

Meeting title:	Trust Board	Paper H2				
Date of the meeting:	8 th August 2024					
Title:	Urgent and Emergency Care CQC inspection update					
Report presented by:	Julie Hogg, Chief Nurse & Andrew Furlong, Medical Director					
Report written by:	Julie Dixon, Head of Operations Jenny Kay, Head of Quality Assurance					
Action – this paper is for:	Decision/Approval		Assurance	x	Update	x
Where this report has been discussed previously	RI 2 Good Steering Group Will go to the ESM board in August 2024					

To your knowledge, does the report provide assurance or mitigate any significant risks? If yes, please detail which

Impact assessment

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Acronyms used:
CQC – Care Quality Commission
UEC – Urgent and Emergency Care

1. Purpose of the Report

This report provides the Trust Board with an overview of the recently published CQC reports their unannounced focussed inspection of Urgent and Emergency Care at the LRI. The Inspections took place over 10th and 11th January 2024. Urgent and Emergency Care were inspected. The service was inspected using the CQC Inspection methodology that was in place in January 2024 against the Safe, Responsive and Well Led Domains, using the key lines of enquiry within their respective core service frameworks. The report details the actions being taken by UHL in response to the inspection findings.

2. Summary

On June 14th, 2024, the CQC published their inspection report for Urgent and Emergency Care at the LRI. The CQC noted the service had made improvements from their previous inspection in April 2022, and as such, the Trust is no longer subject to the Section 29A warning notice under the Health and Social Care Act (2009) that had been in place since June 2022.

The overall CQC rating for the Emergency Department was not changed from Requires Improvement, although it was recognised that significant improvements had been made since their last inspection and that improvements were ongoing.

Findings from the Inspection have been discussed by the Emergency Medicine senior management team. An Improvement has been developed to meet the requirements of the one 'Must' and 'seven Should Do' actions from the inspection report.

Since the publication of the CQC findings, work has commenced to develop short, medium, and long-term improvement actions to address the findings in the report. Delivering demonstrable improvements in the Emergency Department is interdependent with the Urgent and Emergency Care System pathways and improvements in Trust wide pathways for flow in, through and out of the Trust, increase in SDEC capacity and all services meeting the Interprofessional Standard Targets for assessing patients for admission, follow up and discharge.

3. CQC inspection Findings

The CQC reported on their findings for both the Adult and Children's Emergency Department and noted the department had made a number of improvements since its previous inspection and that the conditions of the Section 29A Warning Notice had been met.

The report highlighted that:

- The service had enough staff on duty to care for patients and keep them safe.
- Staff had training, experience, and competence in key skills, understood how to protect patients from abuse, and managed safety well.
- Generally controlled infection risk well.
- Although there were some gaps in some risk assessment, staff recognised risks to patients, acted on them and kept good care records.
- They managed medicines well.
- The service managed safety incidents well and learned lessons from them.
- The service planned care to meet the needs of local people, took account of patients' individual needs, and made it easy for people to give feedback.
- There was strong and committed leadership in the service. Leaders ran services with reliable data and systems, and supported staff to develop their skills. Staff understood the service's vision and values, and how to apply them in their work.
- Staff felt respected, supported, and valued. They were caring and kind. They were focused on the needs of patients receiving care. Staff were clear about their roles and accountabilities. The service engaged well with patients and the community to plan and manage services and all staff were committed to continually improving services.

Alongside this there were areas of improvement recommended within the report, and these were highlighted in the Must and Should do Actions within the report. Must Do actions breach a regulation of the Health and Social Care Act (2009). Should Do actions are where there is potential to breach a regulation if improvements are not put in place. The Emergency Department actions to address the 'Must' and 'Should' do are actions can be seen in Appendix 1.

The 'Must Do' action has been split into component parts within the action plan and are being looked at Trust and System wide. The Should Do Actions are in progress or complete.

Action the trust MUST take to improve:

Care and treatment must be provided for patients in a safe way. The Trust must ensure staff are assessing the risks to the health and safety of patients of receiving the care or treatment. Staff must be doing all that is reasonably practicable to mitigate any such risks. To that end, the Trust must ensure all patients receive timely assessment and treatment for conditions, such as sepsis.

Furthermore, the trust must ensure it continues to use all resources available to reduce the pressure on the department caused by increasing demand and ineffective and inefficient movement of patients onwards in their pathway. This includes the significant improvement to the agreed professional standards which remain non-compliant in most specialties. **Regulation 12 (1) (2) (a) (b): Safe care and treatment.**

Action the trust SHOULD take to improve:

- The trust should ensure staff in the emergency department are up to date with the latest mandatory training modules and staff, particularly medical staff, are given time to meet compliance.
- The trust should ensure staff in the emergency department adhere to infection prevention and control policy specifically in relation to dress code and any temporary measures introduced to prevent the spread of infection.
- The trust should ensure staff have the right tools to be able to open locked doors when patient safety is a concern.
- The trust should continue to build on the work on staff recruitment and retention and look for support from other.
- departments, such as rotational work with children's nurses, as an option to build stronger and more flexible teams in the department.
- Due to patients having to stay far longer than planned or anticipated at times, the trust should consider how to meet the dietary needs of patients to ensure they are provided with food and drink in line with their cultural or other requirements.
- The trust should ensure staff are given sufficient quality time to complete a programme of good and effective governance. This should follow a recognised system of governance routines, including analysis of all forms of evidence and engagement.
- The trust should consider how it describes staff from ethnic minorities to bring the language into line with current practice and keep this under review.

4. Oversight and Assurance

Progress on the actions within the Emergency Department Improvement plan will be monitored and reviewed by the CMG through ESM Board.

Actions that not met or behind plan will be escalated through to the Emergency Medicine senior management team.

Updates will be provided quarterly to through the RI 2 Good Steering Group which reports to the Patient Safety Committee and then onto Quality Committee.

5. Recommendations

Trust Board is asked to receive the update on the CQC report published on 14th June 2024 supporting the plan for the CMG to monitor the progress of improvements and actions required in response to the inspection findings.

Urgent and Emergency Care improvement actions

CQC Inspection Report, 10 and 11 January 2024

Actions for improvement	Progress/action	Lead	Timeline
<p>Care and treatment must be provided to patients in a safe way.</p> <p>The trust must ensure staff are assessing the risks to the health and safety of patients of receiving the care or treatment. Staff must be doing all that is reasonably practicable to mitigate any such risks.</p> <p>To that end, the trust must ensure all patients receive timely assessment and treatment for conditions, such as sepsis.</p>	<p>Sepsis flag being added to ED Nervecentre dashboard. Expected as part of August IT upgrade.</p> <p>ED sepsis improvement action plan in place.</p> <p>Front door improvement plan in place, led by deputy head of ops and matron, to streamline processes and identify sicker patients earlier. Includes embedding DPS-5, in line with national best practice.</p>	<p>Dep Med Dir</p>	<p>August</p> <p>October</p>
<p>The trust must ensure it continues to use all resources available to reduce the pressure on the emergency department caused by increasing demand and ineffective and inefficient movement of patients onwards in their pathway.</p>	<p>LLR as a system has jointly planned and agreed a system improvement plan for the Urgent & Emergency care pathway for both Adults and Children.</p> <p>The plan is broken down into 3 focus areas of Flow In, Flow Through & Flow Out with each of those areas having improvement projects aligned to improvements related to Processes & Productivity, Capacity & Partnerships.</p> <p>Key Improvements in this programme related to utilisation of all resources within UHL to reduce the pressure on the ED caused by ineffective and inefficient flow are:</p>	<p>UEC DMD/HoN System Emergency Care/Associate DoOps Patient Flow</p>	<p>Ongoing</p> <p>m</p>

Actions for improvement	Progress/action	Lead	Timeline
	<p>ED alternatives - Increased expansion of Bed Bureau for both Admissions and SDEC (increased number of Specialities and access routes to Bed Bureau). Increasing SDEC capacity and improving Front Door streaming. Increased engagement with external stakeholders i.e. EMAS and ICB to increase awareness around Admission Avoidance services/strategies</p> <p>E-Referrals - Audit and workforce planning with major Specialities using E-referrals – to improve timely closing.</p> <p>Electronic Bed Management (ebeds) optimisation – increasing the oversight of patient flow, demand, capacity and constraints/delays across the inpatient areas, improving compliance with timeliness of patient transfers across the organisation with increased scrutiny, reporting and culture change and education. Balanced by oversight and monitoring of quality impact of patient movements for out of hours and patients with vulnerabilities.</p> <p>Improving Patient Discharge – Trust focus on 6 key measures of quality patient flow (Ave. time of discharge, discharge within 48hrs of EDD, Incomplete discharges, LLOS reviews, No reason to reside, weekend discharges) with CMG led improvements in each of the focus areas dependent on challenges experienced, improvement against KPI trajectory monitored monthly with Deputy Chief Nurse led meetings and reporting to the ICB.</p> <p>Criteria Led Discharge – Optimisation of Criteria Led Discharge as a pathway within all clinical specialities,</p>		<p>Phase 2 completion End Oct 2024. Phase 3 dependent on new PAS implementation</p> <p>Ongoing improvements through 24/25, trajectory being monitored monthly</p>

Actions for improvement	Progress/action	Lead	Timeline
	<p>currently 50% of the target number of specialities to be using CLD as part of the clinical pathway engaged and at various stages of implementation. Impact reporting dashboard in place related to overall trust patient flow KPIs.</p> <p>Staff engagement from ward to board – various ‘knowing how you’re doing’ digital dashboards in place or in development to provide colleagues across the organisation with patient flow performance metrics to enable drive of improvement at ward level and ownership of performance. Quality measures of patient flow built into LEAF (Leicester Excellence Accreditation Framework) ward assessments.</p>		<p>24 Specialities using CLD processes by end of March 25, trajectory being monitored</p> <p>Discharge Metrics Dashboard Completed</p> <p>Inpatient Dashboard TBC (by end March 25)</p> <p>LEAF in progress with pilot wards</p> <p>Patient Flow Quality & Performance report by Oct 24.</p>
<p>Significant improvement to the agreed professional standards which remain non-compliant in most specialities.</p>	<p>IPS Gap analysis performed to identify opportunities for improvement.</p> <p>Increased trust wide communications quarterly to raise awareness around IPS in ED.</p>	<p>Dep Med Dir/Assoc MD</p>	<p>Ongoing</p>

Actions for improvement	Progress/action	Lead	Timeline
	Individual meetings between UEC AMD/ED HOS taking place with Speciality HOS' to tackle issues		
Ensure staff in the ED are up to date with the latest mandatory training modules and staff, particularly medical staff, are given time to meet compliance.	<ul style="list-style-type: none"> • Nursing much improved position. Currently at 89% compliance. • Medical staffing currently at 83% compliance. • EM education lead focusing on individual performance and feeding back to clinical supervisors. If necessary, access to locum shifts is being restricted until compliant with all training. • Problems with timeliness of getting medical training requirements onto HELM escalated to exec team via PRM. 	JD/KM	Ongoing
Ensure staff in ED adhere to IP prevention and control policy specifically in relation to dress code and any temporary measures introduced to prevent the spread of infection.	<ul style="list-style-type: none"> • Head and deputy head of nursing attending nursing handovers to remind staff of UHL policies relating to IP and specifically dress code. • Band 7 nursing team picking up with individuals as appropriate. • Spot checks on shift by senior nursing team • Trust wide communications email from Chief Nurse re-launching IP standards and trust policy - June 	KM	Ongoing
Ensure right tools in place to open locked doors when patient safety is a concern.	<ul style="list-style-type: none"> • Tool sourced from Estates and Facilities • Awaiting delivery of order for all areas across EM • Arrived and have been distributed across ED and Emergency Floor, including EDU 	KM	Complete
Continue to build on the work on staff recruitment and retention and look for support from other departments, such as rotational work with children's nurses, as an option to build stronger and more flexible teams in the department.	<ul style="list-style-type: none"> • In place with corporate and local recruitment and retention teams 	KM	Complete

Actions for improvement	Progress/action	Lead	Timeline
<p>Due to patients having to stay far longer than planned or anticipated at times, the trust should consider how to meet the dietary needs of patients to ensure they are provided with food and drink in line with their cultural or other requirements, whilst in ED.</p>	<ul style="list-style-type: none"> Meal options extended. Choice extended in food machines in ED. 	KM/JD	Complete
<p>The trust should ensure staff are given sufficient quality time to complete a programme of good and effective governance.</p> <p>This should follow a recognised system of governance routines, including analysis of all forms of evidence and engagement.</p>	<ul style="list-style-type: none"> Lead consultant and matrons for governance in place with protected time allocated via rota. Monthly ESM Quality and Safety Committee. Embedding of PSIRF process across CMG, supported by monthly multi-disciplinary working group. Process in place to share themes and performance against complaints targets, outstanding datix's, and outdated risks. 	KM/LW/JD	In place and ongoing
<p>The trust should consider how it describes staff from ethnic minorities to bring the language into line with current practice and keep this under review.</p>	<ul style="list-style-type: none"> Meeting held with UHL Head of Inclusivity KM attended recent BAME group; they are reviewing the options for the future title and will confirm by 2 July. Group renamed to Multi Diversity Group 	KM	Complete

Leicester, Leicestershire and Rutland Urgent & Emergency Care Plan for Adults 2024/25



Flow in

Flow through

Flow out

Processes & Productivity



- Optimise the 'same-day access to care' model across LLR, including Pharmacy First and primary care based same-day access for non-acute patients



- Implement e-beds technology at UHL for real-time understanding of bed availability
- Improve 7-day access to diagnostics and therapy services
- Improve specialist input into the LRI Emergency Department and Glenfield Clinical Decisions Unit



- Work together to improve safe and timely discharge of patients from hospital across all discharge pathways
- Implement criteria-led discharge across UHL and LPT (patients going home when criteria is met)

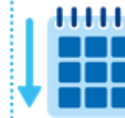
Capacity



- Establish a consolidated Urgent Treatment Centre model within the City
- Optimise use of Same-Day Emergency Care (SDEC) at the LRI



- Open 18 additional beds at the Glenfield in a new modular ward



- Work together to reduce longer patient Length of Stay across all pathways (+7 days)
- Embed the LLR Intermediate Care model

Partnerships



- Embed the proactive model of care for complex patients that includes support at home and alternatives to hospital admission
- Establish Acute Respiratory Infection hubs in the community
- Expand our use of 'step up' capacity across all community settings, inc virtual wards



- Develop a whole-system plan for bedded and non-bedded capacity during times of peak demand



- Work with partners including social care to increase the number of patients discharged to their own homes
- Transition to our new patient transport provider, improving the timeliness of the service

Leicester, Leicestershire and Rutland Urgent & Emergency Care Plan for Children and Young People 2024/25

