Royal United Hospitals Bath
NHS Foundation Trust

Report to:	**Public Board of Directors**	**Agenda item:**	**18**
Date of Meeting:	**31st March 2021**		

Title of Report:	**Care Quality Commission Unannounced Inspection of the Emergency Department**
Status:	**For approval**
Board Sponsor:	**Sarah Merritt, Interim Director of Nursing and Midwifery**
Author:	**Rob Eliot, Quality Assurance and Clinical Audit Lead**
Appendices	**Appendix A: Improvement Plan from the CQC inspection of the Emergency Department (January 2021)**

1. Executive Summary of the Report

The Care Quality Commission (CQC) undertook an unannounced inspection of the Emergency Department on 4 January 2021. The purpose of the visit was to check that the Emergency Department was safe, with a focus on patient flow, infection prevention and control and safe staffing.

The CQC inspection report was published by the CQC on 10 March 2021. The overall rating for the Emergency Department remains as 'Requires Improvement'. Whilst the CQC noted areas of good practice, including controlling of infection risk through dedicated areas to protect staff and patients from cross infection, and a visible and approachable senior leadership team, the CQC also identified a number of areas requiring improvement.

The CQC identified a 'Must Do' recommendation to ensure compliance with Regulation 18 (1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). This recommendation states that the Trust must ensure that there are sufficient numbers of suitably qualified, competent, skilled and paediatric nurses to provide safe care and treatment at all times. The CQC also made a further 6 recommendations where the Trust should take action to improve practice. An improvement plan (Appendix A) has been developed to address the CQC recommendations. This must be returned to the CQC by 2 April.

2. Recommendations (Note, Approve, Discuss)

Quality Board is requested to approve the improvement plan to address the recommendations from the report of the CQC unannounced inspection of the Emergency Department

3. Legal / Regulatory Implications

It is a legal requirement to comply with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3).

4. Risk (Threats or opportunities, link to a risk on the Risk Register, Board Assurance Framework etc)

A failure to demonstrate systematic quality improvement in the delivery of patient care could risk the Trust's registration with the Care Quality Commission.

5. Resources Implications (Financial / staffing)

The costs of compliance with the CQC fundamental standards are embedded within operational delivery costs.

6. Equality and Diversity

Equality and Diversity legislation is an integral component to registration.

7.	References to previous reports
None	

8.	Freedom of Information
Public	

Care Quality Commission (CQC) Unannounced Inspection of the Emergency Department

1 Introduction

1.1 The Care Quality Commission (CQC) undertook an unannounced inspection of the Emergency Department on 4 January 2021 as part of its winter pressures programme.

1.2 The purpose of the visit was to check that the Emergency Department was safe, with a focus on patient flow, infection prevention and control and safe staffing.

1.3 The inspection was also an opportunity for the CQC to corroborate the information that the Trust had shared with the CQC about the Emergency Department and how it operates in practice.

1.4 Following the inspection, the CQC also requested further information to support the conversations they had during the inspection with all requested information returned to the CQC.

2 The CQC judgement

2.1 The CQC published the final copy of the inspection report from the visit on 10 March 2021.

2.2 Due to the targeted nature of the inspection, the overall rating of the Emergency Department has not changed with the service remaining as 'Requires Improvement'.

2.3 The CQC found that the service controlled infection risk well through dedicated areas to protect staff and patients from cross infection, and staff knew how to keep patients safe from abuse and report this.

2.4 The CQC also recognised the new leadership team that was in place which was visible and approachable for patients and staff. Staff felt respected, supported and valued. The CQC were given examples of improvements since the last inspection and staff were aware of the priorities of the department and had clear oversight and management of risk.

2.5 However, the CQC also identified a 'Must Do' recommendation to ensure compliance with Regulation 18 (1) Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3). This recommendation states that the Trust must ensure that there are sufficient numbers of suitably qualified, competent, skilled and paediatric nurses to provide safe care and treatment at all times.

2.6 The CQC made a further 6 recommendations where the Trust should take action to improve practice. These are detailed in Appendix A.

3 Improvement Plan

3.1 The Trust is required to send the CQC a written report of the action that will be taken to address the compliance recommendations from the report. This action plan must be submitted to the CQC by 2 April 2021. An improvement plan (Appendix A) has been developed which details the actions that have or will be taken to address the recommendations from the report.

3.2 Each action has been RAGB (red, amber, green, blue) rated to indicate whether the actions are progressing according to the timescales identified in the improvement plan. The comments / action status column has been updated to reflect progress towards implementing the actions.

3.3 On completion of all actions under each recommendation, the identified action leads will be responsible for providing examples or evidence of how the actions that have been implemented have led to improvements. These are identified within the improvement plan as Key Performance Indicators / Outcome Measures. Recommendations will not be closed down unless there are demonstrable improvements.

3.4 The Trust has developed the Improving Patient Flow Together Programme to support improvements in our Emergency Pathways across the hospital. The improvement work for the Emergency Department forms part of this programme as it is planned to incorporate the CQC action plan into this programme of work. This will ensure there is clear oversight of the actions and measures within the CQC action plan and that they are aligned with the wider improvement plan.

3.5 Delivery of the improvement plan will be monitored by the Improving Patient Flow Together Board on a monthly basis and by Quality Board on a quarterly basis.

4 Recommendations

4.1 Quality Board is requested to approve the improvement plan to address the recommendations from the report of the CQC unannounced inspection of the Emergency Department.

Appendix A: Improvement Plan from the CQC inspection of the Emergency Department (January 2021)

Must Do Recommendations

Ref No	**1**
Recommendation	**Ensure there are sufficient numbers of suitably qualified, competent, skilled and experienced paediatric nurses to provide safe care and treatment at all times**
Regulation	Regulation 18: Staffing (1) Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed in order to meet the requirements of this Part.
Comments	The emergency department did not have enough paediatric trained nurses to meet the recommendations set out by the Royal College of Paediatric and Child Health (RCPCH). The recommendation states that every emergency department treating children must be staffed by two registered children's nurses at all times. They were not meeting this recommendation. Staff told us they aim to have one paediatric nurse on each shift but only achieved this only 50% of the time.

Action no	**Actions required** *(specify "None", if none required)*	**Action by date**	**Person responsible** *(Name and grade)*	**Status**	**Comments/action status** *(Provide examples of action in progress, changes in practices etc.)*
1	Recruitment of senior paediatric nurse	22/02/2021	Jenni Lee, Matron, Emergency Department	Blue	Senior paediatric lead nurse identified. Newly appointed Nurse consultant starting June 2021 has RCEM Paediatric training.
2	Recruitment of 2 WTE paediatric nurses	30/09/2021	Jenni Lee, Matron, Emergency Department	Green	Job advert out, assessing option for dedicated paediatrics advert
3	Completion of in-house Paediatric Intermediate Life Support training for adult nurses within the department who treat paediatrics	30/09/2021	Jenni Lee, Matron, Emergency Department Paediatric Matron	Green	Theme of the Month March 2021 – Paediatrics. Now included in induction programme and FEN (Faculty of Emergency Nursing) book. First face-to-face session 13th April rolling twice a month – 6 nurses booked per session but looking to increase to 12.
4	Provision of external Advanced Paediatric Life Support training to senior nurses and Spotting the Sick Child online training to all nurses	31/10/2021	Jenni Lee, Matron, Emergency Department	Amber	APLS rolling twice a year, limited due to costs of course. Spotting the Sick Child is a free online course.
5	Short to medium term - dedicated doctor in the paediatrics area from 14:00-22:00 (peak period of attendance) Monday to Friday.	31/01/2021	Liz Gilby, Paediatric ED Consultant	Blue	Short-term measure introduced to increase dedicated capacity to support paediatrics in minors at peak times during week days. Plan

Action no	Actions required *(specify "None", if none required)*	Action by date	Person responsible *(Name and grade)*	Status	Comments/action status *(Provide examples of action in progress, changes in practices etc.)*
					implemented however staffing levels do not always guarantee this is the case.
6	Longer term - review medical staffing model for paediatric ED. Use benchmarking from other departments and develop business case for preferred staffing model	30/06/2021	Liz Gilby, Paediatric ED Consultant	Green	Benchmarking in progress
7	Develop separate nursing rota to cover paediatric ED to ensure that paediatric trained nurses are protected in their shifts to support improvement in recruitment and retention.	28/02/2021	Jenni Lee, Matron, Emergency Department	Blue	Ongoing recruitment programme with plans to advertise for dedicated paediatric nurses to enhance paediatric nurse pool
8	Work with the Paediatric department to assess opportunities for rotational staffing to support a dedicated rota.	31/08/2021	Jenni Lee, Matron, Emergency Department / Paediatric Matron	Green	New Paediatric Matron appointed 23/03/2021. To be progressed through Paediatrics in ED Improvement Group
9	Review of ED training records for Paediatric Basic Life Support and Safeguarding Children for nursing staff and Emergency Department Assistants.	28/02/2021	Jenni Lee, Matron, Emergency Department	Blue	Review of STAR records undertaken. Matron for the Emergency Department has contacted the 2 Emergency Department Assistants that have not completed at least Safeguarding Children Level 1 training. There were 2 staff nurses who commenced in post in October and November 2020 that have not yet completed their Safeguarding Children training but are booked onto the next available training day.
10	Agree monitoring arrangements for review of ED training.	25/03/2021	Liz Gilby, ED Consultant	Blue	Monthly minuted meeting to ensure oversight and governance for ED Paediatric training
11	Develop strong links with Paediatricians to improve admissions pathways	31/10/2021	Liz Gilby, ED Consultant / Jenni Lee, Matron, Emergency Department	Green	Paediatrics ED Consultant Lead attends monthly meetings with paediatric colleagues across the trust along with Nursing Paediatric lead. The lead also collates a Paediatrics Bulletin each month to provide information which includes "Hot topics", champions, safeguarding team, and discusses attendance numbers. There is a joint working group comprising ED and Paediatric teams that are focusing specifically on

Action no	Actions required *(specify "None", if none required)*	Action by date	Person responsible *(Name and grade)*	Status	Comments/action status *(Provide examples of action in progress, changes in practices etc.)*
					improvements to the Paediatric pathway both within ED and the Children's Ward.

On completion of all actions above, what data will be collected to demonstrate that these actions have led to improvements?		
Key Performance Indicators / Outcome Measures	**Target**	**Summary of performance**
One paediatric nurse plus a nurse with paediatric training per shift	90%	
Paediatric training records complete for all appropriate staff	90%	
Waiting times for Paediatric patients within 4 hours	95%	Since January 2021: 2-10pm doctor covering paediatrics, ENP to prioritise children throughout the day. Protected paediatrics nurse from midday-08:00am
Time to initial assessment for Paediatric patients	85%	Time to initial assessment – Feb-21 = 80.3%

Status	
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete

Should Do Recommendations

Ref No	**2**
Recommendation	**Review the numbers of senior medical staff on duty, particularly at night, so there are sufficient doctors to manage patients within the complex layout of the emergency department, where they may be less visible, and the need to deal with urgent treatment.**
Comments	There were not always sufficient senior doctors on duty at night, given the complex layout of the department, the additional demand from work with COVID-19 patients, and other urgent clinical responsibilities. The rota required there to be one senior doctor supported by three junior doctors at night. This was in line with the recommendations of the Royal College of Emergency Medicine. However, senior staff told us of their concerns. These included the layout of the department made observing patients difficult. The senior doctor on duty could also be required to provide complex treatment at night. For example, providing thrombolysis to stroke patients meant they needed to dedicate a specific time to the procedure when they would be otherwise unavailable to other staff and patients. The emergency department had two consultants on the rota with qualifications in paediatric emergency medicine. There was an emergency department consultant lead for paediatrics. However, senior staff told us the consultants with paediatric qualification were not allocated specific time on shifts to the paediatric department. This does not meet the recommendations set out by the Royal College of Paediatric and Child Health (RCPCH). This states every emergency department treating children must be staffed with a paediatric emergency medicine consultant with dedicated session time allocated to paediatrics.

Action no	**Actions required** *(specify "None", if none required)*	**Action by date**	**Person responsible** *(Name and grade)*	**Status**	**Comments/action status** *(Provide examples of action in progress, changes in practices etc.)*
1	Undertake medical modelling review of demand and geographical layout of department – using available modelling tools	31/05/2021	Rosie Furse, Clinical Lead, Emergency Department	Green	Initial steps towards medical modelling using GIRFT tool but does not account for difficult geographical layout of department. Reviewing ECIST tool as comparison
2	Business case to be developed for recruitment of additional senior staffing to overnight (link to outcome of medical model).	*31/07/2021*	Rosie Furse, Clinical Lead, Emergency Department	Green	Currently achieved on 1/3rd of nights if no sickness.
3	Recruitment of CESR doctors/fellows to release senior SAS doctors up onto consultant rota to help release PEM consultants to Paeds ED (would also oversee minors)	31/08/2021	Rosie Furse, Clinical Lead, Emergency Department	Green	2 CESR doctors appointed – start date August. Business case in progress for digital fellow. Potential business case being developed for frailty fellow.
4	Business case to be developed for additional senior staffing for weekends (afternoon/evening) to allow senior Paeds ED cover	*31/07/2021*	Rosie Furse, Clinical Lead, Emergency Department	Green	Consider paeds locum shift at weekend to provide temporary solution (currently underfunded post)

On completion of all actions above, what data will be collected to demonstrate that these actions have led to improvements?		
Key Performance Indicators / Outcome Measures	**Target**	**Summary of performance**
Proportion of night shifts with two ST3+ doctors on duty	100%	
Proportion of days with consultant in paediatrics	100% Mon-Fri	
Proportion of PEM consultant shifts being done in paediatrics	Minimum 1 shift per week	

Status	
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete

Ref No	**3**
Recommendation	**Review the plan for overcrowding in the emergency department waiting room to consider how to protect patients who cannot wait elsewhere or need protection from adverse weather or who need somewhere to be able to sit down.**
Comments	Due to COVID-19, several seats in the patient waiting area had been sealed off to allow for social distancing and the trust planned to fit plastic screens between back-to-back chairs. The trust had plans for how the department would manage overcrowding in the waiting area during busy times. This included patients waiting outside the department (if clinically appropriate) but no plan at the time on using any other internal areas to ease overcrowding.

Action no	**Actions required** *(specify "None", if none required)*	**Action by date**	**Person responsible** *(Name and grade)*	**Status**	**Comments/action status** *(Provide examples of action in progress, changes in practices etc.)*
1	Plastic screens to be fitted to back-to-back chairs in minors waiting room	31/03/2021	Jenni Lee, Matron, Emergency Department	Blue	Screens in place
2	Escalation triggers in place to identify risk of overcrowding in waiting room	31/03/2021	John Kirby, ED Support Manager	Green	Draft triggers and actions agreed - currently being tested to ensure set at correct level.
3	System in place for clinically appropriate patients to wait outside waiting room and be called when ready to be seen	In place	Jenni Lee, Matron, Emergency Department	Blue	System in place, risk assessment done. Staff aware of process in place.
4	Scope alternative seating area or suitable space to wait outside department that is protected from adverse weather	31/05/2021	John Kirby, ED Support Manager	Green	Continuing to look at suitable alternative location or space to support an overflow waiting area including potential use of FAU

On completion of all actions above, what data will be collected to demonstrate that these actions have led to improvements?		
Key Performance Indicators / Outcome Measures	**Target**	**Summary of performance**
Sufficient waiting room capacity to match demand – minimise trigger for overcrowding	TBC	

Status	
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete

Ref No	**4**
Recommendation	**Develop a formal process for the clinical oversight of patients remaining in an ambulance.**
Comments	Staff did not see the patient until they were brought into the department once a space had become free unless the ambulance staff informed them the patient was deteriorating. There were escalation processes for ambulance staff to use which included using the emergency department escalation card and deteriorating National Early Warning Score (NEWS). NEWS is a tool developed by the Royal College of Physicians which improves the detection and response to clinical deterioration in adult patients and is a key element of patient safety and improving patient outcomes. However, somewhat in contradiction of the trust's position on this, members of the senior clinical team told us it was the responsibility for the patient remained with the ambulance crew until such time as the patient was physically in the department. There was no formal process in the department to review and maintain oversight of the patients who remained in the ambulance. The leadership team had recognised they needed to implement a formal process, and this was being developed and was currently being reviewed by their governance team.

Action no	**Actions required** *(specify "None", if none required)*	**Action by date**	**Person responsible** *(Name and grade)*	**Status**	**Comments/action status** *(Provide examples of action in progress, changes in practices etc.)*
1	Develop formal SOP for patients that cannot be offloaded from the ambulance	30/04/2021	Rosie Furse, ED Clinical Lead	Green	SOP links with SWAST SOP & clinical guidance on delayed offload at hospital
2	Work with BSW to develop consistent system wide approach for ambulance handover, delayed offload responsibility and actions and monitoring of potential harm.	31/07/2021	Rosie Furse, ED Clinical Lead / Rhiannon Hills, Deputy Chief Operating Officer	Green	Attendance at BSW Ambulance Handover System Improvement meetings since 18/03/21. Support to develop system wide shared care protocol for patient care of ambulance delays

On completion of all actions above, what data will be collected to demonstrate that these actions have led to improvements?		
Key Performance Indicators / Outcome Measures	**Target**	**Summary of performance**
Ambulance Handover Delays >60 minutes	0	*Baseline 222 - February 2021 188*
Number incidents harm / serious harm related to delayed offload	None	

Status	
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete

Ref No	**5**
Recommendation	**Provide responsive care and treatment to patients attending the emergency department in line with national performance standards.**
Comments	Patients could access the service when they needed it but did not always receive care and treatment promptly. Patient handover and treatment-time performance was mostly worse than NHS national standards. National performance data showed the trust had struggled to achieve the NHS constitutional standard to see, treat, admit or discharge 95% of patients within four hours for several years. Performance in relation to the national four-hour standard showed that emergency department achieved 95% in November 2020 and 92% in December 2020 for seeing children. The average performance between April and December 2020 was 93%. This was just below the national standard of 95%.

Action no	**Actions required** *(specify "None", if none required)*	**Action by date**	**Person responsible** *(Name and grade)*	**Status**	**Comments/action status** *(Provide examples of action in progress, changes in practices etc.)*
1	Majors Pathway Improvement	2021/22	Rosie Furse, ED Clinical Lead, Jenni Lee, ED Matron, Rhiannon Hills, Deputy COO	Green	See Improving Patient Flow Together (IPFT) Monthly Progress Report for updates
2	Minors Pathway Improvement	2021/22		Green	
3	Ambulance Handover Delays	2021/22		Green	
4	Same Day Emergency Care (SDEC)	2021/22	Sarah Hudson, DDO, Medicine	Green	
5	Hospital Flow	2021/22	Sarah Hudson, DDO, Medicine and Mandy Rumble, DDN Medicine	Green	
6	Discharge Pathways	2021/22	Gina Sargeant, Head of Therapies, Annette White, Integrated Discharge Team Manager	Green	

On completion of all actions above, what data will be collected to demonstrate that these actions have led to improvements?		
Key Performance Indicators / Outcome Measures	**Target**	**Summary of performance**
4 hour performance – admitted pathway	80%	*Baseline 64% - February 2021 50%*
4 hour performance – non-admitted pathway	85%	*Baseline 74% - February 2021 79%*
4 hour performance – paediatrics	95%	*Baseline 92% - February 2021 97%*
Ambulance Handover Delays >60 minutes	0	*Baseline 222 - February 2021 188*

Status	
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete

Ref No	**6**
Recommendation	**Record the time the patient is seen by the doctor in all patient records.**
Comments	Most patient records were of a good standard and contained details of medical review and tests requested by medical staff. However, in the eight sets of electronic records we reviewed in detail, four did not have the time the patient was seen by the doctor. This review time is a key indicator of performance and must be recorded.

Action no	**Actions required** *(specify "None", if none required)*	**Action by date**	**Person responsible** *(Name and grade)*	**Status**	**Comments/action status** *(Provide examples of action in progress, changes in practices etc.)*
1	Consultants to monitor and remind junior doctors to complete time stamp in notes	31/05/2021	Saif Al-Nahhas, Clinical Governance Lead, Emergency Department	Green	
2	ED Workflow that creates automatic time stamping as part of the new PaperLite IT system	30/09/2021	Mike Price, Acting Consultant, Emergency Department Rhi Hills, Deputy Chief Operating Officer	Green	Chief Information Officer supportive of moving resource of prioritising PaperLite for ED

On completion of all actions above, what data will be collected to demonstrate that these actions have led to improvements?		
Key Performance Indicators / Outcome Measures	**Target**	**Summary of performance**
Audit of electronic notes for time patient seen by doctor	*90%*	*Target to be reviewed in line with moving to automated time stamp (see above)*

Status	
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete

Ref No	**7**
Recommendation	**Provide updated safeguarding training for all staff to meet trust targets.**
Comments	Safeguarding children training compliance was as follows: 80% of staff had completed level 1, 78% had completed level 2, and 65% had completed level 3. Evidence provided by the trust showed the remainder of staff had not received the required update training and had not met the trust target of 90%. The trust also told us the compliance rate included bank staff and those on long term sick but excluded staff on maternity leave, adoption leave or career breaks. The pandemic had increased the pressure on their service and reduced the amount of time staff had to complete their training.

Action no	**Actions required** *(specify "None", if none required)*	**Action by date**	**Person responsible** *(Name and grade)*	**Status**	**Comments/action status** *(Provide examples of action in progress, changes in practices etc.)*
1	Ensure that all relevant staff in the department have completed their level 1 children's safeguarding training as evidenced on ESR	30/09/2021	Jenni Lee, Matron, Emergency Department	Green	ESR summary report of staff with out of date training shared with line managers in the department to ensure staff undertake training
2	Develop trajectory plan for delivery of level 2 safeguarding training	Trajectory to be agreed	Mike Menzies, Children's Safeguarding lead	Green	Trajectory to be set on available training capacity
3	Develop trajectory plan for delivery of level 2 safeguarding training	Trajectory to be agreed	Mike Menzies, Children's Safeguarding lead	Green	Trajectory to be set on available training capacity
4	Ensure monthly monitoring of children's safeguarding training compliance	25/03/2021	Liz Gilby, ED Consultant	Blue	Monthly minuted meeting to ensure oversight and governance for ED Paediatric training

On completion of all actions above, what data will be collected to demonstrate that these actions have led to improvements?		
Key Performance Indicators / Outcome Measures	**Target**	**Summary of performance**
Safeguarding children training compliance – level 1	90%	
Safeguarding children training compliance – level 2	90%	
Safeguarding children training compliance – level 3	90%	

Status	
Red	Cause for concern. No progress towards completion. Needs evidence of action being taken
Amber	Delayed, with evidence of actions to get back on track
Green	Progressing to time, evidence of progress
Blue	Action complete