



North West Anglia
NHS Foundation Trust

Clinical Division: Emergency & Medicine

Representatives at meeting: Kevin Boyle, Head of
Nursing

Date of Meeting: 25 September 2020

CQC action plan compliance

Core Service	Actions	Evidence demonstrates action implemented (green)	Evidence demonstrates the action is mostly met and within timescales (yellow)	Evidence demonstrates the action is mostly met but not within timescales (amber)	Evidence in place demonstrates the action has not been met (red)
PCH Urgent Care (2018)	MUST and SHOULD recommendations	1	0	0	0
	Overall actions (including high level feedback)	1	0	0	0
PCH Urgent Care (2019)	MUST and SHOULD recommendations	4	4	0	0
	Overall actions (including high level feedback)	3	3	0	0
HH Urgent Care (2018)	MUST and SHOULD recommendations	3	0	0	0
	Overall actions (including high level feedback)	1	0	0	0
Stamford Minor Injury Unit (2019)	MUST and SHOULD recommendations	19	6	0	0
	Overall actions (including high level feedback)	3	3	0	0

Actions completed in the last 4 months	
	Sepsis training completed. Work ongoing now with competencies with info on next slide
	MPA now compliant in division at 91% (some areas that lag with smaller teams and ED working upwards). A steady improvement has been made month-on-month with the previous two months recorded as 82% and 84% respectively.
	The service must ensure all staff complete risk assessments for each patient and take prompt action to reduce the impact of any risks. Auditing to ensure compliance.
	The Division has made considerable progress in improving compliance with Mandatory Training with staff making use of the increased number of online learning resources. Latest Divisional Board Report shows EMED at 94% compliant with no areas reported as RED

Good news stories and / or lessons learnt in the last 4 months	
SEPSIS	Increased compliance in Sepsis competency for ED staff. Moved from initial of approx. 10% to 70% compliance. We had halted the competency during COVID while awaiting an electronic solution.
SEPSIS	Sepsis Screening Audit recorded highest rating in August of 94.74% and has continued on an upward trajectory since April 2020. Likewise Sepsis Treatment was reported 100% for the Division in August and has continually improved since the dips noted in May and June.
ED	ED utilisation of Navigator started on the 21/09/20 with view to turning patients away from front door to appropriate areas, i.e self help, City Care Centre, pharmacy, ACC, MAU
Patient Safety Checklist	Patient safety checklist to be adhered to by ED teams to ensure safe transfer of patients in ED. Also work ongoing with adherence to MPAs, and mandatory training
MANDATORY TRAINING	Mandatory training is being conducted through on line learning as a result of COVID. We have some specific sessions that are face to face and these have restarted in July/August. Also utilising MS teams for meetings and training.
PATIENT SAFETY	There have been no MRSA bacteraemia infections within the Division YTD
PATIENT SAFETY	In August the Division recorded ZERO Category 3+ HAPU for the first time this FY
STAFFING	Jasmine Transfusion Service continues to be managed by AAU staff, however discussions are taking place to return the service to Gastroenterology thereby ensuring substantive will no longer be relocated from AAU to Jasmine
PATIENT SAFETY	A set of visual aids has been introduced on Ward A9 to assist with completing lying and standing BP tests. These are being monitored via Matron audits and these may, depending on the findings, be rolled out across the Division.

Good news stories and / or lessons learnt in the last 4 months	
STAFFING	Nurse recruitment for the Division has been particularly successful and staffing levels are now the best for five years. Focus remains on the retention of staff.
STAFF AWARDS	The Urgent Treatment Centre at PCH was recognised as the “Living Our Values – Working Positively Together” award winner in July 2020 in recognition of the work done to convert the Fracture Clinic into a UTC in under a week.
SERVICE DEVELOPMENT	The work on the new ACU is now complete. The aim is for the new unit to open in November 2020 which will provide a much higher quality environment for both staff and patients in the ambulatory care setting.
SERVICE ACCREDITATION	The Endoscopy Unit at PCH has achieved JAC accreditation.
COVID	The Mulberry Ward at Hinchingsbrooke transferred to EMED from Surgery during the COVID pandemic. It remains under the management of the Walnut Ward Manager and is being maintained in a state of readiness should there be a second COVID spike. The Unit and staff worked closely with the IP&C team to ensure that the most appropriate patients were transferred to the unit, reducing the pressure on other wards.
WELL LED	The Division has extended its governance structures to within the Urgent Care area. As a result the Head of Urgent Care has implemented additional meetings for the purpose of sharing learning, processes, best practice and policy and guidance updates to all areas within her remit. These include Open Forums for AAU, ED and SSU and an additional clinical governance meeting for the Acute Medicine specialty which runs alongside the Urgent Care Clinical Governance meetings cross-site.
SERVICE DEVELOPMENT	IA has been approved to formally increased the bed numbers on Pear Tree Ward to 30. Recruitment is underway to secure additional substantive staff.

Actions looking forward for the next 4 months	
	Further work on Safeguarding Level 3 training within ED
	Get the sepsis competencies to 95%
	Improve the sepsis and Neutropenic compliance to above 90%

Challenges / concerns and actions to be taken

(1)

Concern:	Work ongoing to ensure Tissue Viability numbers are addressed as we are an outlier on them regionally
Action to be taken:	Scrutiny panels to review learning. Advice to ward managers that we want review of all DATIX Level 2 within 24 hours. Also for review by TVN. Need to ensure picture is completed.
By whom:	Ward managers
Timescale for completion:	3 months (December 20)

(2)

Concern:	Falls management with harm
Action to be taken:	Project for matrons to deliver reduction in falls within hospital setting. Development of new post falls assessment form within EMED. This in conjunction with work by falls specialist re the enhanced care policy for trust.
By whom:	Theresa Stratton and Shaheen Hosany
Timescale for completion:	January 2021

Challenges / concerns and actions to be taken

(3)

Concern:	Sepsis compliance within ED
Action to be taken:	ED to start new process where dedicated staff member responsible to ensure any patient recognized as red flag to be brought through to begin treatment. (same for Neutropenic patients)
By whom:	Stuart Toulson
Timescale for completion:	November 2020

(4)

Concern:	Compliance with CQC findings at Stamford - Stamford currently closed until march '21
Action to be taken:	Jo Walker as Lead for ACP and ENP's to ensure all actions completed
By whom:	Jo Walker
Timescale for completion:	Complete

Divisional CQC governance CQC action plan

<p>Divisional committees / CBU meetings (including evidence) where CQC action plan has been discussed:</p>	<p>EMED divisional board meeting on the 23/09/20.</p>
<p>How have actions and lessons learnt been disseminated within the Division? Please add in evidence as appropriate</p>	<p>To be completed on the 23rd of September with latest update</p>
<p>Have risks been added to the risk register as appropriate? (include risk ID number(s) as evidence)</p>	<p>Risks are updated as appropriate.</p>

Divisional CQC governance (cont.)

Self-assessment against CQC fundamental standards

<p>Are departmental CQC self-assessments up to date?</p>	<p>Working through the CQC self assessments. Some areas still to complete but aware of timescale. Although calendar YTD the following CREWS assessments have been completed:</p> <ul style="list-style-type: none"> • FEU (now AFU) – March 2020 – Requires Improvement • B11 – February 2020 – Good • Plum Tree Ward – January 2020 – Requires Improvement • ED at PCH – January 2020 – Report Assessment Pending • A8 – January 2029 – Requires Improvement
<p>Divisional committees / CBU meetings (including evidence) where CQC self-assessments against fundamental standards have been discussed:</p>	
<p>What are the high level compliance rates against the fundamental standards?</p>	<p>We are GREEN on most of the issues raised with AMBER on issues in relation to access to areas as we have taken a dip in ED performance and delays associated to COVID and our endoscopy list. We are also AMBER in relation to risk assessments for ED which are being amended by Matron to ensure compliance by November.</p>