

REPORT TO THE TRUST BOARD (PUBLIC)

REPORT TITLE	Care Quality Commission (CQC) System UEC Inspection Report
AUTHOR	Lian Walker, Care Quality Support Manager
EXECUTIVE SPONSOR	Jo Bennis, Chief Nurse and DIPC
DATE OF MEETING	12 April 2022
PRESENTED FOR	Discussion
ITEM PREVIOUSLY CONSIDERED BY	Quality Assurance Committee, 29 March 2022

Presented For: Definitions

Information	For information only. Not to be discussed at meeting unless members have specific questions.
Discussion	For discussion and possibly future decision. This includes items presented for assurance.
Decision	For approval and/or when any other decision is required

PURPOSE OF THE REPORT

To note the information provided regarding the recent unannounced CQC inspection to Peterborough City Hospital and Hinchingbrooke Hospital and actions taken to date (in response to a system UEC inspection).

RISKS RELEVANT TO THE PAPER

Risk ID	Risk Description
N/A	

RISK APPETITE RELEVANT TO THE PAPER

DOMAIN	TRUST RISK APPETITE LEVEL	DESCRIPTION OF RISK APPETITE
Quality Outcomes	Cautious – preference for safe delivery options that have a low degree of inherent risk and may only have limited potential for reward.	Tolerance for risk taking limited to those events where there is little chance of any significant negative impact on quality or safety of care. Decision making authority generally held by senior clinicians.

THE QUALITY ASSURANCE COMMITTEE IS ASKED TO:

- To note for information.

STRATEGIC GOALS THIS REPORT SUPPORTS *(Check all that apply)*

Delivering outstanding care and experience	<input checked="" type="checkbox"/>
Recruiting developing and retaining our workforce	<input type="checkbox"/>
Improving and developing our services and infrastructure	<input type="checkbox"/>
Working together with local health and social care providers	<input type="checkbox"/>
Delivering financial sustainability	<input type="checkbox"/>

OTHER IMPLICATIONS OF THE PAPER

Legal/ Regulatory Relevance:	Care Quality Commission – Fundamental Standards
NHS Constitution Delivery	Working together for patients Commitment to quality of care
Freedom of Information Release	This report can be released under the Freedom of information Act 2000

Equality and Diversity Implications *(Check all that apply)*

Age	Gender	Ethnicity	Disability	Pregnancy/ Maternity	Marriage/ Civil Partnership	Religion/ Belief	Sexual Orientation	Gender Reassignment
<input checked="" type="checkbox"/>								
<i>Additional comments</i>								

1. Unannounced CQC inspection

- 1.1 Inspection teams arrived at both Peterborough City Hospital and Hinchingsbrooke Hospital to undertake unannounced inspections on Monday 28th February 2022, as part of the Urgent and Emergency Care system-wide inspection approach, which is being piloted to assess services across an Integrated Care System (ICS). In addition, a small inspection team returned to the Hinchingsbrooke Hospital site on Tuesday 1st March.
- 1.2 The inspection teams visited both Emergency Departments and urgent care services and a number of medical wards across both sites. Verbal feedback was received by Caroline Walker (CEO), Penny Snowden (Acting Chief Nurse) and Lian Walker (Care Quality Support Manager) on both days of inspections.
- 1.3 A formal letter detailing high level feedback was received from the Head of Hospital Inspections on Wednesday 2nd March, which summarised the verbal feedback received, and was shared with the Trust Board and EMED Triumvirate.
- 1.4 The high level feedback included the following:
 - 1.4.1 Peterborough City Hospital:
 - Positive feedback:
 - Medical staff spoke about support for recruitment and senior staff taking ownership of how to improve medical staffing levels in the Emergency Department
 - We observed some improvements in the physical environment of the emergency department, for example the new sealed cubicles in the resuscitation area and the development of the urgent treatment centre.
 - Areas to improve:
 - Performance times and waiting times were extended and not within the current national parameters
 - Staff were not focused on performance targets, and there was a culture of acceptance given the capacity and lack of movement of patients through and out of the hospital
 - Staff told us there was a lack of medical staff from other specialties, for example medical and surgical staff not being available to support ongoing care of patients and carry out additional reviews
 - Patient records we reviewed were not being completed fully. We found issues in relation to the completion of sepsis screening tools and on-going care records and risk assessments
 - We found gaps in safety check lists for emergency equipment
 - We observed a poor staff culture around the way staff spoke about and with patients. We also had to ask staff to cover patients on a number of occasions to promote dignity
 - We raised concerns that the emergency department paediatric waiting area could not be seen from the main paediatric nursing station, as the viewing window was covered by a door when the

door was open. Therefore there is a risk that there may be a lack of oversight of patients in this area who may deteriorate

- Within the medical care service, none of the wards or units we visited were fully staffed by nurses, and staff were often moved to provide cover on other wards
- We raised concerns about the air flowmeters which were attached to air flow outlets in the hyper acute stroke unit (B11) and there was a risk that these could be accidentally used in an emergency situation
- We raised a concern for the welfare of a patient we met who was dressed only in a gown and slipper socks after coming out of the A lifts on level 2. The patient did not know where they were supposed to go and did not have an identity band on. The closest ward was A3, which is the frailty ward and the door was open the entire time we were there. Staff told us that patients living with dementia often managed to leave the ward.

1.4.2 Hinchingsbrooke Hospital:

- Positive feedback:
 - All staff we spoke with were open and honest and extremely welcoming and friendly. Staff could not have been more helpful
 - Within the emergency department, we had no concerns in relation to the care and treatment we observed throughout the inspection. Care was delivered in a dignified way
 - Within the medical care service, it was positive to see multidisciplinary working throughout the acute areas, in particular Acute Assessment Unit where social services and therapists were based on the ward which enabled patients to be seen and assessed in a timely manner.
- Areas for improvement:
 - Within the adult resuscitation area of the emergency department, we found an air flow outlet, which posed a risk of accidental usage in an emergency situation
 - There were delays in triage and delays in patients being seen by clinicians
 - Ambulance handovers were being documented as 'triage', however patients had not been assessed by a clinician such as a nurse or doctor
 - There was no oversight of prioritisation of patients and their presenting conditions. We provided you with an example where this had been the case throughout our inspection
 - Within the medical care service, staffing was not always at planned levels on some of the wards we visited. However, staff tried to mitigate risk wherever possible
 - We observed poor documentation in one patient's record. In addition, risk assessments had not been completed in a further two sets of records on the acute assessment unit. One of these patients had been admitted due to a fall
 - We found a medication trolley unattended and unlocked on Cherry Tree ward.

1.5 Approximately 175 lines of data were requested by the inspection teams following their visits. This request was received on Wednesday 2nd March with a

deadline for response by Monday 7th March. Due to issues with accessing the CQC portal, the data submission was delayed to Tuesday 8th March.

- 1.6 Post inspection interviews took place with an ED Consultant, the EMED Triumvirate, Bed Management and EMED Clinical Educator colleagues.
- 1.7 Feedback was provided to EMED staff through a series of Team Briefings and meeting within a week of the inspection by the divisional triumvirate. A trust-wide update was presented by Jo Bennis, Chief Nurse, as part of Team Brief on 9th March 2022.
- 1.8 A quality improvement action plan is being drafted which will include updates against the following immediate actions taken to date:
 - 1.8.1 Audits were commenced by the Practice Development Team in ED at PCH and in Cherry Tree Ward and AAU at HH to review compliance with completion of patient documentation, ensure all patients were wearing ID bands and that their privacy and dignity was being maintained. Any issues identified have been immediately addressed with staff within the relevant area, and audit results have been shared with the Divisional Nursing Director and Matrons for each area which shows some improvements made. Compliance data is also being reviewed by the Chief Nurse.
 - 1.8.2 New secure doors that will require swipe access entry and push button exit are being commissioned for installation on Wards A3 and B14 at PCH to ensure the safety and security of our MFoP patient cohort. A variation has been requested from Brookfields to ascertain costings.
 - 1.8.3 Air flow outlets that posed a risk of accidental usage in ED at HH and on Ward B11 at PCH have been assessed by the Estates and Facilities team and any air flow meters not tethered to equipment were removed to the ward office. This follows receipt of an alert from the NPSA in 2021 that requires all Trusts to be compliant with 6 safety actions. The Trust has taken action to address the alert through approval of a capital bid to purchase an additional 120 nebulisers in January 2022, however only 30 have been received to date due to national supplier shortages. In the interim to mitigate risk of accidental use, the Trust Medical Equipment Manager has devised a SOP to support the installation of caps to be placed over air outlets. This is currently being approved prior to roll out
 - 1.8.4 Investigation into concerns regarding the delay of offloading a patient from an ambulance by an hour at ED at HH, who had presented with mental health concerns. The Lead Nurse for ED confirmed following review that this course of action was deemed to be the most appropriate for the patient until the adult quiet room became available.
 - 1.8.5 The Chief Nurse has held two listening events with the Band 7 leadership team from both PCH and HH EDs following concerns raised regarding a negative culture and low morale within the teams. Both sessions were well attended and staff were confident to speak up around their concerns. Feedback is being collated and will support organisational development work moving forward with those teams.
- 1.9 The draft action plan is currently being reviewed and updated by the EMED Triumvirate and Executive colleagues. Once agreed, the action plan will be reviewed on a monthly basis through the CQC monthly meetings.

- 1.10 The Trust will receive an inspection report including evidence log for factual accuracy checking in due course. Once received, further staff briefings will be arranged to share details from the report.
- 1.11 The CQC have suggested the need to discuss the findings from the inspection at the next public board meeting. They have stated that if the next public board meeting takes place prior to receiving a final or draft inspection report and evidence log, details from the high level feedback letter should be used to inform discussions with the board. We are also required to inform our CQC Relationship Officer of details for the meeting.
- 1.12 As part of the system-wide inspection process, the Trust have been advised that once the CQC have concluded all inspections for our region (expected to be complete by the end of March 2022), a stakeholder meeting will be convened to which Caroline Walker, CEO, will be invited to attend. This will be to review the outcomes of the inspections and to ensure participation in plans moving forward.