Situation

The Care Quality Commission (CQC) commenced inspection activity across both Acute and Community services at Calderdale and Huddersfield NHS Foundation Trust (CHFT) in January 2026.

Inspection teams visited multiple Trust locations, including Huddersfield Royal Infirmary (HRI), Calderdale Royal Hospital (CRH), Acre Mill Outpatients, Brighouse Health Centre, Dean Clough Mills, Allan House, Grange Dene and Todmorden Health Centre.

The Trust has undergone seven individual inspections, comprising four core service inspections covering:

- Urgent and Emergency Care
- Medical Care (including Elderly Care)
- Outpatients
- Community Adult Services

In addition, the Trust underwent an announced Trust-wide Well-Led inspection between 3 and 5 March 2026.

Inspections Undertaken

Service	Inspection Type	Inspection Dates
Urgent & Emergency Care (HRI)	Unannounced Core Service	12th – 14th January & 04th February 2026
Medicine including Elderly Care (HRI)	Unannounced Core Service	13th – 15th January 2026
Urgent & Emergency Care (CRH)	Unannounced Core Service	02nd – 04th February 2026
Medicine including Elderly Care (CRH)	Unannounced Core Service	03rd – 05th February & 04th March 2026
Outpatients (Cross Site)	Unannounced Core Service	04th – 05th February 2026
Community Adult Services	Announced Core Service	23rd – 25th February 2026
Trust Wide Well Led	Announced Core Service	03rd – 05th March 2026

Point of Inspection

At the time of the unannounced inspection in January 2026, the organisation was experiencing high operational demand, consistent with regional and national pressures.

Both Urgent and Emergency Care departments were operating at a high OPEL 3 (Operational Pressures Escalation Level 3) due to high demand and patient acuity. This indicated significant operational pressures during inspection activity, affecting patient flow and capacity, requiring additional actions and escalation measures to maintain safe care and service delivery.

The Trust's surge and escalation plan was enacted, with senior leaders overseeing the organisational response to manage demand.

Reports Received

The Trust have received eight draft inspection reports for factual accuracy review between April and June 2026 all five reports have now been finalised and published with overall ratings as follows:

- HRI Urgent and Emergency Care – **Requires Improvement**
- HRI Medical Care inc. Elderly Care – **Good**
- HRI Outpatients – **Good**
- CRH Outpatients – **Good**
- Community Adult Services - **Good**
- Trust-Wide Well-Led – **Good**

The draft CQC reports for CRH Urgent & Emergency Care and CRH Medical Care inc. Elderly Care have progressed through the factual accuracy process. Feedback and evidence have been submitted back to CQC within the required timeframe and remain under review. Publication of the final reports is currently expected in mid-August 2026.

Background

The Trust was last inspected in April 2018. This inspection is the first comprehensive assessment under CQC's Single Assessment Framework and follows previous inspections undertaken under the former inspection methodology.

Previous Ratings

Service	Last Inspected	Previous Overall Rating
Urgent & Emergency Care (HRI)	March 2018	**Good**
Medicine including Elderly Care (HRI)	March 2018	**Good**
Urgent & Emergency Care (CRH)	March 2018	**Good**
Medicine including Elderly Care (CRH)	March 2018	**Good**
Outpatients (Cross Site)	March 2016	**Good**
Community Adult Services	March 2016	**Good**
Trust Wide Well Led	March 2018	**Good**

CQC Inspection Process

Provider Information Request (PIR)

At the point of inspection, the Lead Inspector requested a substantial volume of information to support the inspection process.

This evidence was reviewed both during and after the inspection and subsequently informed the final inspection report findings.

As a Trust, we responded to seven individual Provider Information Requests (PIRs), alongside a significant number of additional evidence requests submitted before, during and after the inspection.

In total, CQC requested more than 660 separate pieces of evidence across the seven PIRs, representing a considerable organisational effort to coordinate, collate and submit the required information within the inspection timescales.

Inspection Activity

During the onsite inspection, CQC inspection teams visited a range of Trust sites and clinical ward areas to gather evidence and assess the quality and safety of services. The inspection activity included:

- Site visits across a number of Trust locations
- Interviews with staff at all levels of the organisation
- Focus groups with staff, patients and stakeholders
- Observation of care delivery and interactions between staff and patients
- Review of records, documentation and other supporting evidence

These activities enabled inspectors to triangulate information obtained through the PIR evidence submissions and stakeholder feedback to inform their assessment and final inspection findings.

Factual Accuracy

Following the inspection, CQC provided the Trust with a draft inspection report for review prior to publication. This gave an opportunity to identify any factual inaccuracies, omissions, or instances where submitted evidence has not been fully considered and which may affect inspection findings, judgements, or ratings.

Providers are given 10 working days to review the draft report and submit a response, supported by evidence where appropriate.

Given the scale and complexity of the inspection, the Trust undertook a comprehensive review of the draft report to ensure that all findings were factually accurate, evidence-based, and reflective of the information submitted throughout the inspection process.

Final Report Publication

Following completion of the Factual Accuracy Check process, the CQC considered all provider responses and supporting evidence before issuing their final decision and providing feedback on the outcome of the factual accuracy review.

On receipt of the final inspection report, the Trust was advised of the planned publication date and whether any associated media activity would accompany its release. This enabled the Trust to prepare appropriate communications and stakeholder engagement activity in advance of publication.

The final reports were subsequently published on the CQC website.

Assessment

HRI Urgent & Emergency Care Inspection Outcome

The final inspection report for HRI Urgent and Emergency Care was published on 01 June 2026.

The service received an overall rating of Requires Improvement, representing a decline from the previous rating of Good

Domain Ratings				
SAFE RI	EFFECTIVE RI	CARING GOOD	RESPONSIVE GOOD	WELL LED GOOD

Inspectors identified several areas of positive practice, including:

- Evidence of strong teamwork, open communication and a supportive culture amongst staff.
- Observations of respectful and caring interactions between staff and patients, with patients reporting that they felt listened to, safe and involved in decisions about their care.
- Examples of good practice, including the provision of mental health liaison support and a proactive approach to learning from incidents.

The inspection also identified areas where improvements were required, including:

- Adherence to Infection Prevention and Control (IPC) requirements, including compliance with uniform policies and the ‘bare below the elbows’ standard.
- Limited facilities for patients presenting with mental health needs, including a lack of access to suitable ligature-free environments.
- Compliance with Essential Skills Training requirements.
- Compliance with Bed Rail Risk Assessment processes to ensure patient safety.

The service was issued with three Regulatory Breach Notifications following the inspection:

- **Regulation 12: Safe Care and Treatment –** in relation access to anti-ligature room, adherence to IPC requirements, bed rails risk assessment process
- **Regulation 18: Staffing –** in relation to essential skills training compliance
- **Regulation 10: Privacy and Dignity –** in relation to patients being cared for in the corridor

HRI Medical Care inc. Elderly Care Inspection Outcome

The final inspection report for HRI Medical Care inc. Elderly Care was published on 26 June 2026.

The service received an overall rating of Good, maintaining its Good rating from the previous inspection.

Domain Ratings				
SAFE RI	EFFECTIVE GOOD	CARING GOOD	RESPONSIVE GOOD	WELL LED GOOD

Inspectors identified several areas of positive practice, including:

- Patients and their families consistently described the care they received as kind, compassionate and respectful.
- Inspectors observed a strong culture of teamwork, learning and continuous improvement across the service.
- Effective multidisciplinary team working was evident, supporting positive patient experiences and good clinical outcomes.
- A positive and inclusive culture was observed, with staff reporting that they felt valued, respected and well supported by their immediate teams and leaders

The inspection also identified areas where improvements were required, including:

- Ensuring safe staffing levels are consistently maintained to meet patient demand and support the delivery of safe care.
- Strengthening medicines management processes to ensure medicines are managed, stored and administered safely and effectively.
- Improving the consistency and quality of record keeping, alongside strengthening governance arrangements to provide effective oversight and assurance.
- Compliance with Essential Skills Training requirements.

The service was issued with three Regulatory Breach Notifications following the inspection:

- **Regulation 12: Safe Care and Treatment** - in relation to essential skills training, safeguarding and medicines management.
- **Regulation 18: Staffing** - in relation to safe staffing levels.
- **Regulation 17: Good Governance** - in relation to inconsistent record keeping within patient records.

HRI & CRH Outpatients Inspection Outcome

Both final inspection reports for HRI & CRH Outpatients were published on 29 June 2026.

Both service locations received an overall rating of Good, maintaining its Good rating from the previous inspection.

Domain Ratings				
SAFE GOOD	EFFECTIVE GOOD	CARING GOOD	RESPONSIVE GOOD	WELL LED GOOD

Inspectors identified several areas of positive practice, including:

- Patients consistently described the care they received as kind, compassionate and respectful.
- Strong teamwork and effective multidisciplinary working were evident, supporting positive patient outcomes and experiences.
- A positive culture was observed throughout the service, with staff reporting that they felt valued, respected and well supported within their teams.
- Evidence of learning, innovation and continuous improvement, demonstrating a commitment to enhancing the quality and safety of care.
- Effective use of digital systems and clinical pathways to support the delivery of safe, efficient and effective patient care.

The inspection also identified areas where improvements were required, including:

- Environmental and equipment concerns across some clinic locations, including issues relating to the timeliness of security responses at Acre Mills.
- Strengthening the monitoring and auditing of FP10 prescription processes to ensure appropriate oversight and governance.
- Improving access to training, development and learning opportunities for staff to support professional growth and maintain competencies.
- Improving clinic flow and operational efficiency, as clinics did not always run to schedule, which could result in delays and extended waiting times for patients.

Both service locations were issued with one Regulatory Breach Notification following the inspection:

- **Regulation 15: Premises and Equipment** - in relation to environment and equipment

Community Adult Services Inspection Outcome

The inspection report for Community Adult Services was published on 25 June 2026.

The service received an overall rating of Good, maintaining its Good rating from the previous inspection.

Domain Ratings				
SAFE GOOD	EFFECTIVE GOOD	CARING GOOD	RESPONSIVE GOOD	WELL LED GOOD

Inspectors identified several areas of positive practice, including:

- Patients consistently reported receiving kind, compassionate and personalised care, with 96% of patient feedback being positive.
- Teams were supporting people to remain well and independent at home through innovative models of care, including Hospital at Home and Community Nursing services.
- Staff told inspectors they felt supported by their colleagues and leaders, were able to raise concerns and speak up, and were proud to work within their teams.
- Inspectors observed strong partnership working across health and social care services, supporting coordinated and person-centred care for patients.
- The service demonstrated a commitment to delivering high-quality care through effective collaboration, positive staff engagement and a focus on meeting the needs of local communities

The inspection also identified areas where improvements were required, including:

- Strengthening consistency and alignment of team meetings across services to ensure key information, learning and actions are shared effectively and consistently.
- Reducing variation in access to staff supervision to ensure all colleagues receive regular support, professional development opportunities and appropriate managerial oversight.
- Further embedding governance processes to provide consistent assurance that risks, incidents, complaints and learning are reviewed and acted upon across all teams

No Regulatory Breach Notification were issued for this service following the inspection.

Identified Links to Reconfiguration

The key estate-related themes arising from the HRI Urgent and Emergency Care CQC report were:

1. **The suitability of facilities for adults and children presenting with mental health needs**, including the availability of safe, appropriate and therapeutic assessment environments.
2. **Clinical assessment and treatment space**, at times of significant pressure, patient flow challenges and pressure within the Emergency Department.

Mental Health Provision

Changes are being made to the area identified in the report. The new Clinical Environment at CRH will include a suite of three dedicated mental health assessment rooms. All three rooms will meet Psychiatric Liaison Accreditation Network (PLAN) standards, including being ligature-free, and will be supported by a dedicated ligature-free toilet facility.

These rooms are intentionally designed as non-clinical spaces and will not contain medical gases or other acute clinical infrastructure. One room is sufficiently large to accommodate a bed where patients are awaiting prolonged mental health assessment or admission. Patients presenting with significant physical health needs alongside mental health concerns will continue to be managed within appropriate clinical areas, with mental health support provided as required.

A dedicated room within the Children's Emergency Department (ED) will also meet PLAN standards. Following discussions, we will additionally convert one of the Children's ED toilets into a ligature-free facility.

To further support patients with co-existing physical and severe mental health needs, one bedroom on each of the planned acute medical and surgical wards is being designed to meet PLAN standards, including ligature-free requirements.

Physical Capacity and Emergency Department Design

The CQC visited at peak winter pressures time. Over the last five years, attendances have increased by almost 17%.

The HRI model was based on substantial patient streaming into Same Day Emergency Care (SDEC) services, an approach that has subsequently been implemented through Medical SDEC, Surgical SDEC and Urgent SDEC pathways.

Assessment Capacity

Current assessment capacity is:

- CRH ED: Approximately 30 assessment spaces, including Minors and Paediatric areas.
- HRI ED: 35 assessment spaces.

The new CRH ED, which will incorporate both the Paediatric and Frailty SDEC services, will provide 87 physical patient spaces.

Informed by operational experience at HRI, the new CRH design will also include:

- 10 dedicated ambulance assessment bays
- 4 separate walk-in streaming/triage bays
- Facilities to support future self-check-in and electronic triage (e-triage) processes

These enhancements are intended to improve patient flow, increase assessment capacity, and support more effective demand management across both emergency and urgent care pathways.

Recommendations & Next Steps

Trust Action Planning Process

Following receipt of the final CQC inspection reports, the Trust has developed a comprehensive action plan to address the findings, recommendations and regulatory requirements identified across the inspected services. The action planning process has been designed to ensure a coordinated and proportionate organisational response, focusing on both immediate assurance and sustainable improvement.

Key principles of the Trust's action planning approach include:

- Addressing all regulatory breaches, requirement notices and identified areas for improvement.
- Prioritising actions according to risk, impact on patient safety and regulatory compliance.
- Establishing clear ownership and accountability for delivery at service, divisional and corporate levels.
- Defining measurable outcomes and timescales for completion.
- Embedding robust governance and assurance arrangements to monitor progress and effectiveness.
- Ensuring learning is shared across services to reduce variation and support continuous improvement.

In line with CQC requirements, following publication of the final reports, the Trust is required to submit formal action plans in response to any regulatory breaches. These plans set out how identified concerns will be addressed, the actions to be taken, arrangements for monitoring delivery, and how improvements will be embedded to ensure sustainability in the longer term.

Action plans have been submitted in within the required timeframe for:

- HRI Urgent and Emergency Care
- HRI Medical Care inc. Elderly Care
- CRH Outpatients Department

- HRI Outpatients Department

No regulatory breaches were identified during the inspections of Community Adult Services or the Trust's Well-Led services. As a result, there was no requirement for the Trust to submit formal action plans to the CQC.

Completion of Actions

The action plans include clearly defined actions, action leads and agreed completion timeframes, and are set out below:

HRI Medical Care inc. Elderly Care Action Timeframes			
Regulatory Breach	**CQC Concern**	**CHFT Response**	**Timescale for Completion**
Regulation 12: Safe Care and Treatment Medical Training Compliance inc. Safeguarding and Medicines Management	Not meeting Trust target of 90% across training modules including essential safety training, safeguarding and medicines management.	1. Enhanced Monitoring and Accountability 2. Clinical Leadership and Escalation 3. Increased Access to Training 4. Targeted Resident Doctor Training 5. Staff Improved Onboarding and System Alignment (IAT Process)	30th November 2026
Regulation 18: Staffing Safer Staffing	Insufficient staffing levels to provide safe care and treatment	1. Monthly Divisional Roster Confirm and Challenge 2. Safe Staffing Meetings and Divisional Processes 3. Weekly Unfilled Shift Position Report 4. Divisional Shift Fill Rate Oversight 5. Safe Sustainable and productive Staffing (SSPS) Meeting 6. Recruitment 7. Twice Yearly Safer Staffing Reviews in line with NHS England's Safer Staffing Standards	30th August 2026
Regulation 17: Good Governance Record Keeping	Inconsistent record keeping, including location and uploading of documents specifically ReSPECT forms	1. Divisional Digital Board 2. Standard EPR Document Workflow 3. Standard Operating Procedure 4. Staff Communication and Education 5. ReSPECT Workflow Changes 6. ReSPECT Form Changes	30th November 2026

HRI Urgent and Emergency Care Action Timeframes			
Regulatory Breach	**CQC Concern**	**CHFT Response**	**Timescale for Completion**
Regulation 12: Safe Care and Treatment Mental Health Environment	Bathroom not anti-ligature; hazardous cleaning substance identified.	1. Updated Environmental Risk Assessment (Bathroom facilities for the designated mental health room in ED) 2. Interim Risk Mitigations (Bathroom facilities for the designated mental health room in ED). 3. Implementation and Embed Environmental Safety Checks (Hazardous cleaning substance in USDEC toilet) 4. Cleaning Services Oversight (Hazardous cleaning substance in USDEC toilet) and efficacy audit process. 5. Staff Awareness (Bathroom facilities for the designated mental health room in ED)	01st August 2026
Regulation 12: Safe Care and Treatment IPC & Hand Hygiene Adherence	Hand Hygiene audits results did not reflect observed practice, jewellery and nail varnish seen during care.	1. Reinforcement of Standards 2. Medical Workforce Accountability 3. Review of Hand Hygiene Audit Process 4. Development and Testing of Revised hand Hygiene Audit Tool 5. Digitalisation of the hand Hygiene Audit Process 6. Implementation and Ongoing Review 7. Targeted Education and Support 8. Strengthening Assurance Mechanisms	01st September 2026
Regulation 12: Safe Care and Treatment Bed Rail Risk Assessments	Bed rails raised without recorded risk / benefit assessment or patient discussion.	1. Local and Regional Working Group - Implementation of a Standardised Risk Assessment Tool 2. Interim Risk Assessment	01st October 2026
Regulation 18: Staffing Medical Training Compliance	Medical mandatory training below 90% target across modules.	1. Enhanced Monitoring and Accountability 2. Clinical Leadership and Escalation 3. Management of Locum Workforce Compliance 4. Increased Access to Training 5. Targeted Resident Doctor Training 6. Improved Onboarding and System Alignment (IAT Process)	30th August 2026
Regulation 10: Privacy and Dignity Corridor Care	Risks to patient safety, privacy and dignity; inappropriate corridor / waiting-area care.	1. Adoption of National Standards and Definitions 2. Executive Oversight and Governance 3. Formalisation of Corridor Care Oversight 4. Review of the Surge and Escalation Plan	30th September 2026

CRH Outpatients Department Action Timeframes			
Regulatory Breach	**CQC Concern**	**CHFT Response**	**Timescale for Completion**
Regulation 15: Premises and Equipment Environment and Equipment	Safety checks of specialist OPD equipment. Medical devices were not always calibrated at the point of service	1. Updated Environmental Risk Assessment of Outpatient medical Devices across CHFT (Safety checks of OPD equipment) 2. Interim Risk Mitigations (Assurance equipment is safe to use) 3. Implementation and Embedding Medical Devices Safety Checks (OPD equipment) 4. Staff Awareness to raise and socialise awareness on the importance of daily checks of equipment to maintain service life of equipment and patient safety.	31st August 2026

HRI Outpatients Department Action Timeframes			
Regulatory Breach	**CQC Concern**	**CHFT Response**	**Timescale for Completion**
Regulation 15: Premises and Equipment Environment and Equipment	Equipment-related issues in women's health including safety checks	1. Updated Environmental Risk Assessment of Outpatient medical Devices across CHFT (Safety checks of OPD equipment) 2. Interim Risk Mitigations (Assurance equipment is safe to use) 3. Implementation and Embedding Medical Devices Safety Checks (OPD equipment) 4. Staff Awareness to raise and socialise awareness on the importance of daily checks of equipment to maintain service life of equipment and patient safety.	31st August 2026

Governance and Oversight

Delivery of inspection action plans is being monitored through existing governance structures, including:

- Service and divisional governance meetings.
- Trust Quality Committee
- Trust Executive Team oversight.
- Trust Board reporting and assurance processes.

Progress against actions is reviewed regularly, with evidence collected to demonstrate completion and sustainability of improvements

Next Steps

The Trust will continue to:

- Deliver agreed action plans within established timescales.
- Monitor progress through governance and assurance mechanisms.
- Evaluate the impact of improvements on patient safety, quality and experience.
- Provide regular assurance updates to the Board.
- Maintain engagement with staff, patients and partners throughout the improvement process.
- Embed learning from the inspections across all services to strengthen quality, governance and organisational resilience.

This approach will support the Trust in addressing inspection findings, maintaining regulatory compliance and delivering its wider strategic transformation and reconfiguration objectives.