



# Clinical Division: Emergency & Medicine

Representatives at meeting: ...Mark Dray.....  
...Deyo Okubadejo .....  
...Debbie Bryant.....

Date of meeting: ...22.01.21.....

# CQC action plan compliance



North West Anglia  
NHS Foundation Trust

Core Service	Actions	Evidence demonstrates action implemented (green)	Evidence demonstrates the action is mostly met and within timescales (yellow)	Evidence demonstrate 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	6	2	0	0
	Overall actions (including high level feedback)	4	2	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

CQC Domain	Action completed	Impact on service	Evidence
Regulation 17.1 – Good Governance	October 2020 a meeting took place to improve training reporting processes for both EDs to ensure all training data is captured within ESR, reducing reliance on local databases/spreadsheets. A full review has clarified which training ED view as mandatory and the associated interdependencies e.g. annual BLS refresher to be marked as compliant if staff member completes their annual ILS update.	An increase in staff compliance and competency.	HR Dashboard and Divisional Board Report
	October 2020 the number of 'Lefts' continued to be checked daily by both Service Manager and Matron, confirming that whilst there are still 'Lefts' in the system each day, most are on a Monday and are either from that same or previous working day and are closed within the agreed KPI. Monitoring of the 'Lefts' remains a Standing Agenda Item on CBU meetings as this requires ongoing focus to minimise associated risk.	<p>The service can now more accurately report the patient status of both EDs and patient locations are much more up-to-date and accurate. KPI performance has improved and as a result the risk rating has been reduced on the Risk Register.</p> <p>The “lefts” figures had dramatically reduced and the governance processes around monitoring has improved with the addition of this item as a standing agenda item for Urgent Care CBU meetings.</p>	

## Actions completed in the last 4 months

CQC Domain	Action completed	Impact on service	Evidence
Regulation 17.12 – Good Governance	All staff who work in ED are trained on the Symphony IT system and all Doctors / Nurse Practitioners have random sets of clinical notes audited as part of continuous quality improvement.	<p>Following the streamlining of the Symphony system a series of documentation audits were conducted across the department and evidenced a significant improve in recording of patient information, and a reduction in irrelevant data being entered onto the system.</p> <p>The impact has been that in October 2020 the nursing documentation audit recorded a 97.5% compliance rating.</p>	MBSC
	The ED Clinical Educators, with support from the Trust Infection Control Team, will raise awareness with all staff of the correct process to follow in relation to the timely and effective isolation of any at risk patient, with associated improved communication to the wards if an at risk patient requires onward admission. ONGOING MONITORING.	<p>In October 2020 the IPACT audit was performed and revealed only a few minor areas for onward action.</p> <p>The process will continue to be monitored with regular audits and weekly walkarounds.</p> <p>Overall there has been a significant improvement in compliance with ICT policies.</p>	IPACT Audits and MBSC

## Actions completed in the last 4 months

CQC Domain	Action completed	Impact on service	Evidence
<p>Regulation 11.1 – Need for Consent</p>	<p>To ensure all emergency practitioners (EP) that work at Stamford Minor Injuries unit have read and are familiar with the CQC guidance on consent and are able to access links to current legislation and guidance. Ensure all staff are current with annual mandatory ‘deprivation of liberty’ training. All staff will sign to say they have read and are familiar with the guidance. This will be completed by the 31st January 2020.</p> <p>Guidance has been circulated to the EP team with links to guidance and legislation. GMC guidance is now being used as basis for training, to include consent.</p> <p>Consent is now being included in EP mandatory training and monthly EP training sessions have now been established for both adult and paediatric patients.</p>	<p>Improved compliance with legal requirements in regards to the obtaining of consent.</p> <p>Safer practice and reduced risk of either complaint or claim as a result of failure to gain appropriate consent, and to document the same correctly.</p>	

## Good news stories and / or lessons learnt in the last 4 months

CQC Domain	Good news / lesson learnt	Impact on service	Evidence
Safe	Recruitment into a number of hard to recruit to posts inc Paed nurse in ED	Improvement in adherence safer staffing levels across a number of departments/areas	Increased fill rate in challenged areas.
Safe	Work being undertaken to further increase nursing establishment within ED.	Increase in the number of nursing staff per shift.	IA being drafted. Meeting with Chief nurse undertaken
Safe	Commencement of HDU for Respiratory patients on B12	Increased provision of CPAP Improved pathway for receiving / requiring CPAP	
Caring	ED at PCH – very positive feed back from the CQC visit recently	Gave an enormous sense of 'well done' to all the staff	Written feed back
Caring	A tremendous amount of hard work / flexibility / professionalism of ward/ department managers and their staff during a very challenging time	To be able to carry on – come in the next day Maintaining the best we can for our patients with what staff we have	MBSC
Effective	NHS 111 First pilot introduced	Navigation of patients safely away from ED to community settings.	20% navigated away in October.
Effective	Creation of ACP posts within HH acute medicine	Conversion of existing posts to explore and deliver care in a different way.	Recruitment into a number of posts already completed, very few vacancies remain.
Effective	Inpatient Diabetic nursing received funding to explore 7 day working.	To increase service provision over the weekend period, to ensure that patients who attend or are in hospital at the weekend are not disadvantaged and that care continues.	

# Good news stories and / or lessons learnt in the last 4 months

CQC Domain	Good news / lesson learnt	Impact on service	Evidence
Safe	Increase in the sepsis compliance through ED and their Action plan  Ward increase for some area's for their sepsis compliance	To improve the patients timely outcome	SWAG meetings taking place with the information pulled from the MBSC
Safe	Improvement in our compliance with safe care staffing tool	Clearer understanding of staffing requirements with the evidence of review and mitigations recorded and greater learning of how to mitigate	Safe care tool
Responsive	Increased cross divisional working surgery/medicine	Development of joint working / improved staffing / relationships and a greater understanding of interdependencies	Rota's
Responsive	Building works completed for ACU on HH site	Increased footprint.	
Responsive	JAG accreditation received following completion of improvement action plan and 5 year follow up visit (Hinchingsbrooke)	Reassurance for staff. Recognition of hard work. Ability to continue to run the service and maintain the funding stream.	JAG accreditation awarded.
Responsive	Consideration of building works on the respiratory wards on both sites to create dedicated facilities that supports the delivery of AGP procedures	Improved staff morale=Staff feeling valued and safe, as there will be dedicated facilities for them to safely don and doff. Evidences that we are listening to our staff as this was some of the feedback from for the Q1 staff survey.	IA drafted and submitted
Well Led	Significant reduction in outstanding MPAs in number of departments including PCH ED.	Improved staff morale=staff feeling valued. Very important given the challenges the services are facing.	
Well Led	First staff council meeting occurred.	Increase and improve staff engagement for all staff groups	

## Good news stories and / or lessons learnt in the last 4 months

CQC Domain	Good news / lesson learnt	Impact on service	Evidence
Well Led	Significant improvement in compliance with Safeguarding level 3 training in challenged areas.	Improved knowledge and understanding	ESR



## Actions looking forward for the next 4 months

CQC Domain	Actions expected	Impact on service	Evidence
Well Led	Reduction in the Divisions reliance on B&A staff as we continue to work on recruitment	Reduction in B&A spend and ongoing reliance on B&A staff	Increased fill rate
Safe	Look to safely staff the wards going forward; moving from RED to AMBER/GREEN staffing on wards for the majority of the time	Improved staff morale.	Improved recruitment and retention within the Division.
Effective	Improve the transfer of patients between the sites, ensuring it is timely and well communicated from the start of the patient journey	Equitizing the sites where possible, relieving the pressure and supporting flow.	More timely transfers of patient within 'normal hours'
Caring	Look to ensure that staff are supported in maintaining their attendance and through challenging times	Improved staff morale. Reduction in the number of B&A staff on shift.	
Responsive	Upskill further staff in respective ward areas/ items of equipment to support a multiskilled workforce e.g. CPAP ventilator training	Increased staffing pool that can support in challenged areas.	
Safe/ responsive	Development of an assessment bed on B12 for transfer of patients requiring assessment	Improved pathway and improved flow for patients requiring CPAP on B12	
Safe	Roll out of the new ED Documentation bundle ( link to CQC action and learning from incidents)	Improved communications	Documentation
Safe/ responsive	Completion of current estates work – opening new SAU /ED resus bays / waiting area in PCH/ paed area HH/new discharge lounge PCH	Helping with flow and safety of patients pathways	
Safe/ responsive	Development of an assessment bed on B12 for transfer of patients requiring assessment	Improved pathway and improved flow for patients requiring CPAP on B12	

# Challenges / concerns and actions to be taken

(1)

Concern:	Recruitment for all posts (Nursing, Medical, AHP, both PCH and HH)
Action to be taken:	<p>Look at new ways of working.            Can the work be delivered differently ? If so by whom and how.            Understand the cost impact.            If a national issue, need to understand how we can attract the right people.            Link with recruitment to create a plan for how to address</p>
By whom:	DMT
Timescale for completion:	Ongoing

(2)

Concern:	General sickness across the Division
Action to be taken:	<ul style="list-style-type: none"> <li>• EMED Staffing calls every morning to mitigate gaps where possible.</li> <li>• Non medical workforce meeting every morning to discuss whole site gaps.</li> <li>• Reviewing shifts regularly and completing safer staffing – catch ups x 2 daily</li> <li>• Monitoring sickness and reasons –</li> <li>• Sharing staff across all areas whilst balancing the skills and knowledge of personal risk assessments in the making</li> <li>• Completing safer staffing.</li> </ul>
By whom:	Matrons/Head of Nursing/Divisional Nursing Director
Timescale for completion:	Ongoing

## Challenges / concerns and actions to be taken

(3)

Concern:	Medical bed occupancy
Action to be taken:	<p>Ensure a strong front door is in place to prevent unnecessary admissions.</p> <p>Encourage timely and multiple whiteboard rounds daily, to drive discharges throughout the day.</p> <p>Ensure a senior presence on whiteboards.</p> <p>Work closely with discharge team to support discharges.</p> <p>Explore the option of a discharge matron to support with driving discharges (JD, PS and CoN completed and with triumvirate)</p> <p>Establish if procedures that patients are waiting for can be undertaken as an OP e.g. bloods.</p>
By whom:	Divisional Director & All divisional senior staff
Timescale for completion:	Ongoing.

(4)

Concern:	Covid-Lasting impact on staff health and wellbeing
Action to be taken:	<p>Encourage staff to take their leave</p> <p>Ensure that staff feel supported-understanding that support mean different things to different people.</p> <p>Improve communication from the Division to the teams. Supporting visibility of the DMT across all areas inc RED areas.</p>
By whom:	DMT & Wider Trust
Timescale for completion:	Ongoing throughout Covid.

## Challenges / concerns and actions to be taken

(3)

Concern:	Maintaining business as usual during covid pandemic
Action to be taken:	Continuing where possible without leaving areas unsafe with all governance : <ul style="list-style-type: none"> <li>• Audits</li> <li>• Training</li> <li>• Complaints</li> <li>• Incidents</li> <li>• Risks</li> <li>• SI's / 72hr reports</li> </ul>
By whom:	Divisional Director / All divisional senior staff / Matrons
Timescale for completion:	Ongoing.

(4)

Concern:	Endoscopy lists
Action to be taken:	There are of course the ongoing challenges in endoscopy with the potential of harm to patients due to delays in diagnosis, the individual cases are going to SCIG.
By whom:	The gastro CBU / Matron and Dom
Timescale for completion:	ongoing

# 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 meetings (Occur monthly) Individual CBU meetings have CQC discussions on their agendas.</p>
<p>How have actions and lessons learnt been disseminated within the Division? Please add in evidence as appropriate</p>	<p>Follow up in Governance meeting to ensure that actions as per the risk action cards are being addressed and risk owners asked for an update. Lessons learned shared through the Matrons and DOMs in team updates and CBU meetings.</p>
<p>Have risks been added to the risk register as appropriate? (include risk ID number(s) as evidence)</p>	<p>Risk register updated regularly and monitored monthly by Head of Nursing. Outstanding risk actions etc are chased and updated as appropriate. Risks currently rated as 16:- 101952: Medical locum usage 102974: Delayed Endoscopy diagnostics 101600: Failure to meet 18 weeks for Gastro 103115: Lack of Respiratory consultants</p>

# Divisional CQC governance (cont.)

## Self-assessment against CQC fundamental standards

<p>Are departmental CQC self-assessments up to date?</p>	<p>This is ongoing</p>
<p>Divisional committees / CBU meetings (including evidence) where CQC self-assessments against fundamental standards have been discussed:</p>	<p>CQC Divisional Action Plan is discussed as a standing agenda item on the EMED Divisional Joint Clinical Governance and Board Meeting agenda. An update is routinely presented by the Divisional Head of Nursing, Kevin Boyle.</p> <p>The report summarises monthly updates (for the previous month) in regards to CQC Action Plans, CREWS assessments and CCG assurance visits</p> <p>The papers and minutes from the Divisional Committee are subsequently cascaded to the CBU and Specialty meetings for dissemination and sharing.</p>
<p>What are the high level compliance rates against the fundamental standards?</p>	<p>This has been a difficult time for our ED's performance and Endoscopy lists being considerably delayed.</p> <p>We are struggling with complaints and reaching the compliance as we have found that the increase over this Covid period a steep rise. What with other compliances being attempted this has come down to fewer staff trying to answer what can only be said to be more complex and lengthy complaints.</p>

# Divisional CQC governance (cont.)

## CREWS reports and action plans

<p>CREWS assessments within past 4 months and ratings achieved</p>	<ul style="list-style-type: none"> <li>• AAU crews 03/11/20 - requires improvement</li> <li>• A10 crews 11/11/20 waiting on result ( however they were requires improvement but we do believe it will be 'outstanding')</li> <li>• A9 crews 19/11/20 – waiting on result</li> </ul>
<p>Divisional committees / CBU meetings (including evidence) where CREWS reports and action plans have been discussed:</p>	<p>CQC Divisional Action Plan is discussed as a standing agenda item on the EMED Divisional Joint Clinical Governance and Board Meeting agenda. An update is routinely presented by the Divisional Head of Nursing, Kevin Boyle.</p> <p>The report summarises monthly updates (for the previous month) in regards CREWS assessments and other assurance structures.</p> <p>The papers and minutes from the Divisional Committee are subsequently cascaded to the CBU and Specialty meetings for dissemination and sharing.</p>
<p>How have actions and lessons learnt been disseminated within the Division? Please add in evidence as appropriate</p>	<p>Evidence is shared by way of the minutes and papers from the Divisional Board Meeting and are retained centrally within the Division's shared drive for staff to access at any time should they need to do so.</p>