

# Care Quality draft assessment for Peterborough City Hospital-Urgent and emergency services

## Overview

### Overall Rating: Requires Improvement

The service is not performing as well as it should and we have told the service how it must improve.

#### Summary

Safe	Requires Improvement
Effective	Good
Responsive	Requires Improvement
Well-led	Good

## Overall Service Commentary

The North West Anglia NHS Foundation Trust (NWA NHS FT) was formed on 1 April 2017 when Peterborough and Stamford NHS Foundation Trust merged with Hinchingbrooke Health Care NHS Trust. The trust provides acute hospital services across three sites as well as community clinics at Doddington, Ely and Wisbech. They provide care for approximately 850,000 people. The Urgent and Emergency Care (U&EC) services at Peterborough City Hospital consists of an Emergency Department (ED) and Urgent Treatment Centre (UTC). The U&EC service is open 24 hours a day, 365 days a year and provides clinical services to treat patients presenting with a range of emergency problems. The department has an 8 bedded resuscitation area, 26 cubicles/trolley spaces in majors, dedicated paediatric ED, an area designated for dressed patients with their usual level of mobility with reclining chairs and an assessment area called "fit to sit", ear nose and throat and eye room, minor operations room, plaster room. The UTC is next to the ED. We undertook this unannounced assessment following information of concern relating to waiting times, complaints about staff and quality of care, poor discharges, and management of patients with mental health conditions. The assessment commenced on 26 June 2024 and included an unannounced visit on 30 and 31 July 2024. We inspected 17 quality statements across the safe, effective, responsive and well-led key questions and have combined the scores for these areas from the last inspection to give the rating. Following this assessment the service has remained an overall rating of requires improvement. We identified that there were concerns about: space to accommodate the potential number of people in certain areas, sepsis screening, checks on emergency equipment, completion of risk assessments including mental health patients, staffing levels in children and young people's services and mandatory training levels.

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## Overall People's Experience

Patients and any family or carers with them were generally positive about the staff treating them with kindness and dignity and providing effective care and treatment. On occasions patients had to wait to be treated for a long time after an initial assessment. Most people and family or carers said that communication with them was good despite how busy the department was. People generally could access care, treatment and support. People did not experience discrimination or inequality. People with additional needs did not feel disadvantaged. The service made reasonable adjustments for people with disabilities and communication difficulties.

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# Safe

**Rating: Not assessed**

**Percentage Score: 56.00 %**

► [How do we score this?](#)

## Summary

This service is not always safe

## Commentary

We rated safe as requires improvement. We assessed 5 quality statements. There was a positive learning safety culture where incidents were reported, investigated, and learning embedded to promote good practice. Staff were open and honest when things went wrong or could be a risk. We observed safe care and treatment. The environment was safe, well maintained and met people's needs. Leaders ensured that adult areas of escalation had adequate and safe staffing and had the correct equipment available. Reviews of staffing levels were carried out on a regular basis and staff were reallocated to areas of low staffing as required. Recruitment practices were safe. Staff had training available that was relevant to their roles and responsibilities and support they needed to deliver safe care. However, there was evidence that the paediatric emergency service was short staffed at times for senior nurses and senior medical staff. Compliance with mandatory training requirements had been a challenge to ensure that staff had the right skills to meet people's needs and also sepsis screening performance was below the standard required.

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Safe

## Learning culture

**Overall Score**

1 2 3 4

► How do we score this?

## Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

## People's Experience

**Score:** 1 2 3 4

People were able to raise concerns and report incidents. The concerns and incident reports were taken seriously, investigated and learning shared with colleagues. People or those who represented them were given an apology and an explanation of the event.

## Feedback from staff and leaders

**Score:** 1 2 3 4

The service had effective processes to investigate incidents, identify and share learning. Staff completed a daily review of incidents for immediate review and leaders held a weekly patient safety review panel. Common themes and trends for incidents and complaints were identified for lessons learned and for these to be communicated to staff. The service held monthly governance meetings to discuss incidents, identify trends, themes and lessons learned. These were carried out collaboratively both within the hospital service with medical services and with another NHS service to share learning and implement improvement. Staff were confident to identify and report incidents in line with the service's incident reporting policy. Staff we spoke with had received feedback sometimes on incidents they had submitted. Staff were also able to provide examples of methods used to share learning from incidents such as emails, meetings, and safety alerts.

## Processes

**Score:** 1 2 3 4

The service had effective systems to enable staff to raise concerns both formally and informally. Leaders shared lessons learned from incidents through a newsletter, a weekly Friday feedback communication and reflective group meetings. The service had an up-to-date Patient Safety Incident Response

Framework (PSIRF) policy which set out the approach to developing and maintaining effective systems and processes for responding to patient safety incidents and of learning. A Patient Safety Incident Response Plan was also in place, which set out how the service sought to learn from patient safety incidents reported by staff, patients, their families and carers. Leaders analysed incident reports and took urgent actions to manage or remove risks. Incidents were appropriately investigated. The service had a duty of candour policy, which set out staff roles and responsibilities regarding openness, honesty and transparency if something went wrong with a patient's care or treatment. The service also had an up-to-date complaints policy in place. Complaints were investigated and the Patient Advice and Liaison Service (PALS) service also supported responses to complaints. As part of the assessment, we reviewed complaints the service had received. There was some evidence of learning from the complaints such as dealing with delays of treatment and access to pain relief

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Safe

## Safeguarding

### Overall Score

1 2 3 4

► [How do we score this?](#)

### Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

### People's Experience

**Score:** 1 2 3 4

No patients that we spoke with during the assessment told us that they felt unsafe and uncomfortable to raise concerns.

## Feedback from staff and leaders

**Score:** 1 2 3 4

Staff that we spoke with told us they knew how to make a safeguarding referral if they had concerns. The service had a safeguarding team that staff could readily access. Staff we spoke with told us they had completed safeguarding training, and they could refer and review safeguarding referrals on the hospital electronic system.

## Processes

**Score:** 1 2 3 4

The service had safeguarding policies and procedures in place. We reviewed care records for children and young people and safeguarding concerns raised by staff and found there was appropriate escalation and action taken to safeguard children and young people. Children's and young people's safeguarding processes were thorough and effective. Staff achieved 72% compliance with safeguarding children training level 3 and 91% with level 2 training. However, staff compliance for safeguarding adults training level 3 was 79%, which was below the service's planned compliance target of at least 90%.

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Safe

## Involving people to manage risks

### Overall Score

1 2 3 4

► [How do we score this?](#)

### Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

## People's Experience

**Score:** 1 2 3 4

Some people attending the department said they had experienced long waits and were therefore at risk of deteriorating. In June 2024 11.9% of patients were waiting over 12 hours. As part of our assessment, we reviewed the Friends and Family feedback in June 2024 for the trust U&EC services. We found that 75% of patients gave a positive review of the service with a target of greater than 90%. We spoke to one patient who was not aware of their care plan.

## Feedback from staff and leaders

**Score:** 1 2 3 4

Senior leaders met with the medical services leadership team to review common risks such as poor patient flow and length of stay in the service and how to mitigate them. The hospital "back on track" programme was also looking at improving ward processes and discharges to improve the patient pathway, reduce overcrowding and reduce risk in the U&EC. Staff said within U&EC staff worked well together. Staff had access to a psychiatric liaison team to assist with patients with mental health concerns. The team were co-located within the U&EC department. The psychiatric liaison team would attend a handover meeting every morning. They would aim to see a patient within an hour to evaluate the patients' needs and provide crisis management. However, there were delays in responding on occasions. For frequent attender mental health patients, a care plan was in place. Every episode is risk assessed independently. During our inspection a patient had recently absconded from the U&EC department without being seen by the psychiatric liaison team. The patient was subsequently located, and we were told by a senior leader that the patient was not seen due to capacity issues in the team. This was a concern for the risk management of mental health patients. Staff knew about specific risk issues however they were not always dealt with promptly and completely. Staff told us that they carried out safety checks, but this could be difficult to carry out for patients in corridors.

## Processes

**Score:** 1 2 3 4

Staff used an ED patient safety checklist outlining the clinical tasks needed for each adult "Majors" patient and for any patient waiting in the "fit to sit" area for more than four hours to improve patient safety and improve the quality of care.

The ED patient safety check list had been adapted by leaders to reflect learning from incidents. Data supplied by the service following our assessment showed staff achieved variable compliance against the patient safety check list in the 3 months prior to our assessment, which meant that users were not always being risk assessed in a timely manner.

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Safe

## Safe environments

### Overall Score

1 2 3 4

► [How do we score this?](#)

### Summary

Requires Improvement – This service generally maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

### People's Experience

**Score:** 1 2 3 4

Although patients sometimes experienced long waits in the U&EC department, patients told us they were well looked after by staff. In the Care Quality Commission’s 2024 national patient survey the results for the trust U&EC environment and facilities were like other services. People not feeling threatened by other patients or visitors was 8 out of 10 and access to food and drink was 6 out of 10.

### Feedback from staff and leaders

**Score:** 1 2 3 4

Leaders told us that they were aware of the space constraints within some areas of the U&EC department such as the “fit to sit” area. This could then



become overcrowded when the ED was busy, and this was an issue they were trying to resolve. Improvements had been made recently to some areas, for example the corridors were more dementia friendly, and the rapid assessment and treatment (RAT) area had increased space and capacity. Despite this improvement we were told by staff of a concern when handover occurs due to the close proximity of other patients in the RAT area.

## Observation

**Score:** 1 2 3 4

The premises were modern and well-lit. The initial assessment and “fit to sit” areas were quite small and could become overcrowded especially when the department was busy. The environment was affecting privacy and dignity in the “fit to sit” and the ambulance RAT area. The corridor area was also being used at the time of this assessment. Four patients were being cared for on each side of the corridor in a safe and caring manner. Staff informed us of the criteria for patients to be cared for in the corridor and this was being followed. The environment was generally clean and adequate equipment and facilities were available such as handwashing equipment and personal protective equipment (PPE). An area had recently been reconfigured to provide a mental health quiet room for children and young people and was waiting for final completion at the time of our inspection. Immediately prior to the assessment a temporary mobile unit had been removed from the external ambulance bay offloading area. This area was found to be heavily contaminated with pigeon droppings. This was likely to contaminate staff and equipment and be transferred to clinical areas causing an infection control risk. Senior leaders took immediate action to resolve the dirty area, and we were given immediate assurance that this area had been satisfactorily cleaned. This area was part of the planned cleaning programme going forward. We also found that generally the medication cupboards and storage areas were safe and secure. On one occasion the eye clinic room door had been propped open with a clinical waste bin. The medication cupboard containing medicines was open with a key in the cupboard. There was a risk that this area could be easily accessed by someone who was not authorised. We also observed that one of the dirty utility rooms had no lock on the door and there was potential access to chlorine disinfectant tablets by patients.

## Processes

**Score:** 1 2 3 4

The service had a procedure for the care of patients in the corridor within the U&EC department. This was in place if the U&EC department was having extreme capacity issues and risks of prolonged ambulance handover delays. Clear patient exclusion criteria were outlined which was being followed during the assessment. The area was busy but was being managed well and had appropriate staffing in place. Dedicated staff had been allocated to manage patients waiting in the corridors and promoted safer care. During our inspection in 2022 we told the service that it must ensure all staff complete checks on emergency equipment. However, at our most recent assessment we found that the daily resuscitation trolley checks were not always conducted. We found that there were 4 days in the resuscitation area and 8 days in the "majors" area that there were omissions of the daily checks in July 2024. Some out of date equipment was found in the paediatric ED emergency trolley.

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Safe

## Safe and effective staffing

### Overall Score

1 2 3 4

► [How do we score this?](#)

### Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

### Feedback from staff and leaders

**Score:** 1 2 3 4

Leaders managed safe staffing levels and appropriate skill mix by moving staff across the U&EC department when necessary to fill any areas where staffing was below accepted numbers. Leaders maintained a daily staffing plan which was risk assessed for safe staffing levels. Staff levels had improved slightly recently. Medical staff rotated to different areas dependant on the acuity and pressured areas within the U&EC. The emergency medicine consultant in charge decided on this allocation daily. Consultant medical staff were fully

staffed and there was good recruitment and retention of all staff. Vacancy rates were 12% for medical and nursing staff in July 2024 compared with around 21% in July 2023. Staff told us that the paediatric ED was short staffed at times for senior paediatric nurses and medical staff. We were told that due to the lack of senior medical staff at speciality trainee level 4 (ST4) grade there was a risk they would not be able to undertake face to face reviews of suspected paediatric sepsis patients. Leaders were aware of staff concerns about this and the risk was being reviewed at the time of this assessment. Medical and nursing staff told us they received mandatory and specific training that was relevant to their roles and responsibilities. There were also opportunities for further professional development. During our inspection in 2022 we told the service that it must improve staff mandatory training compliance. At our most recent assessment in June 2024, we found that staff overall compliance with mandatory training was 84% for medical and nursing staff, which was below the trust's target of at least 90%. Appraisal compliance was low for nursing staff at 64% in July 2024 and below the trust's target of 95%. Leaders were taking action to address this by providing protected time to complete appraisals.

## Observation

**Score:** 1 2 3 4

During our assessment we observed that nursing and medical staff were busy and worked well under pressure when the U&EC had high numbers of patients. There was a culture of working together as a team to manage the numbers of patients in the department.

## Processes

**Score:** 1 2 3 4

The service had a recruitment and selection policy which set out the processes to be followed. There had been an active overseas recruitment programme and there was a dedicated team to support the staff recruited from overseas. Support was being provided for professional duties by mentoring, having Objective Structured Clinical Examinations and assistance to settle into a new community when not at work. The service had processes in place to monitor and review safe staffing levels. On some occasions adult trained nurses with appropriate competencies worked in the paediatric ED to ensure staffing levels were sufficient. The U&EC service uses the National Early Warning Score (NEWS) 2 scoring tool for assessing sepsis in adults and the Paediatric Early Warning Score (PEWS) for children. Staff training on sepsis screening and management was below the standard required with 1 year training at 87%- and

3-year training at 68%. During our inspection in 2022 we told the service that it must improve staff sepsis screening. We found that the U&EC service inconsistently undertook sepsis screening and treatment in a timely manner with 73% screening reported for June 2024 against a target of 100%. An action plan was in place to address the shortfalls but had not been completed and reviewed in a timely manner. This had implications for missed opportunities for screening and delays in care.

## Effective

**Rating: Good**

**Percentage Score: 75.00 %**

► [How do we score this?](#)

### Summary

This service is effective

### Commentary

We rated effective as good. We assessed 4 quality statements. Staff assessed people so the care and treatment met their needs. This included both their mental and physical health needs. Staff worked in a culture of evidence-based practice. Staff worked together with others when assessing people's needs and shared information to maintain continuity of care. We were concerned that staff compliance with screening assessment tools was still low after an inspection in 2022.

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Effective

## Assessing needs

## Overall Score

1 2 3 4

► [How do we score this?](#)

### Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

### Feedback from staff and leaders

**Score:** 1 2 3 4

Staff assessed and acted on risks to patients to protect them from avoidable harm. Staff used a patient safety checklist tool for screening patients within the first 2 hours of the patient's stay within the U&EC department. Screening tools included a falls risk assessment, a skin assessment body map and a Waterlow pressure ulcer risk assessment. In addition, a sepsis screening tool must be completed within 1 hour if certain criteria are met and then every subsequent hour after that. During our inspection in 2022 we told the service that it must improve staff completing risk assessments. At this assessment we found that staff compliance with the patient safety checklist screening assessment tools was still low with overall compliance of 54% in June 2024. This means that patients maybe at increased risk of deterioration and harm. Staff had access to specialists for advice and support. This included access to a Learning Disability team. Staff felt they had the correct support and training to meet patients' needs.

## Observation

**Score:** 1 2 3 4

Staff were observed discussing people's needs with them, and they were involved in how care and treatment was planned. Staff effectively communicated with patients to meet their needs. For example, one member of staff communicated patiently, kindly and compassionately with a patient who had a hearing impairment. We also observed a patient who had suffered a suspected stroke and was clinically assessed at regular intervals by staff involved in their care and a patient with suspected neutropenic sepsis had also been appropriately clinically assessed. We did observe one patient with mental health needs who needed support for food and hydration which had not been met straight away.

## Processes

**Score:** 1 2 3 4

A new process had recently been introduced to improve the initial assessment of patients' needs on immediate arrival at the U&EC department by a senior nurse. The aim was to triage/stream patients so they would then be reviewed in the appropriate area. This had only been introduced recently and needed to be evaluated. Patient records were reviewed. These were generally completed comprehensively for children and young people and adults. For adult patients with a mental health condition, a mental health risk assessment was not always carried out. During our inspection in 2022 we told the service that it must improve record keeping of patient's care and treatment. At this assessment, we found the service had made improvements, but risk assessments were still not always completed.

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Effective

## Delivering evidence-based care and treatment

## Overall Score

1 2 3 4

### ► [How do we score this?](#)

## Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

## People's Experience

**Score:** 1 2 3 4

People we spoke with did not raise any concerns about receiving care that did not meet evidence-based practice. People were generally satisfied with their care although they did have to wait a long time on occasions. In June 2024 there were 11.9% of patients waiting 12 hours or more in the U&EC department, with an average of 13.9% patients waiting over 12 hours in the preceding 6 months.

## Feedback from staff and leaders

**Score:** 1 2 3 4

Staff used the service's systems and processes to follow the latest guidance and evidence-based practice. The service kept its database and guidance up to date. Staff told us they found the weekly message from the U&EC clinical lead useful and received briefings and newsletters. Staff told us that they used the patient safety checklist. This had been endorsed by external organisations such as the Royal College of Emergency Medicine (RCEM) and allowed effective screening of patients after first being seen. There was mixed feedback from staff regarding the initial streaming/triage/use of assessment tools when patients arrived at the U&EC department and how observations were gathered to inform risk.

## Processes

**Score:** 1 2 3 4

Staff followed up-to-date policies to plan and deliver quality care according to evidence-based practice and national guidance. We reviewed a sample of the service's policies and guidelines and noted that all were in date with a set review date. Staff used evidence-based, standardised risk assessment tools to identify the level of patient risk for areas such as falls, skin and pressure ulcers. Leaders encouraged some innovation and participation in development opportunities. We were informed by leaders and staff about a band 6 development programme for nursing staff. The team was able to organise protected time for two-hour monthly sessions. It was proposed to rotate the development opportunities between various bands of staff. Examples of innovation in the U&EC service also included: the early stages of adopting a new process of assessment of patients at the front door of the U&EC department. Patients that came in at the front door often did not have a healthcare professional with them and the initial assessment they received when they arrived could often be clinically vital, especially if they were poorly. The new process involved patients being initially assessed by a senior U&EC nurse within 15 minutes and being allocated a category, which would enable them to be seen much more quickly by senior U&EC clinicians. At the time of our assessment, leaders and staff told us that the U&EC team were piloting the use of a national acuity assessment tool. The senior clinicians included U&EC consultants/middle grade doctors and advanced clinical practitioners. In this way the decision about care was immediate and they could also order investigations, plan care and prescribe medication. These changes would improve waiting times and journey times for patients through the U&EC service. The service's next steps included protecting space in the "fit to sit" cubicles to see patients.

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Effective

## How staff, teams and services work together

### Overall Score

1 2 3 4

► [How do we score this?](#)

### Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.



## People's Experience

**Score:** 1 2 3 4

People told us they were satisfied with the care provided by the U&EC team working together. Medical and nursing staff worked together to assess, plan and deliver peoples care and to meet their needs.

## Feedback from staff and leaders

**Score:** 1 2 3 4

There was feedback from staff that staff, teams and services work well together. There was feedback of joint working with the medical services team and with the U&EC team at another NHS hospital. There was joint working with the frailty team to review frail patients who attend U&EC services via an ambulance. Patients with a high frailty index score may deteriorate quickly so the frailty team could work as an admission avoidance service. The frailty service was co-located in the ED department. A project had also been undertaken with the services pharmacy team to improve timely dispensing of medicines for discharge.

## Feedback from Partners

**Score:** 1 2 3 4

There was system-wide work taking place which included some discussions around the concept of a U&EC village with same day care being provided and expansion of virtual ward care. There was a good working relationship with the local NHS ambulance service provider. There had been a benefit in having a Hospital Ambulance Liaison Officer (HALO) in place with the benefit of providing mutual recognition of the challenges that each organisation faces. Eligibility criteria had been agreed for both corridor and ambulance care of patients. There was still some concern about tracking deteriorating patients, but the U&EC and ambulance service was working well together. The service also worked with the ambulance service to reduce delays in ambulance handover times. Ambulance staff we spoke with were positive about the improvements the service had made to reduce handover times.

## Processes

**Score:** 1 2 3 4

Staff held regular daily “10-minute huddle” meetings to ensure that patient flow was maintained efficiently. For example, the matron and doctor discussed issues that needed to be chased up. Staff also informed us that the introduction of a “pitstop” area near the ambulance offloading bay had been a positive development. There was a better process to track patients who may need to be escalated if there were concerns about their deterioration.

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Effective

## Monitoring and improving outcomes

### Overall Score

1 2 3 4

► [How do we score this?](#)

### Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

## People's Experience

**Score:** 1 2 3 4

Patients informed us that generally they had good communication from staff. Daily huddles were held to support transition of care to other services when facilities were available. The frailty team was co-located in the U&EC department and supported the assessment of frail patients to avoid admission and improve outcomes.

## Feedback from staff and leaders

**Score:** 1 2 3 4

The service provided care and treatment based on national guidance and evidence-based practice. Staff assessed and monitored patients to ensure that their treatment was effective to improve outcomes focusing on acute unwell and time critical patients. We were told that there were some concerns about patients not receiving time critical medication on occasions for example patients living with Parkinson's disease. The service had a quality improvement project looking at improving prescribing regular medication for patients that had been admitted but were still in the U&EC service. A junior doctor had been employed just to review patients on day 2 of their admission in the U&EC service. This was a useful role to ensure patients were followed up after initial admission and improve outcomes.

## Processes

**Score:** 1 2 3 4

The service had a clinical audit plan for 2024/25 to improve care, outcomes and provide assurance. The planned audits involved participation in several Royal College of Emergency Medicine (RCEM) audits for example, adolescent mental health, and care of older people. The service had been involved in national clinical audits, for example, RCEM Infection Prevention and Control audit to improve outcomes aiming to improve standards of patient care whilst improving staff experience and outcomes through preventing occupationally acquired infections. However, there was limited evidence of local audits being undertaken with only one on the clinical audit plan. This was an audit of the management of burns in paediatric patients in the paediatric ED. Only 10% of patients had wound management for burn injuries as part of local criteria and only 37% of patients were referred appropriately to a local burns service. There were only two re-audits scheduled for head injury in children and fracture neck of femur. There was limited assurance that clinical effectiveness audits were carried out regularly and that learning was identified in a timely manner to support effective care of patients and improve outcomes.

## Outcomes

**Score:** 1 2 3 4

There was evidence that the service held regular morbidity and mortality meetings and that cases were discussed to improve learning and outcomes. The service undertook reviews and monitored quality improvement projects. These were discussed each month at the performance and improvement committee to improve quality of care. Examples of the types of improvement

projects included the planned introduction of automated observation machines when patients arrive at the U&EC reception as part of the initial assessment process. Also, installing more personal computer screens in patient bays to improve access for medical staff and provide information for patients, and the creation of a better environment for patients in the corridors.

## Responsive

**Rating: Not assessed**

**Percentage Score: 54.00 %**

► [How do we score this?](#)

### Summary

This service is not always responsive

### Commentary

We rated responsive as requires improvement. We assessed 3 quality statements. People received person-centred care with support from other services to provide integrated care. Staff were overall caring and attentive to patients including during busy periods. We encountered concern about problems of flow of patients through the hospital which impacted on the department and the need to improve response times when patients had been referred to other specialities. People did not always access care, treatment and support in a timely manner. People did not experience discrimination and staff worked to provide equity in access to care and treatment.

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Responsive

## Person-centred Care

## Overall Score

1 2 3 4

### ► [How do we score this?](#)

## Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

## People's Experience

**Score:** 1 2 3 4

The patients we spoke with were overall positive about the care they were receiving despite the wait they experienced sometimes.

## Feedback from staff and leaders

**Score:** 1 2 3 4

Patients' care plans contained information about their physical, mental, emotional and social needs. Staff on the U&EC service told us they had access to the Learning Disability (LD) team. The LD team provided support to staff on the U&EC service to carry out capacity and decision specific assessments. Staff told us they completed the assessments electronically, and the LD team could then review these to make sure they were acceptable. Staff we spoke with were aware of the need to undertake risk assessments, how to undertake them and who to contact for support. Also, the need to respect patient's wishes.

## Observation

**Score:** 1 2 3 4

Staff were overall caring and attentive to patients needs even though they were very busy. Staff were also polite, approachable and friendly. Patients had their nutrition and hydration needs checked on a regular basis, but this was challenging when caring for patients in the corridor at times of increased demand. We did observe a mental health patient whose needs were met for food and hydration after an initial delay.

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Responsive

## Care provision, Integration and continuity

### Overall Score

1 2 3 4

► [How do we score this?](#)

### Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

## Feedback from staff and leaders

**Score:** 1 2 3 4

Staff working in U&EC said that they felt part of a team. Staff were overall flexible although there were some challenges to this in the paediatric ED due to the specific skills and experience required. It was challenging at times to ensure there were sufficient paediatric trained, competent nurses on duty. Many staff told us there were problems with the flow of patients through the hospital which had an impact on the ability of the U&EC department to manage the high numbers of patients within the service. We were told by leaders about partnership working with the medical and surgical divisions to improve flow, reduce overcrowding and reduce length of stay in U&EC.

## Feedback from Partners

**Score:** 1 2 3 4

Leaders told us that they met with community partners on a regular basis and engaged with the Integrated Care Board about patient flow and pressures on the U&EC department and how integrated working could assist with this.

## Processes

**Score:** 1 2 3 4

The hospital service executive management team had started a comprehensive programme of workstreams to improve engagement and motivation of staff and build relationships with system providers. The aim was to improve the U&EC and patient flow pathway. One of the workstreams aims was to improve patient flow, decision-making and safe patient care by adhering to interprofessional standards (IPS) when referring patients according to agreed criteria. We were told that the process data did broadly show that there was room for improvement with IPS response times across several specialities in the hospital. Some specialities consistently reported a low response rate to referral from U&EC within 60 minutes for example, the psychiatric liaison team, medical teams, trauma and orthopaedic teams. These were key services for many patients that presented to U&EC and would impact on patient flow from U&EC services to other services.

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Responsive

## Equity in access

### Overall Score

1 2 3 4

► [How do we score this?](#)

### Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

### People's Experience

**Score:** 1 2 3 4

People did not always access care, treatment, and support in a timely manner including out of hours and in an emergency. People did not experience discrimination or inequality. People with additional needs did not feel they were disadvantaged. The service made reasonable adjustments for people with disabilities. For example, a patient with a hearing disability was communicated with in a compassionate and caring manner.



## Feedback from staff and leaders

**Score:** 1 2 3 4

Staff worked hard to remove barriers to access for patients. Leaders informed us that they listened to patients who had concerns or complaints and sought ways to improve the service. However, adults and children and young people did not always receive care, treatment and support in a timely way. Leaders had been working on redesigning the patient pathway to improve access to urgent care in a timely manner by carrying out an initial clinical assessment when patients arrive at the U&EC reception. This had only relatively recently been introduced at the time of the assessment and needed further evaluation by the U&EC leadership team.

## Processes

**Score:** 1 2 3 4

The U&EC service was open 24 hours a day, 7 days a week. Adults and children and young people were cared for including those seeking treatment for mental ill health. The service worked with other healthcare professionals to provide a comprehensive service for different healthcare needs and serious conditions needing specialist input. However, there was inconsistency in the response and access to mental health specialists. In July 2024, 79% of mental health patients were responded to within 1 hour of referral from the U&EC service. The psychiatric liaison team had low staffing levels on occasions which could contribute to a delay in response to referrals from the U&EC service.

## Well-led

**Rating: Good**

**Percentage Score: 64.00 %**

► [How do we score this?](#)

### Summary

This service is well-led

## Commentary

We rated well-led as good. We assessed 5 quality statements. Leaders had the skills and knowledge, experience and credibility to lead well. They demonstrated that progress had been made to improve the service, but further work was still required. There was a system of governance and risk management based around delivering safe and good quality care and treatment. However, timely review and monitoring of risks was not always in place. There was a commitment to learning and to make this more widely available for staff groups.

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Well-led

## Shared direction and culture

### Overall Score

1 2 3 4

► [How do we score this?](#)

### Summary

Requires Improvement – This service generally maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

## Feedback from staff and leaders

**Score:** 1 2 3 4

Leaders told us that forming the U&EC division rather than being with the medical division had allowed them to focus on their priorities, direction and culture over the preceding 2 years. Steady progress had been made on improving the quality of services provided. Some of this progress had been achieved by investing in staff and listening to their ideas and suggestions. Staff told us that morale had improved. Staffing had improved and the new system of assessing patients on arrival was a good development. However, results from the U&EC services staff survey for 2023 showed that morale, being compassionate and inclusive (including diversity and inclusion) and staff

engagement scored the lowest in the trust. The only measure that was above the average in the service was “We are always learning”. The service had peoples promise champions in place to try and improve the working experience and engagement with the service’s senior team. Also, a newsletter was circulated, and staff engagement boards were in place. Prior to our inspection some concerns had been expressed by whistleblowers if a concern was raised.

## Processes

**Score:** 1 2 3 4

The trust had an overarching strategy and vision with 5 strategic goals. These were to deliver outstanding care and experience which included aspects of urgent and emergency care. Also, recruiting, developing and retaining the workforce, being an anchor to the communities, working together with health and social care providers and delivering long term sustainability. However, there was no formalised local strategy for U&EC services to turn the service’s vision into action. A U&EC improvement plan was produced on a regular basis to monitor progress against several milestones to improve performance but did not directly link with the trust wide services vision and strategy.

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Well-led

## Capable, compassionate and inclusive leaders

### Overall Score

1 2 3 4

► [How do we score this?](#)

### Summary

Good – This service maximises the effectiveness of people’s care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

## Feedback from staff and leaders

**Score:** 1 2 3 4

Staff we spoke with told us they felt supported by managers and had opportunities for development. Managers were visible and approachable. Leaders of the service were knowledgeable about the issues and priorities of the service and worked for change and improvement when needed. They recognised where the service needed to be improved and were working to make improvements as part of the “Back on track” transformation programme. They focused on staff wellbeing and ensured a culture promoting good practice, good quality and aspired to give safe care and treatment.

## Processes

**Score:** 1 2 3 4

The annual staff survey indicated that U&EC staff (across the trust) reported worse experiences than other staff working at the trust, with a particularly noticeable gap in the “We are safe and healthy” theme. This theme raises questions on burnout, time pressures and physical violence suggesting U&EC staff may be having worse experiences than other staff at the trust in these areas. The divisional leadership structure within the U&EC service consisted of a divisional director (an emergency medicine consultant), a divisional operations director, and a divisional nursing director. The divisional triumvirate had clear roles and responsibilities. They were supported by divisional senior clinical leads, matrons and senior support staff.

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Well-led

## Freedom to speak up

### Overall Score

1 2 3 4

► [How do we score this?](#)

### Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

## Feedback from staff and leaders

**Score:** 1 2 3 4

Staff that we spoke with knew how to raise concerns and knew of the Freedom to Speak Up Guardian (FTSUG). The U&EC leadership team encouraged staff to talk to them if they had any concerns or raise any concerns with the FTSUG. The hospital chaplain was also visible in the U&EC department, and a priority was to support the welfare of staff as well as patients.

## Processes

**Score:** 1 2 3 4

The hospital had a Freedom to Speak Up Guardian. The service had systems in place to engage with staff and guidance was provided on how to do this in the service policy.

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Well-led

## Governance, management and sustainability

### Overall Score

1 2 3 4

► [How do we score this?](#)

### Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

## Feedback from staff and leaders

**Score:** 1 2 3 4

Monthly quality governance review reports were reviewed by the U&EC board and covered areas such as clinical incidents and progress on the annual clinical audit programme. There was a monthly U&EC governance meeting between the two NHS hospitals U&EC services. Minutes of the last three meetings were reviewed and noted that discussion areas included incidents, complaints and patient experience. The leadership team had time and resources to undertake effective governance and manage risk. There was a range of data and information available to understand performance and some quality improvement projects were in place. Leaders monitored key safety and performance metrics. They identified and escalated relevant risks and issues and identified actions to reduce their impact. A clinical audit programme was in place to provide assurance of the quality and safety of the service. Clinical Governance was used to learn, improve and innovate.

## Processes

**Score:** 1 2 3 4

The U&EC service had a clearly defined governance structure that supported the flow of information from frontline staff to senior managers and the trust executive team. The committees and groups included the U&EC divisional board, performance and improvement committee, people and culture committee, finance and improvement committee and clinical governance meetings. There were systems in place to manage current and future performance and risks to the quality of the service. The service had a risk register which reflected current risks within the service. All the risks had designated owners, risk and effect, risk ratings from red to green and actions. There was evidence of recent review of some of the risks, but some risks had not been updated for some time. For example, the U&EC service highest risk was overcrowding in the U&EC department and the inability to off-load patients and had been reviewed in June 2024, but the next joint highest risk was the impact of patients journey time within U&EC department of greater than 12 hours effecting patient safety and experience and had not been updated since January 2024 on the risk register. There was a monthly people and culture committee which discussed issues such as mandatory training, sickness and vacancy/recruitment rates. There was some evidence of discussions regarding recruitment and workforce planning. For example, recruitment of band 6 nurses and providing development opportunities and the successful healthcare assistant recruitment day initiative. There were arrangements in place for the

availability of, integrity and confidentiality of, data, records and data management systems.

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Well-led

## Learning, improvement and innovation

### Overall Score

1 2 3 4

► [How do we score this?](#)

### Summary

Good – This service maximises the effectiveness of people's care and treatment by assessing and reviewing their health, care, wellbeing and communication needs with them.

### Feedback from staff and leaders

**Score:** 1 2 3 4

Staff and leaders told us they had an understanding of how to make improvements happen. Leaders and staff were committed to continual learning, development and improving services. The leaders held a monthly U&EC performance and improvement committee to have oversight of the division's performance and projects. This provided leadership and assurance of policies and procedures to ensure service improvement. There were imminent plans to improve the processes at reception in the U&EC service by introducing automated observation machines. Staff had provided feedback about the revised process for the initial assessment of patients at the front door reception to leaders.

### Processes

**Score:** 1 2 3 4

A performance and improvement committee oversees a programme of service improvement. There was limited evidence of quality improvement methods in place although the U&EC department was involved in the early stages of a trial of an interpreter on wheels. This involved having a sign live app (on demand British Sign Language) and insight app (language interpreting) available to improve patient experience of services. The trust had also identified that it had a higher prevalence of hospital acquired pressure ulcers compared with the national average and the U&EC service was a location of concern. A quality improvement project had commenced looking at the prevention of patients developing pressure ulcers in the U&EC department. After an initial prevalence audit had been completed in February 2024 to establish the level of concern a training and education programme was planned to be rolled out on pressure ulcer prevention for U&EC staff. Staff would receive continuing professional development accreditation on completion of training and supervision. At the time of the inspection this had not yet commenced.