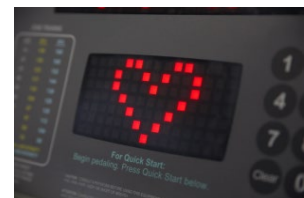
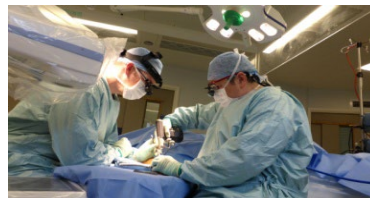


# **Urgent and Emergency Care Care Quality Commission (CQC) Summary**

**Board of Directors – 11 May 2023**

**Karen Dawber Chief Nurse**



# Delivering Excellence



# CSU Governance and Assurance Framework

**Outstanding provider of healthcare, research and education and a great place to work**

## CSU to Exec Meeting

### CSU SLT Meeting

CD/ Deputy CD- to chair & Q&S Facilitator, SGM, GM, DGM, DADN, all CG Spec leads, ACP lead, Mortality lead, Complaints lead, HR and Performance

Forum	CG meeting	Weekly Performance & monthly business meetings	Business meeting	Business & CG meeting	Business & CG meeting	Business & CSU to Exec meeting	Local huddles, Business & CSU to Exec meeting	WYAAT, Business and CSU to Exec meeting
Agenda	Quality of care	National Standards	Digital Plan	Financial Plan	CQC	GIRFT	Workforce	System working
Metric	WHO- Safe, timely, effective, efficient, equitable and patient centred care. Achieve high performance in ECS, RTT, Cancer and diagnostic targets. Shared IT systems, medical devices and virtual activity. Effective capacity design and utilisation, safe staffing, service improvements, succession planning, business cases, capital planning, CIP, financial management and budget forecasting/ management				CQC Action Plan- Patient experience, safeguarding, staffing, wait times, risk, complaints, audits, checklists, guidelines, training, patient flow, governance , evidence	GIRFT Action Plan- model pathways, commissioned services, conversion rates, New: FU, DC: IP, clinical variation, procurement and use of resources in an optimum way	Empowering staff to make decisions, put forward ideas and resolve issues, improving staff well being, morale and experiences, empowering staff to deliver high quality care through training and development, retaining staff through continuous improvement	Hub and spoke models, joint on call models, community diagnostic centres, shared care pathways, WYAAT, close working with primary care and CCG

**Our Patients, Our People, Our Place and Our Partners**

# What we have done well...Urgent and Emergency care

## Collaborative Working-

- **Outreach to schools** with West Yorkshire Police to reduce knife crime
- **Breaking the cycle youth workers** based in ED as part of the ED navigator programme to reduce violent crime in young people
- **Part of West Yorkshire Alliance MDT** such as suicide prevention, trauma informed pathway to reduce health inequality
- **High Intensity Users group (HIU)** meeting run by ED with police, probation, VCS, YAS, Homeless team, safeguarding, trauma informed, Mental health to look at how we manage patients that frequent ED often
- **MAST** VCS team to support patients with low level Mental health, anxiety, substance issues
- **Mental health nurse** high presence supporting and educating the wider team

## Complaints

Should be resolved within 30-60 days of receipt-  
**Ongoing monitoring**

## Workforce-

- **Staff have an annual appraisal** 95% - Current = 84% (Ongoing monitoring)
- **Staff complete mandatory training** Current = 90.36% (Ongoing monitoring)
- **Recruitment** events in place to improve staffing levels across the CSU
- **TARTS-** Trauma Nurse Training taught in house and delivered by ED team to other areas in the trust
- **MERIT** training delivered by ED team to wider trust and externally
- **Faculty of Emergency Nursing training** funded for 4 years for all registered nurses
- **Simulation training and PEARL** teaching Tues, Weds, Thurs to all staff
- **Magnet** – part of this programme and ED selected as trial area for shared governance
- **Operational support workers employed in ED** - once fully established will give 24/7 cover to stock, clean, provide drinks for patients
- **Formal risk meeting weekly** to discuss risks/share immediate learning
- **Wellbeing sessions** set up for A&E senior nursing team (latest session Feb 23)

## Responding to Learning-

- **Safeguarding ED newsletter** weekly to feedback areas of good practice and share learning
- **Patient Engagement event** – chargers in ED, visual display of patients journey, new signage ordered
- **Back to basics-** weekly focus by practice educator on areas of concern and shared top tips/learning
- **The Good, Bad and the Ugly-** project to highlight risks, concerns, and give staff the opportunity to feedback to facilitate improvement
- **QR code board** designed by the Minor Injuries Unit/Musculoskeletal team with advice leaflets
- **Rollout of property logging** system/application for AED-planned Apr 2023

# Ensuring Sustainability: CQC Outstanding Actions

**Ensure nurse practitioner recruitment is completed so that the Same Day Emergency Medicine (SDEC) is fully staffed for extended hours.**

SDEC- Currently there are 8 ACPs in post, HEE applications submitted for 2023 recruits x 3. **Ongoing**

**Ensure staff training and competency assessments to support the safe use of patient group directions are completed.** PGD's are kept up to date and staff receiving training to use them. Practice development sister now in place to ensure compliance. **Ongoing**

## **Readmission rate**

- 16.81% for non elective national position and 15.81% for Bradford non elective position
- 3.99% for elective national position and 4.80% for Bradford elective position **Ongoing**

**Clearly present key operational performance information (particularly compliance with the 95% standard) in the emergency department.** Screens are in place within AED to display ED stats to the public, including number of patients in the AED, times to wait (on the Zone that the patient is waiting), ambulances in attendance and ECS today/last 24hrs/ week and YTD.

ED tile in place via the command centre. Daily performance metrics sent to the team. **Completed**

**Ensure mandatory training is facilitated so that all staff are compliant with mandatory training requirements.** – Current performance 90%- **Ongoing**

**Improve sepsis outcomes for the department in 2018.** Consultant has been allocated as the Sepsis lead with the aim to drive improvements and standards. Clinical audit for sepsis completed in accordance with Royal college guidelines **Ongoing**

**Improve the number of patients who left the emergency department before being seen.** This metric is discussed as a safety metric at the ED quality and safety meeting. Frequenter attenders who leave without been seen are reviewed at the high impact users group to ensure an MDT approach is taken **Ongoing**

**Ensure information for patients is available in the reception area and further information in printed form is available for patients and their carers, particularly about the support available for patients with mental ill health, dementia or learning disability** – leaflets and posters in place. Health promotion lead nurse in place to ensure accurate up to date information that meets patient needs. Close working with LD , Dementia and mental health lead nurses who provide bespoke training to ED staff, dementia cubicle and plans for Mental health cubicle **Ongoing**

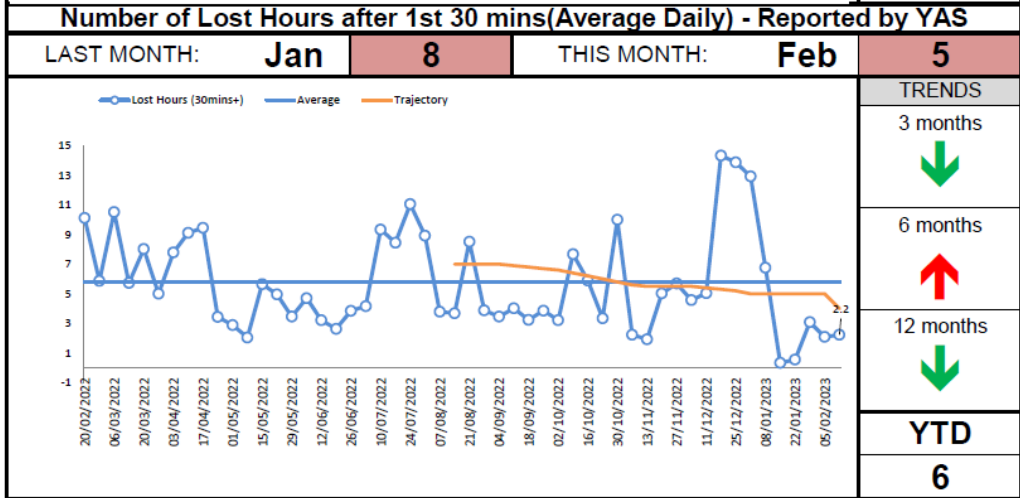
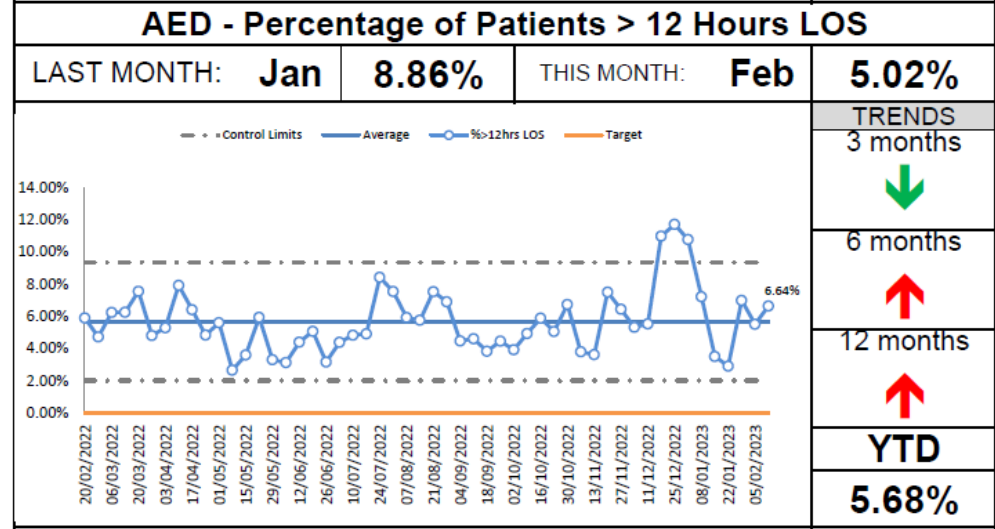
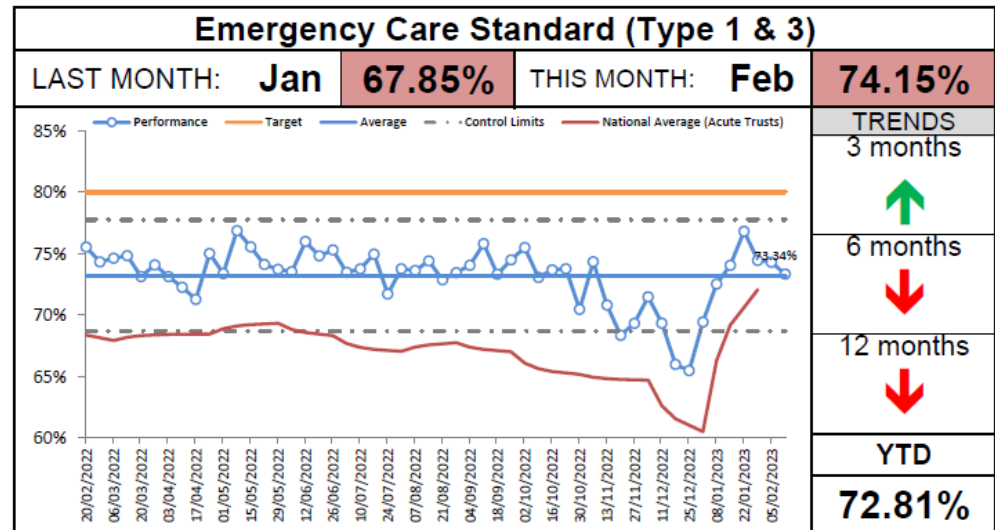
**The Trust should continue to work with system partners to improve patient flow throughout the emergency care pathway.** Emergency care has been identified as a priority work stream as part of ICS linking into to wider West Yorkshire system. **Ongoing**

**Improve response rates for the friends and family test for the emergency department.** The ED department changed the way that they obtained the FFT data – from asking for patient to complete cards in the department to a system sending an SMS message to the patients on discharge. The lead nurse for patient experience is working closely with the company so all comments can be viewed by the SLT of ED and this will be able to access on the IQVIA system **Ongoing**

**Continue to development links with primary care services to support the department's role in health promotion and the use of joint patient pathways to avoid unnecessary referrals to the emergency department** - Monthly GP streaming operation meetings and 3 monthly joint Governance. Acknowledged and supported through IUCOG monthly with feedback and assurances. Increased streaming to the Green Zone. Supported by Performance Dashboard and reflected in the Type 3 numbers and ECS to demonstrate effectiveness within the 4hr window **Ongoing**

**Sustained improvement in the quality of patient records to ensure they are fully documented and up-to-date with all observations.** Documentation audits to be completed from EPR on a weekly basis. Audit results to be monitored at monthly Quality and Safety meetings **Ongoing**

# ED Performance





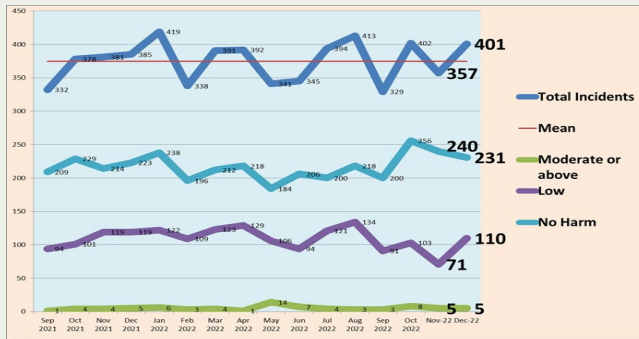
# Ongoing work

- Development of MDCU to expand capacity (Medical Virtual Ward)
- UEC full nurse staffing review (business case)
- High observation beds on AMU (business case)
- UCC Walk in centre development (UCC Project Underway)
- Improvement in ED metrics- (Weekly ECS meetings in place)
- Move of SDEC back into ED area (UCC project)
- ED Overcrowding (UCC Project)



# Quality and Safety of Care

## Incident Profile:



## Focus on Learning and Improvement:

- Good, Bad and the Ugly initiated in the Emergency Department
- Improvement in medication errors in Acute Medicine

## Themes:

- Violence and aggression incidents
- Care of patients with mental health needs – violence and aggression, prolonged stay in ED
- Overcrowding in the emergency department contributing to safety incidents
- Service provision issues due to lack of staff

## Audit and Research:

### Emergency Medicine QIPs:

- a. Pain in Children
- b. Assessing for cognitive impairment in older people
- c. Mental health self-harm

Society for Acute Medicine Benchmarking Audit

Trauma Audit and Research Network

2018/2019

### Ongoing Local audits

20 ongoing local audits

### Quality Improvement Projects

7 registered QI projects in progress for the CSU on LifeQI

## Sepsis

### Dec 22

Antibiotic time:

AMU = 80%

ED = 85%

Reasons – winter pressures and reduced staffing (Oct = 100%)

Screening performance:

AMU = 50%

ED = 55% -

Reasons - increase of 15% patients that were triggering, acuity was higher

## IPCC

- HAIC.Diff -0
- E.Coli - 0
- Klebsiella -1
- MRSA -0
- MSSA -1
- Pseudomonas -0
- Outbreak -0

## COVID security

Nil noted concerns – POCT being completed in ED then PCR being completed on the wards if patients symptomatic

## Safety checks/Assurance

- AED/SDEC/7/AMU – 100% crash trolley audits – 3 months
- Safety checks undertaken daily by matron on assurance audit – sent to DADN weekly

## Policies and guidelines

- Report with updated position shared with CBUs shows 59.14% compliance

## NICE Guidance

- Positions shared at Q&S
- 2 Baseline assessment outstanding
- 4 Non-Compliant/Partially Compliant NICE Guideline
- 1 Outstanding Quality standards

## Pressure Ulcers

- No significant increase in pressure ulcers
- One moderate harm pressure ulcer in Feb 2022

## Falls

- 3 falls with harm in 2022 – AMU 4, AMU 1 and Ward 7
- No significant increase in falls

## Ward Accreditation:

- AED – Green
- AMU 1, 4 and ward 7 = Green



# Patient experience

Complaints	
Overall	14
October	6
November	5
December	3

PALS	
Overall	47
October	10
November	16
December	21

Compliments	
Overall	10
October	5
November	2
December	3

Themes	
Complaints	
Care and treatment issues	10
Attitude & behaviour	6
Appointment	2

PALS	
Care and treatment issues	30
Attitude & behaviour	5
Discharge	4

Complaints	
October	
Attitude & behaviour	4
Care and treatment issues	3
Delay in diagnosis	3

November	
Care and treatment issues	3
Delay in diagnosis	2
Discharge	1
Equipment issues	1
Fall from height	1
Attitude & behaviour	2

December	
Care and treatment issues	4
Appointment	2
Attitude & behaviour	1
Communication	1
Medical records issues	1

Care and treatment issues	
Appropriateness of treatment	5
Care issues for vulnerable patients	2
Inadequate pain relief	2

Attitude & behaviour	
Rude staff	3
Derogatory comments being made	2
Spoken to in inappropriate manner	1

Appointment	
Length of wait to see a clinician	1
Short notice cancellations	1
Length of wait before being triaged	1



Overall 2022	
Complaints	23
PALS	52
Compliments	20

October 2021	
Complaints	7
PALS	19
Compliments	2

November 2021	
Complaints	5
PALS	20
Compliments	11

December 2021	
Complaints	11
PALS	13
Compliments	7

# Staff experience

## Staff Survey

Against Organisational Averages

We are compassionate and inclusive – 6.4 (7.1)

We are recognised and rewarded – 4.7 (5.8)

We each have a voice that counts – 5.9 (6.7)

We are safe and healthy – 4.8 ( 5.8)

We are always learning – 5.2 (5.3)

We work flexibly – 5.0 (5.8)

We are a team – 5.6 (6.4)

Staff Engagement – 6.1 (6.8)

Morale – 4.8 (5.7)



- We have Psychology team in reach and have referred staff to psychology team and CIC counselling offered.
- Each team has a wellbeing month where they focus on the teams morale/wellbeing and come up with rewards and wellbeing initiatives.
- We had a suggestions box and the good bad and the ugly for staff to feedback what makes a difference to them.
- The trust has THRIVE and Wellbeing Wednesday.
- We are starting shared governance and are about to launch a staff culture survey as part of MAGNET.
- We recognise that our team are showing signs of strain, burnout and compassion fatigue due to the ongoing pressures in ED and the pressure caused by the pandemic and we are putting measures in place to support the team.
- DDN working with security SLT – all verbal abusive patients receive warning letter, working with the police to ensure that an increase in physical assaults reported and charges pressed.
- Senior team meeting with senior nurses in ED to support and empower the team

# Current Risks – risk score 12 or above

- There is a risk of major or catastrophic harm to patients due to operationally driven pressures impacting causing overcrowding within the Emergency Department = 20- *UCC Project underway, phase 1 go live planned April 2023*
- CSU Nurse staffing levels = 20- *Ongoing Recruitment*
- BTHFT Mortuary Refrigeration and Freezer storage facilities = 16 *Paper submitted to ETM*
- Emergency Department Medical Staff Coverage – weekend and evenings = 12 *Medical Workforce Paper submission planned Mar 23*
- Yorkshire Ambulance Service Delays = 12 *Ambulance handover improvement is ahead of trajectory (To have no more than 1 hour of lost handover time above 30 min by end of March 2023)*