicola.cawley@bthft.nhs.uk**	**NC**
Deborah Horner	**Consultant Anaesthetist**	**Deborah.horner@bthft.nhs.uk**	**DH**

Communications plan				
What?	**Who?**	**By whom?**	**How?**	**How frequently?**
Action plan support	Clinical Divisions	Divisional Clinical Directors	Divisional Quality meetings-action plan	Monthly
Action Plan Oversight	Quality Committee/Workforce Committee	Executive Directors	Committee Meetings: action plan and assurance update	Every meeting
Action Plan Management	Executive Mangement Team Operational Meeting	Director of Governance and Corporate Affairs	Team meetings-exception report	Every meeting

Bradford Teaching Hospitals
NHS Foundation Trust

Status:	
O	Open
O	Open and compromised
C	Closed
OD	Overdue

	Objective	1	To ensure all staff closed mandatory training, including safeguarding training, so they have the skills and competence to undertake their roles.						
	No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
Trust Wide	1.1	To fully implement the Board approved core and high priority training policy	BG	01/04/2018	31/5/2018	**Closed**	31/5/2018	Policy is fully implemented	Policy compliance evidence as described by the policy
	1.1	To undertake a Trust wide review of mandatory training compliance that is not meeting the agreed standards by subject, professional group and individual to highlight areas of concern	AH	01/06//2018	31/7/2018	**Closed**	31/7/2018	Comprehensive new system in place: started April 2018. Good performance across majority of subject areas. Improvements being made in previously highlighted areas:	Trust wide mandatory training profile
	1.2	To implement a programme of trust wide mandatory training day which provides individuals the ability to ensure they can achieve 100% on completion	AH	01/06/2018	6/08/2018	**Closed**	10/7/2018	Fully implemented from July 2018 with ongoing bi monthly dates. Full engagement from subject matter experts and divisional practice educators.	Programme of training days Programme for training days
	1.3	Education to continue to work directly with divisions to identify individual staff members in whom their training compliance is sub-optimal to target attendance at training days	AH	01/06/2018	6/08/2018	**Closed**	31/08/2018	Attendance at new mandatory training days has targeted individuals and departments/staff groups with lowest levels of compliance. Attendance and feedback is positive	Trust wide mandatory training profile
	1.4	To continue to review the training delivery plans for all mandatory training subjects to ensure that: • they align to the core skills training framework • the provision of training matches the demand • training is provided in a variety of methods to increase capacity and to suit different staff needs	AH	01/052018	31/8/2018	**Closed**	31/08/2018	This work is closed. Now working regionally on implementation of the core skills framework to allow transfer of mandatory training.	Outcome report of the review Minutes of Workforce and Education meeting
	1.5	To provide training on the use of the training database tool to allow them to review and understand their own teams mandatory training compliance	AH	01/06/2018	30/09/2018	**Closed**	30/09/2018		Training % of line managers
	1.6	To align compliance with mandatory training to divisional performance management processes	AH	01/06/2018	31/07/2018	**Closed**			Divisional performance review profiles/minutes
Maternity	1.7	To monitor divisional compliance and assurance using the 'maternity assurance tracker'	DD	10/7/2018	31/12/2018	**Open**			Use of maternity assurance tracker Notes of monthly executive led meeting
	1.8	To routinely report levels of compliance and any risks/associated mitigation to the monthly executive led maternity oversight meeting	JW SK	10/7/2018	31/12/2018	**Open**			Notes of monthly executive led meeting

	Objective	2	To ensure all staff have an annual appraisal.						
	No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
Trust wide	2.1	Divisions/Corporate Areas to provide list to HR of managers currently undertaking appraisals and for which organisation cost centres & staff.	DD, CC. CJ	25/6/2018	16/07/2018	**Closed**	16/07/2018		Provision of required information
	2.2	An expected ratio of appraiser to appraisee will be defined and guidance provided to all divisions	RP	16/07/2018	30/7/2018	**Closed**	30/7/2018	The issue was discussed raised at TOG on 3 September for Divisions to consider appraisals ratios within their teams and what would be practically manageable and also to provide me with idea of the current staff ratios with a view to ensuring as part of the appraisal season next year Sept-Nov, full guidance is in place.	Guidance Communication to Divisions
	2.3	Workforce Information to produce a monthly report (adding to the existing monthly workforce data report) detailing all staff within the next quarter that are eligible and require an appraisal for divisions and corporate areas. This report will be reviewed and updated during existing divisional and corporate performance meetings	RP	25/6/2018	30/07/2018	**Closed**	30/7/2018		Monthly report
	2.4	Using the information provided above divisions will develop a trajectory for compliance with mandatory training standards	DD CC CJ	16/7/2018	30/7/2018	**Closed**	30/7/2018		Trajectory
	2.5	Establish a list of reporting leads for appraisal completion within divisions and corporate areas who will run (through ESR Business intelligence) an agreed fortnightly report with respect to appraisal progress. This report will be reviewed by the Division and Corporate Management teams and the Deputy Director of HR	RP LH	25/6/2018	20/7/2018	**Closed**	20/7/2018		Report Evidence of review and action Evidence of grip and control by Deputy Director of HR
	2.6	Additional appraisal workshops for managers to be added to the OD delivery schedule for Q2 and Q3 to equip managers with the skills and knowledge to carry out an effective appraisal. Bespoke workshops targeted at areas which require additional support.	LH	10/7/2018	13/07/2018	**Closed**	13/07/2018		Workshop content Work shop evaluation Workshop attendance records
	2.7	Regular communication of the importance of having an effective appraisal using examples of best practice across the Trust; direct managers to the time2talk appraisal intranet hub for information and guidance; continue We are Bradford work to develop our culture of continuous improvement, including developing and managing performance through effective appraisals.	LH	10/7/2018	30/9/2018	**Closed**	30/9/2018		Portfolio of initiatives used
	2.8	Promote use of ESR Manager Self-Service to record and manage appraisal data, to ensure accurate and up to date information.	LH	10/7/2018	31/12/2018	**Closed**	31/8/2018		Evidence of intervention Evidence of increased utilisation
Maternity	2.9	To hold monthly divisional compliance and assurance meetings using the 'maternity assurance tracker' but with a specific focus on appraisal	DD	10/7/2018	31/12/2018			The first 'Be the Best' workforce steering group held where compliance with appraisals shared with all managers and those staff whose compliance is out of date. Action required discussed. Appraisal rate improved slightly across the Division on 18.8.18 to 79%, all departments manager e-mail an update and informed of those staff who require an appraisal or who will be out of date over the next two months. As of 29.8.18 appraisal rate 83%.	Notes of meetings
	2.10	To routinely report levels of compliance and any risks/associated mitigation to the monthly executive led maternity oversight meeting	JW SK	10/7/2018	31/12/2018			1.8.18 = 76%, 18.8.18 = 79%, 23.8.18 increased to 83% and see information above.	Notes of monthly executive led meeting

	Objective	3	To ensure we have a comprehensive system in place to identify policies and guidance approaching their review date.						
	No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
Trust-wide	3.1	To undertake an immediate risk assessment on all policies that are out of date and ensure that any risks are mitigated and appropriate action is taken	TC	21/6/2018	31/7/2018	**Closed**	31/7/2018	Review closed, risk assessment closedd and prioritisation of review and update to be provided to EMT in September 2018	Closedd proforma for all out of date policies
	3.2	To closed a formal review and benchmarking of all Trust-wide policies, procedures and guidance. The review to focus on relevance, compliance and comprehensiveness	TC	21/6/2018	31/8/2018	**Closed**	31/8/2018	Review closed, recommendations to be made in a paper to EMT in October 2018	Benchmarking report
	3.3	To ensure that all policies have a named accountable executive director and nominated operational lead	TC	21/6/2018	2/7/2018	**Closed**	2/7/2018		Audit of compliance with procedural document policy
	3.4	To continue to monitor compliance with Trust wide policy and clinical guidance through executive management team meetings, with a direct escalation for non-compliance to the Chief Executive Officer	TC	21/6/2018	30/9/2018	**Closed**			EMT/TOG minutes
	3.5	To undertake a formal review of Trust-wide procedural document management system to ensure effectiveness and make recommendations where opportunities for change and improvement are identified	TC	21/6/2018	30/9/2018	**Closed**			Report of review
	3.6	To increase the required compliance with local procedural documentation policy to demonstrate an optimum of 100%	TC	21/6/2018	22/6/2108	**Closed**		Closedd, BRAG rating amended on dashboard to reflect changes	Monthly compliance reporting
	3.7	To ensure that compliance with local procedural documentation policy is reviewed and performance managed through divisional performance reviews	TC	21/6/2018	31/7/2018	**Closed**		Proposal made to Chief Operating Officer for inclusion, accepted. Quarterly performance data to be provided.	Divisional performance reviews
	3.8	To undertake a formal review of divisional governance conduct in relation to the management of local procedural documents and make recommendations where opportunities for change and improvement are identified	TC	21/6/2018	30/9/2018	**Closed**			Outcome report of divisional governance review
Maternity	3.9	To undertake a review of all local procedural documents and ensure all are fit for purpose and relevant	JW	21/6/2018	31/8/2018	**Closed**		Closedd, with a comprehensive list of guidelines and their status available.	Local procedural document compliance report
	3.10	To participate in the review (3.8) and ensure that all recommendations are considered and opportunities for change and improvements addressed	JW	21/6/2018	31/10/18	**Closed**			Outcome report of divisional governance review
Medical care	3.11	To undertake a review of all local procedural documents within all specialties and ensure all are fit for purpose and relevant	BW	21/6/2018	31/8/2018	**Closed**			Local procedural document compliance report
	3.10	To directly performance manage specialties where compliance with the Trust wide standard is sub-optimal	BW	21/6/2018	31/8/2018	**Closed**			Local procedural document compliance report
	3.12	To participate in the review (3.8) and ensure that all recommendations are considered and opportunities for change and improvements addressed	BW	21/6/2018	31/10/2018	**Closed**			Outcome report of divisional governance review

	Objective	4	To ensure that all safety and equipment checks happen consistently, as required, and are acted upon appropriately						
	No	**Action**	**Lead**	**Date Assigned**	**Scheduled completion**	**Status**	**Actual Completion**	**Comments**	**Evidence**
Trust wide	4.1	To formally map all safety and equipment checks across the Trust carried out in patient care environments	TC	25/6/2018	11/7/2018	**Closed**	11/7/2018	A mapping exercise was closedd with a working group of matrons	Portfolio of safety and equipment checks
	4.2	Input generic and area specific bolt on checks into a standardised check checklist agreed by divisional representatives	TC	10/7/2018	20/7/2018	**Closed**	31/7/2018	Checklist developed and was piloted during August 2018. Final version being rolled out w/c 3/9/2018	Standardised safety and equipment checklist
	4.3	Develop educational and awareness campaign 'Cliffboard' including learning matters (to support staff understanding the rationale for checking), splash screen publicity and inter ward and department competitions	TC	25/6/2018	20/7/2018	**Closed**	15/8/2018	Closedd and initiated as new checklist implemented w/c 3/9/2018	Promotional material Learning maters publications
	4.4	Implement a 2 month programme of Trust wide rapid sequence compliance audits	TC	20/7/2018	30/9/2018	**Closed**	3/9/2018		Audit outcome report
	4.5	Add compliance with safety and equipment checks to the divisional performance meeting profiles and ward and department safety information-for reporting from August 2018	TC	25/6/2018	11/7/2018	**Closed**	03/07/2018	Request for addition to portfolio made to Head of Informatics	Divisional performance profile
	4.6	To build qualitative review of compliance with safety and equipment checks into peer ward and observational review programme-for use from August	TC	25/6/2018	11/7/2018	**Closed**	11/7/2018	Ward assurance and	Observational checklist with appropriate amendments
	4.7	Implement a further 2 month programme of Trust wide rapid sequence compliance audits	TC	01/12/2018	31/1/2019	**Open**			Audit outcome report
	4.8	Revise and strengthen maternity checklists to include action taken, by whom and management of escalation of concerns.	SK	25/6/2018	20/7/2018	**Closed**	30/8/2018	To adapt the Trust wide pharmacy form for local use as the form has insufficient space to record escalations and actions. 30/08/2018. Revised checklists designed and will all be in use by 03/09/2018 In place but monitoring to continue therefore will remain open until assured of compliance. Trialling the revised Trust checklist from end of July before roll out across the Trust. An escalation process is now included on the back of the checklists, the Directorate will monitor completion and whether appropriate action was taken where an issue highlighted. 30/08/2018. Trust checklists have been modified to include the additional safety checks unique to maternity within the Trust template. These will be rolled out from 03/09/2018.	Revised checklist
	4.9	Increase matron review and challenge of compliance checks, with weekly reporting of compliance to the Head of Midwifery and routinely report levels of compliance and any risks/associated mitigation to the monthly executive led maternity oversight meeting	SK	25/6/2018	31/7/2018	**Closed**		In place but monitoring to continue therefore will remain open until assured of compliance. Any issues will be reported at the Be The Best Board.	Notes of meetings

	Objective	5	To ensure all staff are engaged and participate in all steps of the World Health Organisation' (WHO) surgical safety checklist, and that this is consistently utilised.

	No	Action	Lead	Date Assigned	Scheduled completion	Status	Actual Completion	Comments	Evidence
Maternity	5.1	To undertake an assessment of safer surgery steps compliance including staff engagement and understanding of any barriers to its completion through direct observation.	NC CD	25/6/2018	30/9/2018	**Closed**		Weekly audit of 10 cases commenced. Observational work undertaken in partnership with anaesthetics	Observational assessment report
	5.2	To improve debrief in theatres by developing a glitch book and associated action log	SR	25/6/2018	31/8/2018	**Closed**		During 'work as one week' from 13 August a glitch book will be trialled, no glitches reported as of 28.8.18. However, staff are able to report previously glitches as examples of what would be recorded where appropriate. 30/08/18. Glitches books in situ in both theatres and are now in use.	Glitch book and utilisation
	5.3	To deliver scenario based education to the multidisciplinary team using specialty clinical governance sessions	DH	25/6/2018	31/12/2018	**Open**		Education plan being devised to be delivered across work as one fortnight, this included posters and information to highlight the importance of the WHO checklist.	Content of scenario based education Evaluation of intervention Attendance at intervention
	5.4	To deliver education on the five steps to safer surgery for Obstetric staff and also include within PROMPT training to include the multidisciplinary team	DH NC	25/6/2018	31/12/2018	**Open**		As above and the PROMPT training will be revised from Oct 18 to include information on WHO checklist.	Content of training Evaluation of training Attendance at training
	5.5	To ensure that the Trust has confidence that obstetric theatres have fully implemented the five steps to safer surgery through a detailed assurance review using ProgRESS methodology	TC	25/6/2018	31/12/2018	**Open**			ProgRESS report
	5.6	To ensure all new starters working within theatres are educated on the five steps to safer surgery and the trusts guidance and procedure by adding expectations into theatre induction and junior doctor induction into the service	CD NC	25/6/2018	31/12/2018	**Open**		Induction package will include WHO education and will be used for rotational staff moving to Labour Ward.	Induction programme Induction evaluation
	5.7	To implement a programme of senior divisional clinical and managerial leadership through walkarounds focussed on the five steps to safer surgery	JW SK	25/6/2018	31/7/2018	**Closed**		Full programme to be agreed, first walk around planned for 30.8.18 ongoing programme to be developed.	Report from walkarounds Divisional Governance minutes
	5.8	To participate fully in the Trust wide safer procedures collaborative to ensure that use of NatSSIP guidance is optimised within the Service	NC CD	25/6/2018	31/12/2018	**Open**		A safer procedure document for fetal blood sampling has been devised; this needs Directorate approval via the governance meeting and will then be implemented.	Collaborative attendance Implementation of Natssips
	5.9	To develop an audit programme designed to assure weekly compliance with the WHO surgical safety checklist and routinely report levels of compliance and any risks/associated mitigation to the monthly executive led maternity oversight meeting	JW SK	25/6/2018	20/7/2018	**Closed**		Weekly audit of 10 cases commenced, 1.8.18 achieved 100%	Notes of meetings

City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of the Strategic Director of Health and Wellbeing to the meeting of the Health and Social Care Overview and Scrutiny Committee to be held on 22nd November 2018

X

Subject:

Respiratory Health in Bradford District

Summary statement:

Respiratory disease is an important cause of ill health and early death in Bradford District. The District performs relatively poorly compared to other areas in England. Recognising this, partners across the District, including the local authority and NHS, have prioritised respiratory health with the aim of improving health outcomes and reducing inequalities.

This paper provides an overview of respiratory health in Bradford District and outlines what partners across the NHS and local authority are doing to improve outcomes for people in the District. There is a specific focus on prevention and on asthma and chronic obstructive pulmonary disease (COPD), as these conditions account for a significant amount of the ill health and subsequent costs associated with respiratory disease in the District.

Bev Maybury
Strategic Director of Health and Wellbeing

Report Contact: Toni Williams,
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Portfolio:

Healthy People and Places

Overview & Scrutiny Area:

Health and Social Care

1. SUMMARY

Respiratory disease is an important cause of ill health and early death in Bradford District. The District performs relatively poorly compared to other areas in England. Recognising this, partners across the District, including the local authority and NHS have prioritised respiratory health, with the aim of improving health outcomes, including reducing associated ill health and early death, for people in the District. In Bradford this work is being driven by the Bradford Breathing Better Programme, and in Airedale, Wharfedale and Craven (AWC) through the AWC Respiratory Action Plan Group.

2. BACKGROUND

Respiratory diseases are diseases that affect the air passages, including the nasal passages, the bronchi and the lungs. They include acute conditions such as pneumonia, and long term conditions such as asthma and COPD. They are influenced by lifestyle factors such as smoking, as well as environmental factors such as air quality.

Some of the greatest ill health locally is associated with asthma and COPD. COPD is also an important cause of early death. It is for these reasons why asthma and COPD are local priorities, particularly for the NHS, in terms of respiratory health.

COPD is a disease of the lungs that causes obstructed airflow from the lungs. Symptoms include breathing difficulty, cough, sputum production and wheezing. It is caused by long term exposure to irritating gases or particulate matter, most often cigarette smoke. Although not curable, COPD is treatable. With good management, most people with COPD can achieve good symptom control and quality of life, as well as reduced risk of other associated conditions.

Asthma is a condition characterised by the narrowing of the airways which makes breathing difficult. This can trigger coughing, wheezing and shortness of breath. For some people asthma is a manageable condition, however, for others it can be a major problem that interferes with daily activities and may lead to a life threatening asthma attack. Whilst asthma can't be cured, its symptoms can be controlled.

3. OTHER CONSIDERATIONS

3.1.1 Overview of respiratory health

Respiratory disease is a leading cause of dying early in Bradford District. Rates of early death (before the age of 75) from respiratory disease in the District are amongst the highest in England and the second highest in Yorkshire and Humber. Each year more than 500 people die from respiratory disease in the District; an estimated 25% of these deaths are preventable. The main causes of death from respiratory disease include COPD and pneumonia.

It is not only early death that is an issue, but the associated impacts on people's day to day lives. Respiratory diseases such as COPD and asthma have a significant impact

on the quality of life of those who are affected. Exacerbations can result in attendance at A&E or admission to hospital. Around 30% of people with COPD attend A&E on at least one occasion each year, whilst one in five people are admitted to hospital each year.

3.1.2 COPD

13,154 people across the three CCGs in Bradford District have been diagnosed with COPD. Disease rates are lowest in City CCG, however, this is, in part, a reflection of the younger age structure of the City population.

One of the main challenges in managing COPD is that many people are unaware that they have the condition. Late diagnosis has a substantial impact on symptom control, quality of life, outcomes, and cost. Often people aren't diagnosed until the disease is at an advanced stage; this is because people sometimes do not recognise the symptoms of COPD because they develop gradually; many people think that the symptoms they are experiencing are normal or associated with age; and when people present to their GP the symptoms may be treated rather than the cause of the symptoms investigated.

Whilst 13,154 people in the District have been diagnosed with COPD, it is estimated that the actual number of people with COPD is closer to 19,300; an estimated 6,150 people remain undiagnosed. The proportion of people with COPD who remain undiagnosed varies between CCGs and also between GP practices. Whilst some degree of variation is expected, the variation described suggests that some GP practices are better than others at detecting COPD, and that there is capacity for improvement.

Most of the care for people with COPD is provided in primary care. Effective management can lead to improvements in symptom control and quality of life, and also a reduction in exacerbations and associated hospital admissions. NICE guidance and the GP Quality and Outcomes Framework (QOF) sets out a number of standards for the way in which people with COPD should be managed. For example, people with COPD should have an assessment of breathlessness (one of the main symptoms of COPD) on a regular basis. There is variation between CCGs (and also between GP practices) which suggests that there is scope to improve this element of the management of COPD.

A significant challenge in effectively managing COPD is multimorbidity. Multimorbidity is the presence of more than one long term condition; in the District multimorbidity for people with COPD appears to be the norm. More than three quarters of people with COPD have at least one other long term condition, such as high blood pressure or diabetes. This is a challenge because of the way in which health care services are traditionally delivered. The use of many services to manage individual conditions can be inefficient and frustrating for people. Individuals with more than one long term condition are much more likely to experience problems with the coordination and integration of their care, and are more likely to have an unplanned hospital admission.

Figure 1: Variation in the management of COPD in primary care, City, Districts and AWC CCGs, 2016/17

	% of people with COPD who have had a review, incl. an assessment of breathlessness using the MRC dyspnoea score in the preceding 12 months	% of people with COPD with a record of FEV_{1*} in the previous 15 months
AWC	78.1%	69.7%
City	81.5%	75.6%
Districts	81.3%	71.7%
GP practice range	58% - 100%	42.4% - 100%

FEV_1 (forced expiratory volume) refers to the amount of air that a person can forcefully exhale in 1 second. This provides an indication of the severity of COPD Source: Quality and Outcomes Framework

3.1.3 Asthma

41,858 people across the three CCGs in Bradford District have been diagnosed with asthma. Disease rates are similar across all three CCGs, but higher than the England average. This number is likely to be an underestimate of the actual number as, as is the case for COPD, some people with asthma will not have been formally diagnosed. Getting a diagnosis and starting appropriate treatment early can lead to better long term outcomes, improved quality of life, symptom control, and fewer exacerbations. Modelled estimates of the number of people with asthma do exist, however, they are now out of date and, therefore, there are some concerns over their accuracy. Whilst it is not possible to estimate the number of people who have asthma but who have not been diagnosed, it is important to recognise the importance of having an accurate and timely diagnosis.

Most of the care for people with asthma is provided in primary care. Effective management can lead to improvements in symptom control and quality of life, and also a reduction in exacerbations and associated hospital admissions and mortality. NICE guidance and the GP Quality and Outcomes Framework (QOF) sets out a number of standards for the way in which people with asthma should be managed.

Figure 2: Variation in the management of asthma in primary care, City, Districts and AWC CCGs, 2016/17

	% of people who have had an asthma review in the last 12 months	% of people with asthma between the ages of 14 and 19 years in whom there is a record of smoking status in the preceding 12 months.
AWC	72.9%	83.9%
City	77.0%	93.2%
Districts	71.3%	86.3%
GP practice range	54.4% - 95.6%	63.6% - 100%

Source: Quality and Outcomes Framework

For example, people with asthma should be reviewed on a regular basis and young people with asthma should have a record of their smoking status because smoking can exacerbate the condition. There is variation between CCGs (and also between GP practices) which needs to be addressed to ensure that wherever you live in the District your asthma is well managed.

3.1.4 Smoking

Smoking has long been recognised as one of the main causes of preventable illness and early death. It is particularly important in the context of asthma and COPD because it is one of the main causes of COPD, and is also an exacerbating factor for asthma.

- The number of people in Bradford District smoking has remained stubbornly high for a number of years, however, there are signs of improvement. The smoking prevalence fell from 22.2% in 2016 to 18.9% in 2017 (the lowest level recorded in the District).

- The proportion of the population of Bradford District smoking is higher than the national average; furthermore, smoking remains more common in people in routine and manual jobs, where the proportion smoking is 31.8%

- Smoking in pregnancy rates in Bradford District are steadily declining, however the number of woman smoking at the time of delivery remains higher than the national average – 13.8% compared to 10.7% in England as a whole.

3.1.5 Air quality

Air pollution is also associated with poor respiratory health; it has been established to be causative for asthma, and associated with exacerbations of both asthma and COPD. In Bradford an estimated 5.0% of early deaths are attributable to particulate air pollution.

3.2 Improving respiratory health in Bradford District

Improving respiratory health and reducing health inequalities remains a priority for the Department of Health and Wellbeing, wider local authority and NHS partners. Action to improve outcomes focuses on two main areas:

- ***Prevention*** involves addressing the risk factors for respiratory conditions to reduce the number of people developing them in the first instance. The main preventable risk factor for COPD is smoking.
- ***Early intervention and good quality primary care*** involves action to improve the management and care of people with respiratory conditions such as COPD to slow down progression of the disease, and to reduce the frequency of exacerbations and complications.

3.2.1 Tobacco control

The Department of Health and Wellbeing commissions services to support people to stop smoking, and also activities to prevent people, particularly children and young people, from taking up smoking in the first instance.

Stop smoking support in the District is provided by a team of specialists within a central service, and also via a network of providers in primary care and pharmacies. The specialist stop smoking team within the Department of Health and Wellbeing provides

stop smoking support at a range of venues including GP practices, libraries, supermarkets, and children's centres, to ensure that support is accessible in those communities with the highest smoking prevalence. As smoking is more common in routine and manual working groups, support to quit in the workplace is provided by the specialist team, and is targeted at organisations with a high proportion of routine and manual workers. Within the secondary care setting, for people referred to the service on admission to hospital, support to quit smoking is provided by a specialist team on the ward.

Smoking in pregnancy has been a priority for a number of years. Recognising the importance of stopping smoking during pregnancy, the Department of Health and Wellbeing commissioned a specialist midwife to, over a three year period, train staff and establish policies and procedures. This includes ensuring that a systematic and evidence based approach to tackle maternal smoking is embedded throughout the antenatal care pathway.

In addition, the Department of Health and Wellbeing, Bradford City and Districts CCGs and Public Health England have funded babyClear; this is an evidence based midwifery programme to ensure consistency of advice and interventions for pregnant smokers from the first booking appointment with a midwife. This is complemented by further interventions including smoking cessation and smoke free homes champions in the health visiting service and children's centres.

NHS England have provided additional funding to tackle the high number of women continuing to smoke in pregnancy in Bradford Districts CCG. This has enabled the introduction of carbon monoxide (CO) screening at 36 weeks pregnant to improve the accuracy of reporting, and provides a further opportunity to promote the uptake of smoking cessation services. In addition, midwives assessing women in the maternity assessment centre and day unit have received additional training and resources to implement an intervention with women who continue to smoke in pregnancy and attend hospital with a pregnancy concern.

Breathe 2025 is the vision for Yorkshire and Humber promoted locally - to see the next generation of children born and raised in a place free from tobacco, where smoking is unusual. A multipronged approach to reduce the number of young people taking up smoking has been adopted. Priorities include:

- Continuing to de-normalise smoking and discourage young people from being influenced by adult smoking.
- Promoting the implementation of smoke free areas for organisations involved in the care or education of young people and children.
- Making every contact count – ensuring that all opportunities in health and social care (including primary and secondary care) are maximised to support people to stop smoking. This includes identifying smokers, signposting, and referral to services where appropriate.
- Ensuring that all national and regional campaigns are well publicised and resources made available to primary and secondary health and social care professionals.
- Tackling the trade in illegal tobacco. 'Keep it Out' is a programme jointly funded by local authorities across West Yorkshire to combat the damage illegal tobacco does to our communities. Available from a range of sources within some local communities, the sale of illegal tobacco seriously undermines the impact of other

tobacco control measures, makes it easier for children to start smoking, enabling them to become addicted at a young age.

West Yorkshire and Harrogate Cancer Alliance have identified tobacco control as a key element of its work to prevent cancer and cancer-related deaths. The tobacco control workstream aims to strengthen existing tobacco controls and smoking cessation services across West Yorkshire and Harrogate, in line with reducing smoking prevalence to below 13% nationally by 2020. Outcomes are focused on:

- Reducing smoking related admissions and demand on services;
- Increasing referrals to specialist stop smoking services;
- Systematic implementation of NICE guidelines in acute hospital and mental health services.

Lung Cancer is the most common cancer in West Yorkshire. Variation has been identified in route to diagnosis, stage at diagnosis and one year survival across the region. West Yorkshire and Harrogate Cancer Alliance are funding a programme in Bradford and Wakefield to tackle lung cancer across the district through four specific programmes of work:

- ***Support people to stop smoking*** including those already receiving treatment in the NHS for smoking-related illnesses, by using every patient contact to offer help to quit.
- ***Raise awareness of early signs and symptoms*** so people seek information and advice earlier than is often the case, making more cancers curable.
- ***Develop a pilot 'lung health check' scheme*** to invite for screening those identified in the community or through their GP as most at risk of cancer, using low dose CT scanning in community venues, such as supermarket or community centre car parks.
- ***Improve the experience for those affected by lung cancer*** by ensuring care and treatment pathways are as speedy and efficient as possible.

This work creates the opportunity to establish a local health and care partnership between the local council, providers of NHS services (hospitals, mental health, GPs and community services) and commissioning organisations in order to drive the four-pronged programme.

3.2.3 Bradford City and Districts: Bradford Breathing Better

Bradford City and Districts CCGs are working collaboratively to deliver a programme of work (known as Bradford Breathing Better, "BBB") to improve respiratory health outcomes for children, young people and adults in Bradford with COPD or asthma.

The primary aim of Bradford Breathing Better is to promote early and appropriate diagnosis, and through effective and proactive care, support people to manage their conditions, reducing exacerbations and unplanned hospital admissions.

With the support of the programme we will provide people with respiratory disease the tools and techniques to feel confident in managing their condition. We will also provide, as clinically appropriate, rescue packs of medication to prevent people, where it is clinically safe to do so, from going to hospital when their condition worsens.

The planning and implementation of Bradford Breathing Better is underway, and will continue to be rolled out in 2018/19. Our Bradford Breathing Better Steering Group is a partnership involving primary care, secondary care, Public Health, the voluntary and community sector, and organisations such as The British Lung Foundation and Asthma UK. We have engagement from all of our local GP practices, as well as IT to support the collaborative and data driven approach to our programme.

A recent extremely successful work shop was held with colleagues from across primary and secondary care with a view to help carve out our plans in more detail and secure support from partners in delivery.

We are starting with the education of our workforce. All practice staff treating people with respiratory conditions have access to an online respiratory education programme. This also has a quality improvement platform where projects, specific to Bradford, can be uploaded and undertaken by practices.

Data is currently being extracted from practices by Optimim Patient Care who will provide us with not only CCG and practice data but also on an individual basis. This data will guide us to where we need to focus our efforts.

Improving management (including self-care) of COPD and asthma, will have a great impact on people being able to look after and care for their own lung health and our patient events that have been held during the year have helped inform plans on what our local respiratory patients' needs are. Two practices have started doing group consultations for COPD rather than 1:1 annual reviews, with a view to rolling this project out across GP practices. The idea being that clinicians are able to not only educate people but also empower them to manage their condition better and ultimately reduce their chances of ending up in hospital.

We are working with our local Breatheasy Group, to try to develop more practice based respiratory groups for local people to attend to help them to benefit from the support each other can provide.

Working with Public Health colleagues, we are supporting smoking cessation, to increase the number of people stopping smoking, and during September and October we have funded the Health Bus to deliver these messages across Bradford. As part of the GP Quality Improvement Scheme practices are being incentivised to ensure that all staff who come into contact with smokers undertake online training in Very Brief Advice. Also key to respiratory self-care is the flu vaccine. Again in partnership with our colleagues in Public Health, we will work with primary care to support the flu campaign for our patients, particularly those who are at most risk.

Self care

As mentioned, one of the priorities locally is to support individuals to manage their condition, be it COPD or asthma, and to understand any triggers for exacerbations, so that exacerbations can be managed in a timely, safe and supportive way. People have told us that they feel vulnerable when they have a flare up of their condition, and often they have no alternative available, particularly out of hours, but to call emergency services. This often leads to an A&E attendance or an unplanned hospital admission.

We aim to provide each person with a detailed, personalised care plan which outlines how to manage their condition and what to do if they start to feel unwell.

Prescribing and formulary
A significant amount of CCG spend on COPD and asthma is on prescribing, therefore, it is important to look at the outcomes that we are achieving for this spend. In order to ensure that people receive the right medication at the right time, a prescribing formulary that covers primary and secondary care is being developed, with any changes considered at an individual's annual review. Furthermore, there is a growing body of evidence to show that prescribed medication is rarely used effectively; meaning that a person's respiratory condition might not be as well controlled as it could be. Accordingly, approaches to improving inhaler technique will also be considered.

Clinical template
Primary care teams currently have a number of templates open for them to follow to support the management of people with COPD and asthma in primary care settings. This can be cumbersome and confusing. Therefore, as part of Bradford Breathing Better we will look to simplify the process by creating one overarching template. This will support appropriate prescribing, proactive care planning, and facilitate referral to other services such as smoking cessation services, and pulmonary rehabilitation.

Pathways
People with COPD and asthma are primarily managed in primary care settings, however, some will require care in acute hospital settings. It is important that a consistent approach to managing COPD and asthma is taken across primary and secondary care, and, therefore care pathways will be reviewed. Pathways will be evidence based and compliant with best practice contained within the NICE Quality Standards for both COPD and asthma. Training and education will also be delivered to staff to ensure that pathways are implemented and embedded across primary and secondary care.

Each of our GP practices has a dedicated nurse lead that will support the development and implementation of the Bradford Breathing Better Programme.

3.2.4 Airedale, Wharfedale and Craven (AWC) Respiratory Action Plan
AWC have adopted the principles of the NHS Right Care Programme to improve respiratory health outcomes in Airedale, Wharfedale and Craven. The Right Care Programme is based on the principle of unwarranted variation. Some variation between CCGs in terms of health outcomes, hospital activity, prescribing, and what CCGs spend on health care is expected; this is because CCG populations are different. However, some variation is unexplained, and by using data and evidence to identify such variation, areas and programmes which offer the best chances of improving outcomes for people in the District, as well as making the best use of resources, can be identified.

Much of the respiratory work programme in AWC focuses on improving respiratory health outcomes for people with asthma and COPD. The focus is primarily on primary care because this is where most people with these conditions are routinely managed, but also includes some pathway development work between primary and secondary

care, to ensure that when people do require management in acute settings, that their care is as joined up as possible.

The respiratory work programme is delivered by the Respiratory Action Plan Group.

The Group is focusing on:

- Promoting early and appropriate diagnosis.
- Improving care and management of people who are diagnosed with a respiratory condition through care planning and patient education.
- Encouraging people to attend their annual reviews, where their medication can be reviewed and people are supported and educated to administer their medication correctly. Their care plan can be discussed and rescue packs can be provided where suitable.
- Encouraging self-care, starting with ensuring that people are using their inhalers correctly.
- A consistent approach between primary and secondary care, including the development of a paediatric pathway.
- We have also recently applied for and been granted 660 myCOPD licences. myCOPD is currently the only NHS approved app. It is being delivered to patients who are newly diagnosed with COPD, patients being discharged from hospital and patients at their annual review. It is also being offered to people who find it difficult or unable to attend class-based pulmonary rehabilitation, and in areas where there are long waiting lists for class-based pulmonary rehabilitation.
- There has been an increased focus on pulmonary rehab, with services available across the patch. PR has many benefits for people with COPD. It can improve the ability to function and quality of life.
- An Asthma Hot Clinic has been set up in Craven for patients discharged from Airedale Hospital. The clinic's aim is to provide education about asthma and the importance of concordance with treatment, step up appropriately and triage those people that should be referred into secondary care.
- A pilot has been set up at Townhead surgery for people to use the Gold-Line so they can call and talk to someone if they are feeling anxious or they have a flare up of their condition. In some cases this means that exacerbations can be managed in a timely, safe and supportive way with the person feeling supported. This would negate the need to call emergency services, which can lead to an A&E attendance or an unplanned hospital admission.
- The establishment of an AWC Respiratory Network, with practice nurse leads in every GP practice will improve the care and management of people.
- Creating a single template for COPD and asthma care to be used across the AWC practices. This aims to improve the delivery of patient focussed annual reviews, targeting of rescue packs for COPD exacerbations to the right individuals, increase referrals to pulmonary rehabilitation and improve information sharing with secondary care with patient consent in case of requiring step up or step down care.

3.2.5 Living Well: winter respiratory campaigns

The Self Care and Prevention Programme has commissioned the Voluntary and Community Sector Alliance to deliver engagement sessions to people of all ages living across Bradford District and Craven to promote winter wellness/respiratory health campaigns from September 2018.

The focus of the engagement is to deliver targeted health messaging to communities over the winter months using the 'Choose Well' and 'Is my Child Unwell' campaign resources, as well as promoting 'keep warm, keep well', flu vaccinations, management of respiratory conditions, and supporting parents/guardians of 2-to-3 year olds.

The Self Care and Prevention Programme is also working in partnership with the School of Pharmacy and Medical Sciences at Bradford University; pharmacy students will be engaging with the public during Self Care Week in November to promote 'Staying Well in Winter' campaign resources, provide information on respiratory health, and signpost members of the public to appropriate support services.

3.2.6 Bradford District Flu Vaccination Plan

The Flu season occurs every winter and is a key driver of NHS winter pressures and ill health in winter. It impacts on those who become ill, the services that provide direct care, and on the wider health and social care system that supports people in at-risk groups. The flu vaccine is one of the evidence based modifiable risk factors helping people to stay well over the winter. Accordingly, it is important that those eligible for the vaccine receive it. Vaccine uptake varies between at risk groups and across the District. In order to address this we have a comprehensive flu vaccination plan, developed in partnership between the local authority, NHS England, Clinical Commissioning Groups and Community Pharmacy West Yorkshire. The Flu vaccination plan aims to reduce the impact of flu in the Bradford and District population through a series of complementary measures.

4. FINANCIAL & RESOURCE APPRAISAL

Tackling public health issues requires long term commitment and investment. Much of this already exists and is directed towards activity which will positively influence the indicators in the Public Health Outcomes Framework. The Public Health service is grant funded by the Department of Health, the total funding for 2018-19 is £41.826m and it is anticipated that the service will balance the budget. There are no financial issues arising from this report on respiratory health in Bradford.

5. RISK MANAGEMENT AND GOVERNANCE ISSUES

None

6. LEGAL APPRAISAL

The provision of respiratory health services falls within the Council's responsibilities for health and wellbeing under the provisions of the Health and Social Care Act 2012. This act requires the Council to consult and follow any guidance issued by the Secretary of State for Health and Social Care. There appears to be no relevant statutory guidance issued at this time save for NICE treatment guidelines, which the report indicates are in scope for current service provision.

The fact that the principal providers of first line treatment for respiratory disorders are GP's providing Primary Healthcare services suggests that this is an area where significant gains may be made through the integration of health and social care services provided by the Council and the local NHS providers and contracted primary care services.

This report does not appear to raise any other specific legal issues.

7. OTHER IMPLICATIONS

7.1 EQUALITY & DIVERSITY

None

7.2 SUSTAINABILITY IMPLICATIONS

None

7.3 GREENHOUSE GAS EMISSIONS IMPACTS

None

7.4 COMMUNITY SAFETY IMPLICATIONS

None

7.5 HUMAN RIGHTS ACT

None

7.6 TRADE UNION

None

7.7 WARD IMPLICATIONS

- The impact of respiratory disease varies across the District. This highlights the need for targeted work, for example, with primary care to address variations and reduce inequalities.

7.8 AREA COMMITTEE ACTION PLAN IMPLICATIONS (for reports to Area Committees only)

None

7.9 IMPLICATIONS FOR CORPORATE PARENTING

None

7.10 ISSUES ARISING FROM PRIVACY IMPACT ASSESMENT

None

8. NOT FOR PUBLICATION DOCUMENTS

None

9. OPTIONS

Not applicable.

10. RECOMMENDATIONS

That the Committee note the information provided in the report and support on-going work seeking to address the main challenges going forward.

11. APPENDICES

None

12. BACKGROUND DOCUMENTS

None

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City of BRADFORD METROPOLITAN DISTRICT COUNCIL

Report of Bradford District Care NHS Foundation Trust to the meeting of the Health and Social Care Overview & Scrutiny Committee to be held on 22nd November 2018

Y

Subject:

CQC Inspection: outcome and response

Summary statement:

Following an inspection of nine, out of fourteen, core services, in February the CQC published an updated report on Bradford District Care NHS Foundation Trust

The Trust was rated as 'Requires Improvement' overall which was a deterioration from the previous rating of 'Good'

Community services were rated as 'Good' with some aspects of care rated 'Outstanding'.

Mental health services were rated as 'Requires Improvement'.

An action plan was developed, in response to the CQC's findings, and the Committee requested that a progress update be provided towards the end of 2018.

The Trust Board has overseen delivery of the action plan and has recently approved the introduction of a formal Quality Improvement System, throughout the Trust, which will deliver long term, sustainable, staff-led improvements to the quality of its services.

The next CQC inspection is expected in early 2019.

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Portfolio:
Healthy People and Places

Overview & Scrutiny Area:
Health and Social Care

1. Summary

Following an inspection of nine, out of fourteen, core services, in February, the CQC published an updated report on Bradford District Care NHS Foundation Trust

The Trust was rated as 'Requires Improvement' overall which was a deterioration from the previous rating of 'Good'

Community services were rated as 'Good' with some aspects of care rated 'Outstanding'.

Mental health services were rated as 'Requires Improvement'.

An action plan was developed, in response to the CQC's findings, and the Committee requested that a progress update be provided towards the end of 2018.

The Committee will remember that the CQC findings in respect of organisational culture, the care that staff provide and the responsiveness of Trust services was uniformly positive and that all service users who were spoken to confirmed this to be the case. The concerns identified were, typically, weaknesses of internal process.

The Trust Board has overseen delivery of the action plan and has recently approved the introduction of a formal Quality Improvement System, throughout the Trust, which will deliver long term, sustainable, staff-led improvements to the quality of its services.

The next CQC inspection is expected in early 2019.

2. Background

In October 2017, the Care Quality Commission (CQC) undertook an inspection of nine complete core services in total out of 14 core services provided by the Trust. These were:

- Acute wards for adults of working age and psychiatric intensive care units
- Long stay/rehabilitation mental health wards for working age adults
- Wards for older people with mental health problems.
- Wards for people with learning disability or autism
- Community-based mental health services for adults of working age
- Mental health crisis services and health-based places of safety
- Community mental health services for people with learning disability or autism
- Community health services for adults
- Community dental services

These core services were either selected due to their previous inspection ratings or because CQC's ongoing monitoring identified that an inspection at this time was appropriate to understand the quality of the service provided.

The inspection also included an assessment of the well-led key question at the Trust level

The final report was published on 12th February 2018 and, whilst it contained many positive findings, the overall rating for the Trust and a number of individual service ratings had deteriorated to 'Requires Improvement'.

The full report can be accessed here:

http://www.cqc.org.uk/sites/default/files/new_reports/AAAH0101.pdf

3. **Report issues**

The Trust's action plan was divided into 24 themes, with each theme allocated to a lead Director for executive oversight and also allocated for review by a relevant Committee.

Lead Directors ensure that any resources required to deliver actions are identified and prioritised.

Reporting and governance arrangements

Group	Chair/Lead	Function	Frequency
Improving Quality Steering Group	Deputy Director of Quality Improvement	Discuss CQC action plan and specific themes with a broad range of staff from clinical and corporate services , to progress actions and agree any issues to escalate	2nd week of month
Improving Quality Programme Board	Medical Director	Scrutinise action plan, resolve any escalations and provide assurance to Committees and Board	3rd week of month
Executive Management Team	Medical Director	Provide oversight of action plan on behalf of the Board	4th week of month
Quality and Safety Committee	Non-executive Director	Seek specific assurance on progress and impact of specific themes in the action plan. To report assurances or escalate concerns to Trust Board	6 weekly
Mental Health Legislation Committee	Non-executive Director		6 weekly
Finance, Business and Investment Committee	Non-executive Director		6 weekly
Trust Board	Chairman	Receive assurance	Quarterly

Others	Various	Monthly update sent to CQC and Internal Audit.

Staff Involvement

Targeted communications have been sent to all staff via a weekly e-communications bulletin, detailing a specific theme each week and identifying the particular activity that staff can take to support delivery of the action, such as completion of the supervision database. This has also been supported by a range of specific screensavers.

The 'Improving Quality Hub' on the Trust intranet has also been updated to support the communication of key messages.

Progress to date

Some themes were quickly completed, such as business continuity plan upkeep, while other themes required more significant change and longer timescales, such as implementing the Trust's policy on Disclosure and Barring Service changes.

Progress against a number of themes has also been affected (in some cases positively, in others negatively) by the recent change of electronic record system to SystmOne for mental health.

Themes completed:

1) Medication; no outstanding medication related issues

2) Freedom to speak up; progressing positively with over 30 champions in the Trust

3) Feedback on complaints; feedback and learning systems and processes confirmed

4) Regular team meetings; process to track that meetings are taking place embedded and escalation process confirmed

5) Business Continuity plans for community; all electronic BCP available on intranet with robust review process in place

6) Estates and 'risk' environment; work on the therapy kitchen and learning disability garden completed. Folders on each ward now contain all risk and health and safety reports

7) Mental Health Act/ Mental capacity Act: all related polices have been updated and new templates in SystmOne support this theme

8) Fit and Proper Persons Test: new policy ratified and all relevant checks completed

9) Supervision: database in place with reporting established to team leaders and committees

Themes progressing well and ongoing

10) Staffing; safer staffing initiative in community services and remodelling underway across acute inpatient services to support skill-mix reflective of need. Safer Staffing Steering Group meets on a regular basis.

11) Personalised care plans; being developed following the recent move to SystmOne

12) Care in general; ward managers now have allocated daily time to review progress note entries, care plans and risk assessments

13) Blanket restrictions & Restrictive interventions: significant work is ongoing with both blanket restrictions and use of restrictive practices

14) Quality and safety: external review of the Mental Health Legislation Committee has been completed and recommendations implemented, implementation of a new Quality Improvement System has been approved by Trust Board and an external 'well-led' review will begin this month as part of the preparation for our next CQC inspection

15) Duty of Candour: consistent awareness-raising throughout year and a Duty of Candour awareness week planned for this month

16) Safeguarding: currently above target for Safeguarding Adult training, training content updated, bespoke training session delivered to ward managers

17) Local audit / outcome measures: 'deep dive' undertaken by Quality and Safety Committee, existing 'audits' reviewed and duplication removed providing a refined set of checklists, improvements also supported by clinical managers dedicating 1 day per week to clinical practice and the Ward Daily Routine

18) Accreditation: a single list of all current clinical and non-clinical accreditation has been collated and a paper recommending next steps for accreditation received at Quality and Safety Committee in September 2018

19) Protective and emergency equipment: community teams, such as district nurses, have reviewed PEE requirements and a ward-based audit on resuscitation equipment has taken place with subsequent optimisation and standardization across the Trust

20) Access to records / single record keeping: supported by the recent move to SystmOne

21) Disclosure and Barring Service: the DBS trajectory is on track for completion by December 2018

Themes requiring additional support

22) Serious Incidents: currently the Serious Incident team not meeting the 12 week completion target for reports, partly due to capacity within the team and an in-year

increase in the number of Serious Incidents. Work is ongoing to complete outstanding reports, an extension of report timelines has been agreed with relevant commissioners and the trust is seeking extra capacity for the team. In addition, an external review of suicides during 2018, which account for the majority of Serious Incidents, has been commissioned. It should be noted that the increase in suicides appears to be a national issue but it is important that the trust understands any local factors which may be relevant.

23) Risk in risk registers: Quality and Safety Committee has noted that a number of risk registers, at team level, have no live risks. This in contrast to the corporate and directorate registers where risks are well articulated so the reasons are being explored. The Trust Risk Strategy (including risk appetite) is due for review prior to April 2019

24) Mandatory Training: whilst mandatory training performance continues to increase, some trainers do not have the capacity to meet demand and the finding of suitable training venues continues to be a challenge. A new working group has been established to support/address training issues

Moving to Good

Following a competitive process, BDCFT was accepted onto the 'Moving to Good' programme run by NHS Improvement. This programme is nationally-led and regionally focussed and we are one of ten trusts in the north region to be accepted.

Moving to Good is designed to support trusts to achieve a 'Good' rating at their next CQC inspection and, over a period of nine months, features a mix of expert-led, practically focussed workshops on specific topics, on-site specialist consultations on defined topics, an opportunity to pair with and visit other trusts in the region, interactive learning and talks plus a dedicated regional programme team and access to ongoing support.

The programme has, and continues to be, a really valuable source of learning.

The first element involved a diagnostic visit (one day) by members of the programme team who discussed our improvement work to date and areas of focus over the duration of the programme in more detail.

Since then, we have participated in a number of small group workshops on medical engagement, organisational culture, staff engagement and quality improvement.

The programme also offers every participating organisation the chance to work with another trust in the region who is currently rated as 'Outstanding' or 'Good'. We have been paired with Newcastle, Tyne & Wear (an outstanding trust) and are focussing on adult mental health pathways and 'ward to board' assurance processes.

Quality Improvement System

The NHS is facing significant financial and operational pressures, with services struggling to maintain standards of care. Now, more than ever, local and national NHS leaders need to focus on improving quality and delivering better-value care. All NHS organizations

should be focused on continually improving quality of care for people using their services. This includes improving the safety, effectiveness and experience of care.

Quality Improvement (QI) – the use of methods and tools to continuously improve quality of care and outcomes for patients – should be at the heart of local plans for redesigning NHS services. NHS leaders have a vital role to play in making this happen – leadership and management practices have a significant impact on quality. Studies have shown that board commitment to QI is linked to higher-quality care, underlining the leadership role of boards in this area.

Improving quality and reducing costs are sometimes seen as conflicting aims when they are in fact often two sides of the same coin. There are many opportunities in the NHS to deliver better outcomes at lower cost (improving value), for example by reducing unwarranted variations in care and addressing overuse, misuse and underuse of treatment. There are many examples across the NHS showing that even relatively small-scale quality improvement initiatives can lead to significant benefits for patients and staff, while also delivering better value.

The CQC has made it clear that it expects all trusts to adopt a formal QI approach, without being prescriptive about what that approach should be. We were asked this question at our last inspection and the subsequent report recommended that we should consider the introduction of a formal approach.

Additional confirmation has been provided by the recent publication, by CQC, of “Quality improvement in hospital trusts: sharing learning from trusts on a journey of QI”.

https://www.cqc.org.uk/publications/evaluation/quality-improvement-hospital-trusts-sharing-learning-trusts-journey-qi

The introduction of a new QI system is not something that can be learnt from a book or just by attempting to copy what has been done elsewhere; such an approach will fail (and has been the root cause of unsustainable QI initiatives in other trusts). Healthcare organizations which have successfully changed their culture and fostered an environment of continuous improvement have done so by engaging external expertise.

The BDCFT Board has, therefore, approved a significant investment in an expert support partner with a successful track record in the NHS. Clearly the level of support required will reduce over time until the trust is able to sustain the new approach on its own but evidence from similar-sized organizations suggests that it would be reasonable to anticipate two full years of external support before flying solo.

The Trust has also had discussions with the Chief Executive of the Kings Fund regarding some support and the opportunity to engage them in a longitudinal evaluation of our implementation of the QI system. They have offered to support this on the basis they can publish their work. The approach will be designed to enable them to offer us further feedback and support as the implementation progresses.

QI is a long-term initiative and is the key to BDCFT becoming not only ‘good’ but ‘outstanding’.

Preparation for next CQC Inspection

BDCFT anticipates that the next full inspection will take place in early 2019 with report publication sometime around Easter.

We believe that, having taken the actions outlined above, we are well-placed to improve our rating but, in order to test our preparedness, we are about to commence a process of detailed self-assessment.
There will be two elements of our self-assessment: one will be a process of peer review, whereby core services are 'inspected' by a team from another area of the Trust, using a standard template and seeing if concerns identified in the February CQC report have been addressed; the second will be a detailed 'well-led' review by Deloitte LLP who will spend the next two months undertaking a deep dive into ward-to-board assurance processes and our organisational culture.

Any gaps identified through the self-assessment exercise will be subject to rapid process improvement in time for the next CQC inspection.

4. Recommendations

Recommended -

That the Committee notes the progress made, during 2018, by BDCFT, in response to its February CQC report and the Trust Board's commitment to long-term, sustainable improvement via the implementation of a formal Quality Improvement System.

5. Background documents

http://www.cqc.org.uk/sites/default/files/new_reports/AAAH0101.pdf

https://www.cqc.org.uk/publications/evaluation/quality-improvement-hospital-trusts-sharing-learning-trusts-journey-qi

6. Not for publication documents

None