

CQC & Urgent & Emergency Care

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Leading with excellence, caring with compassion



CQC Inspection

Unannounced Inspection 8th March 2021:

- CQC unannounced focused inspection of urgent and emergency care and diagnostic imaging on 8th March 2021
- Sustained improvements made in diagnostic imaging recognised and reflected in CQC's feedback
- Concerns identified about the risk to patients while they wait to be seen in the emergency department and how these risks are being mitigated, particularly when the department is under pressure.

CQC Inspection

- 25/3/21 Warning Notice under Section 29A (S29A) of Health and Social Care Act 2008 issued with regard to urgent and emergency care
- S29A correspondence indicated the CQC were assured by the information we shared that immediate risk being managed to ensure patient safety, but not assured UEC provided in a safe way and risks not being fully mitigated while patients waited to access the emergency department. They gave the following reasons for their view that the quality of health care provided requires significant improvement:
 - Performance data shows delays in patients both accessing the emergency department and waiting to be seen.
 - CQC were not assured there was adequate oversight and responsibility of the patients who were waiting to be seen.
 - Patients were not being seen in priority based on their clinical need.
 - The CQC were not assured patients were safe while they waited in crowded areas.

CQC Inspection

The CQC issued 4 'must do's'

- 1) Ensure patient care and treatment is provided in a safe way and risks are being fully mitigated while patients wait to access the ED. Ensuring there is adequate oversight and responsibility of the patients who are waiting to be seen, while they wait in ambulance queues or walk into the Emergency Department, and they are seen in priority based upon their clinical need.
- 2) Ensure patients are safe while they wait in crowded areas. To include appropriate protection in line with Covid-19 infection prevention and control guidelines and for staff to be clear on how they monitor patients while they wait in these areas.
- 3) Ensure the appropriate personal protective equipment is always used by staff to reduce the risk of infection and prevent and control the spread of infection. The trust must ensure staff are maintaining good levels of infection prevention and control, including wiping down surfaces and computers following use. High levels of cleaning should be maintained within the Emergency Department
- 4) Ensure the mitigations, in the absence of a full-time paediatric emergency medicine consultant are effective to ensure children are provided with care or treatment by clinical staff with the correct qualifications, competence, skills and experience to do so safely. The trust should ensure there is clear allocation of medical cover (or equivalent) for the paediatric department and timely response to emergencies.

Current status

We have made a representation in respect of S29A Warning Notice for the reasons given below and await the outcome.

- **Significant work already underway ahead of the CQC inspection** directly addressing the issues raised by the CQC - as demonstrated by previous presentation and recently commissioned external review of urgent and emergency care, where early actions taken by UHP welcomed at the last SOM meeting;
- **Series of rapid actions undertaken since the inspection visit, with significant positive impact on patient care, safety and operational flow**, for example demonstrated by a dramatic improvement in ambulance handover times, sustained even over the challenging Easter break, and at a time when many Trusts, regionally and nationally are becoming more challenged in their performance;
- **Forward work plan being implemented to embed, sustain and further improve on the significant progress to date.**

Where are we now?

- ✓ Joint Standard Operating Procedures and shared care with UHP and South West Ambulance Service are in place to support staff to manage patients safety while waiting for assessment and care
- ✓ Procedures for the escalation of Hospital Ambulance Liaison Officer (HALO) corridor standardised
- ✓ All patients are checked on arrival by the triaging nurse prior to entering the department, temperature taken and COVID risk assessment completed and
- ✓ PPE provided on arrival if required
- ✓ Regular huddles are in place to review clinical priority of patients and staff are deployed flexibly to manage demand. HALO determines clinical priority of ambulance queue
- ✓ Weekly infection control inspections established
- ✓ To improve time to treatment patients are streamed to the assessment areas where appropriate e.g. Surgical and Medical Assessment Units and Acute Assessment Unit and Children are streamed to the Children's assessment unit.
- ✓ Recruitment to a hybrid Paediatric Emergency Physician role has been agreed following further clarification from the Royal College of Emergency Physicians and following discussions with the department about resilience of appropriately qualified paediatric senior clinician cover



Challenges: Operational Context

**NON ELECTIVE DEMAND
LATENT SURGE**

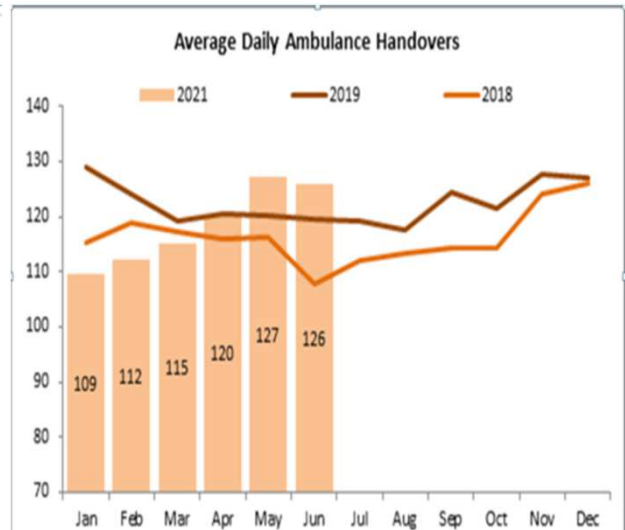
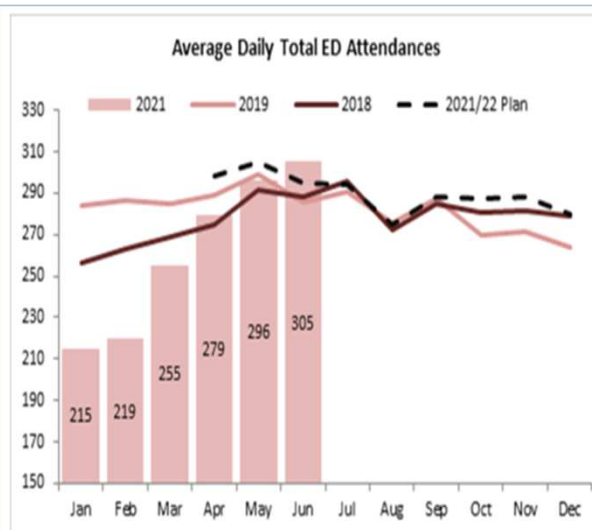
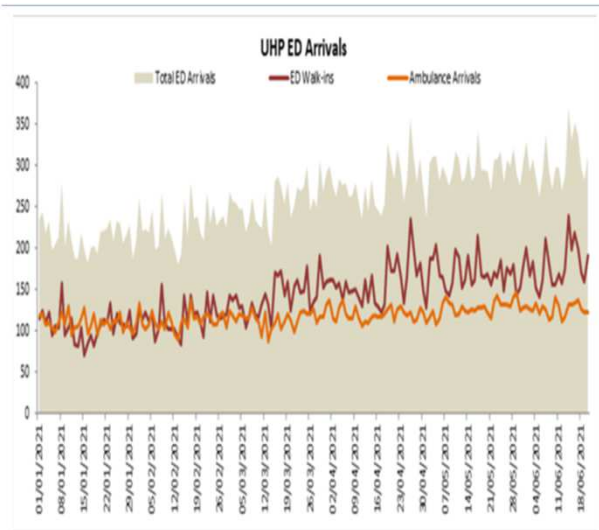
ELECTIVE RECOVERY & RESTORATION

COVID PATHWAY & SURGE

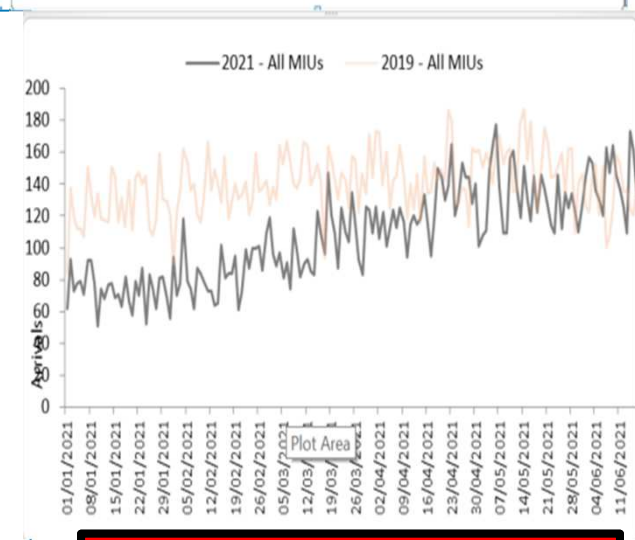
CAPITAL ENABLING WORKS



Operating Context: Non Elective (Unplanned) Demand

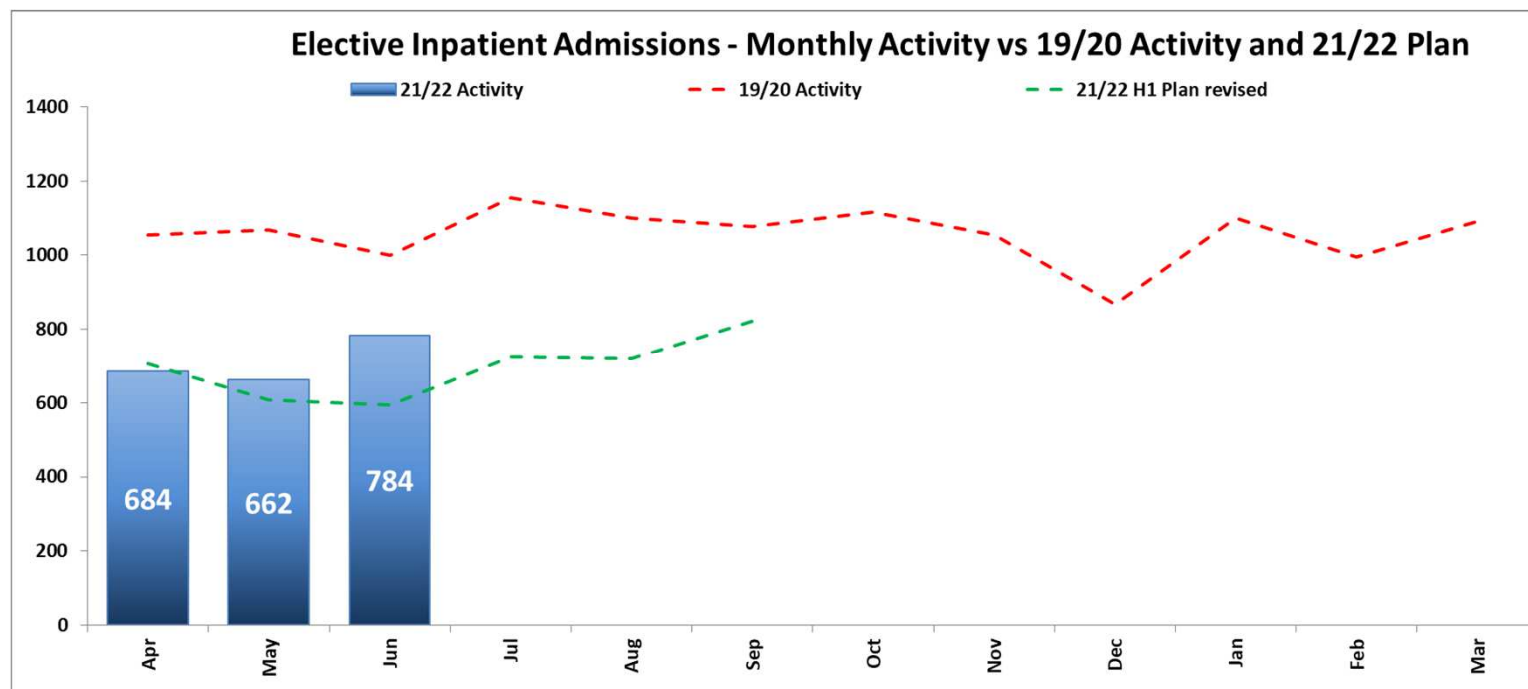


- Emergency Department arrivals >2019: > 9.5% higher than April > +10 over plan
- Minor Injury Unit demand at 2019 levels and predicting higher for June
- Ambulance handovers >2019 for May and June
- Challenges in primary care, NHS 111 and out of hours > decoupling of ambulance and ambulant (walking) patients in March
- Challenges in community health and social care capacity
- Increase in patients with acute Mental Health – with limited or no specialist capacity
- Increase in Children and Adolescent Mental Health (CAMHS) admissions – eating disorders with limited or no specialist capacity



NON ELECTIVE (EMERGENCY) DEMAND LATENT SURGE

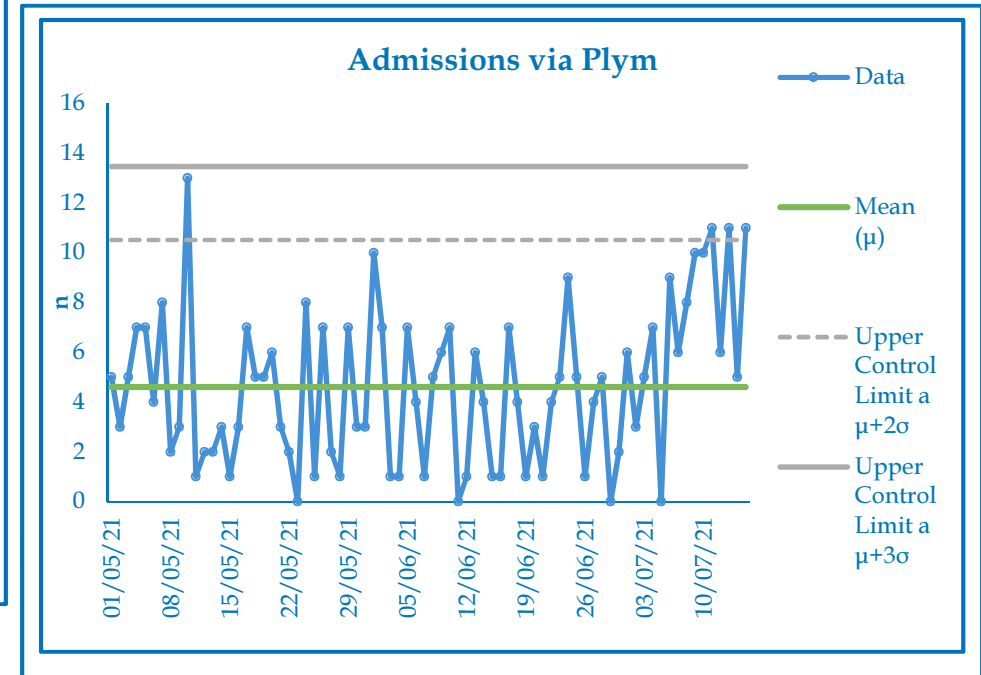
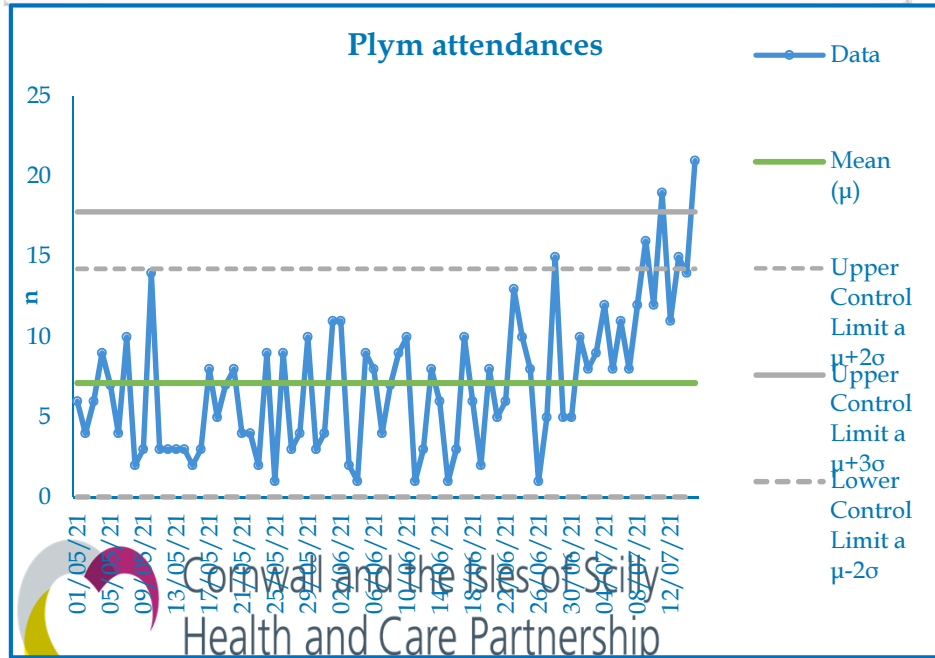
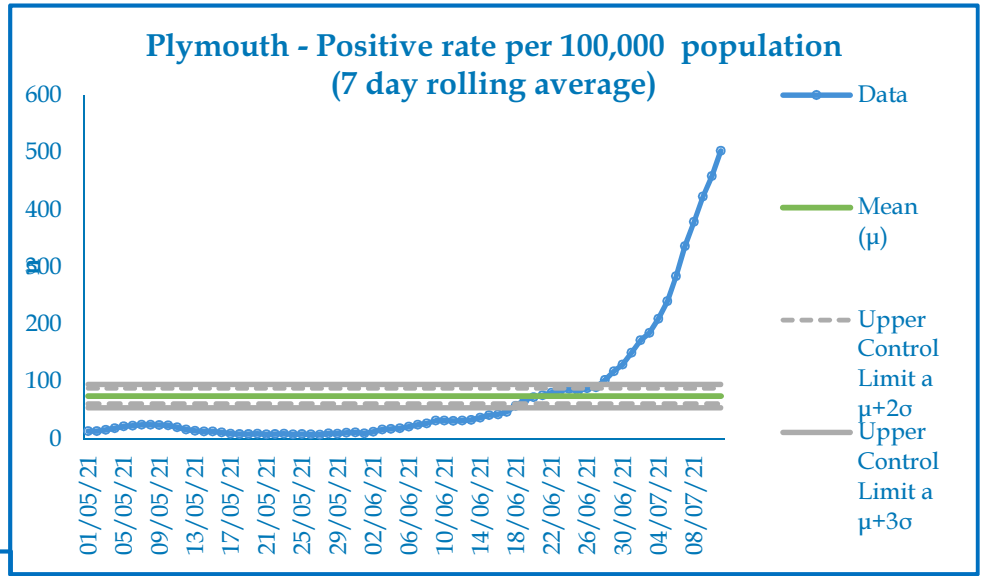
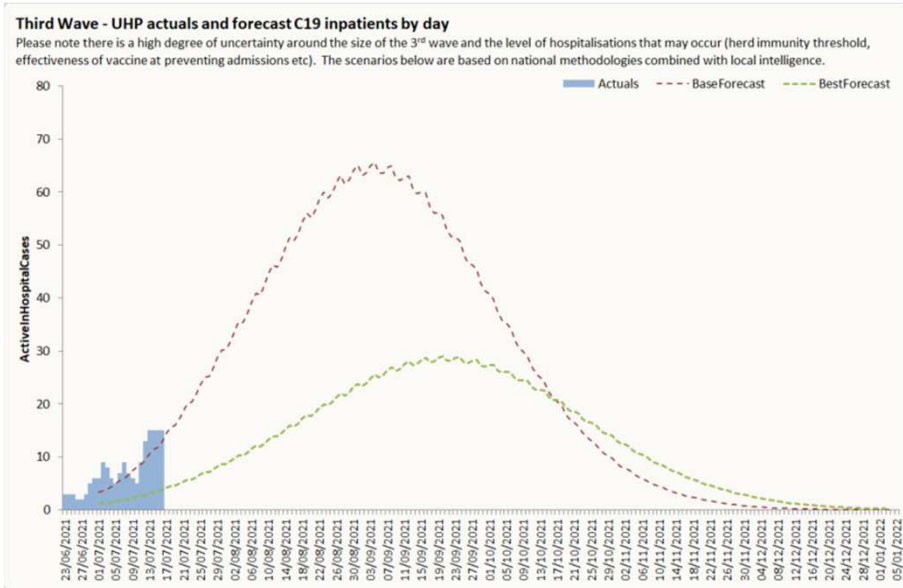
Operating Context: Elective (Planned) Recovery



Month	21/22 Activity	19/20 Activity	% of 19/20	Diff	21/22 H1 Plan revised	+/-	Diff
Apr	684	1054	65%	-370	705	-3%	-21
May	662	1069	62%	-407	607	9%	55
Jun	784	999	78%	-215	594	32%	190

Operating Context: Covid-19

COVID PATHWAY & SURGE



What are we doing at UHP and as a system?

1. Urgent and Emergency Care Improvement Program
 - Emergency Department Improvement
 - Acute Medicine Improvement
 - Same Day Emergency Care
 - Joint working with South West Ambulance Service and Livewell Southwest to improve alternatives to people being conveyed to hospital
 - System working on alternatives to admission or conveyance
 - System wide Urgent and Emergency Care improvement program

2. Elective Recovery Program
 - Modular Theatres to create more theatre capacity to operate on patients as soon as possible
 - Capital works
 - Dynamic Theatre rebasing
 - Accelerator Program

3. COVID Surge Planning & Bed Modelling

4. Supporting our staff