CareQuality Commission

Rotherham General Hospital

Quality Report

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This report describes our judgement of the quality of care at this location. It is based on a combination of what we found when we inspected and a review of all information available to CQC including information given to us from patients, the public and other organisations

Ratings

Overall rating for this location	Requires improvement	🟠
Are services safe?	**Requires improvement**	🟠
Are services effective?	**Requires improvement**	🟠
Are services caring?	**Good**	🟢
Are services responsive?	**Requires improvement**	🟠
Are services well-led?	**Requires improvement**	🟠

Overall summary

We carried out a focussed unannounced inspection of the urgent and emergency care services at Rotherham General Hospital on 19-21 August 2019. This inspection was to follow up concerns identified at our previous inspection in September 2018. In September 2018, we had concerns around the staffing of the paediatric area and the effect this had on children's care and treatment, incident reporting, safeguarding practices and leadership of the department.

We inspected all five domains - safe, effective, caring, responsive and well led. At our previous inspection, safe and well-led had been rated as inadequate. Effective, caring and responsive were rated as requires improvement. This inspection was to see whether the required improvements had been made.

Our rating of this service improved. We rated it as **Requires improvement** overall. Safe and well led had

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improved and were rated as requires improvement. Caring had improved and was rated as good. Effective and responsive had stayed the same and were rated as requires improvement.

We found that;

- Paediatric staffing had improved significantly since our last inspection and we no longer felt that the unit was unsafe. There were enough doctors and nurses in the area to ensure children received prompt treatment.

- There was a new leadership team in the department. Experienced, visible leaders were working to raise morale and improve culture and we saw evidence that their work was starting to have an impact.

- At the last CQC inspection we found that care and treatment did not always reflect current evidence-based guidance. We saw evidence that this had improved and staff had developed new pathways and were using NICE guidelines to achieve outcomes for patients.

- Audit planning had improved since our last inspection and there were now plans in place for more external and local audits than at our last visit.

- Staff showed a caring attitude towards patients and we saw examples of empathetic, supportive care. At our last inspection we found it had been difficult for staff to offer the levels of care and support they might have wished. This had improved and we saw that staff treated their patients with compassion.

However:

- Safeguarding children and adults remained a concern and staff did not always recognise abuse and did not always demonstrate professional curiosity. While this had improved since our last inspection, and quality assurance processes were now in place, there was still work to be done to further embed this.

- There remained a disconnect between the paediatric area of UECC and the rest of children's inpatient services. This was something that staff were aware of and working to address.

- There were still long waits for some patients to be seen by a doctor.

- Flow remained an issue and the trust was not meeting targets for patients being admitted, transferred or discharged into and out of the department. Incident data showed that some people were not being reviewed by specialist medical staff when needed.

- Complaints were still taking longer than the trust target to resolve.

Following this inspection, we told the provider that it must take some actions to comply with the regulations and that it should make other improvements, even though a regulation had not been breached, to help the service improve. We also issued the provider with three requirement notices. Details are at the end of the report.

Ann Ford

Deputy Chief Inspector of Hospitals (North)

Summary of findings

Our judgements about each of the main services

Service	Rating		Summary of each main service
Urgent and emergency services	**Requires improvement**	🟠	We rated this service as requires improvement. Safe was rated as requires improvement. Effective, responsive and well led were rated as requires improvement. Caring was rated as good.

Summary of findings

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Requires improvement ●

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Background to Rotherham General Hospital

Rotherham General Hospital is the main site and has 444 general and acute inpatient beds across 23 wards; there are 23 maternity beds and 15 critical care beds. Clinical services are supported by comprehensive pathology, medical physics and imaging services including MRI and CT facilities.

We inspected urgent and emergency care services to follow up concerns raised at our previous inspection. We carried out an unannounced inspection between 19 and 21 August 2019.

To get to the heart of patients' experiences of care and treatment, we ask the same five questions of all services: are they safe, effective, caring, responsive to people's needs, and well-led? Where we have a legal duty to do so we rate services' performance against each key question as outstanding, good, requires improvement or inadequate.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, two other CQC inspectors, CQC national professional advisor for urgent and emergency care, and a specialist advisor with expertise in urgent and emergency nursing. The inspection team was overseen by Sarah Dronsfield, Head of Hospital Inspection.

Information about Rotherham General Hospital

The Urgent and Emergency Care Centre serves a population of around 250,000. It is a co-located, integrated service for patients that provides primary care services and type 1 emergency care. It cares for people with a variety of conditions ranging between injury, minor illness and urgent care. The leadership team also manages the GP out of hours service for the community of Rotherham. A full range of services are provided including paediatrics, trauma and orthopaedics, stroke, acute medicine, obstetrics and gynaecology, surgery, specialist surgery (maxillofacial, ENT, ophthalmology). The trust works in collaboration with Mental Health colleagues at Rotherham, Doncaster and South Humber NHS Foundation Trust to ensure that patients with mental illness are assessed and an appropriate plan of care is put in place.

From March 2018 to February 2019 there were 100,572 attendances at the trust's urgent and emergency care services. This was an increase of just over 6,000 people on the previous year. Figures showed that 23,106 children attended UECC between July 2018 and July 2019.

The percentage of UECC attendances at this trust that resulted in an admission increased in 2018/19 compared to 2017/18. In both years, the proportions were similar to the England averages.

Summary of this inspection

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

Our rating of safe improved. We rated it as **Requires improvement** because:

Requires improvement ⬤

- At the last CQC inspection in September 2018, we found safety was not given sufficient priority and there were substantial and frequent staff shortages. At this inspection, we found evidence of improvement, particularly in relation to paediatric nurse staffing. Senior managers had taken appropriate action, however further work was required to ensure adult nurse staffing establishments met the requirements of the service.

- At the last CQC inspection, we found there was insufficient attention to safeguarding children and adults. Staff did not always recognise abuse and did not always demonstrate professional curiosity. At this inspection we found evidence of improvement. Safeguarding training for nurses and healthcare support workers was good, however compliance for medical staff was low. The quality assurance process to monitor and ensure children and young people were being appropriately safeguarded still required further improvement to embed it fully within UECC and managers were sighted on the work that still needed to be done.

- At our last inspection we found staff did not assess, monitor or manage risks to people who used the services in a timely manner. Opportunities to prevent or minimise harm were missed because patients had long waits for initial assessment and for treatment. At this inspection we found evidence of improvement, although this needed further time to embed, and there were still waits of over 60 minutes for patients to first be seen by a doctor.

- Although mandatory training compliance had improved for nursing staff and healthcare support workers, medical staff compliance was low.

However:

- At the last CQC inspection in September 2018, we had concerns that there was not always a doctor present within the paediatric department. At this inspection we found that this had been rectified, and there was a new procedure to ensure robust oversight of the clinical decision-making process if a doctor had to leave the paediatric unit to support the adult unit at any time.

Summary of this inspection

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.
- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use equipment and managed clinical waste well.

Are services effective?

Our rating of effective stayed the same. We rated it as **Requires improvement** because:

- Although we saw some improvement in participation in external audits and benchmarking, further work was required on action plan production and embedding systems within the unit.
- Not all policies were up to date. Just over half (65%) of trust policies were in date, which meant that there was a chance staff were not using the most up to date guidance when treating patients.
- Although staff understood their responsibilities to patients in relation to the Mental Capacity Act (MCA), assessed capacity when appropriate and necessary and ensured patients were involved in discussions about their care and treatment, they had not received specific mental health training (outside of that included in the safeguarding training module). The trust had undertaken a training needs analysis for MCA training and had plans to implement separate training from April 2020.
- From June 2018 to May 2019, although the trust's unplanned re-attendance rate to A&E within seven days did not meet the national standard of 5% it was better than the England average.
- The department was not achieving RCEM audit standards (2016/17 audit).

However;

- At the last CQC inspection in September 2018, participation in external audits and benchmarking was limited and at this inspection, we saw some evidence of improvement.
- At the last CQC inspection in September 2018, we found care and treatment did not always reflect current evidence-based guidance, standards and best practice. At this inspection, we saw evidence of improvement. Staff in the department used a variety of pathways and NICE guidelines together with Royal College of Emergency Medicine (RCEM) guidance to support them to achieve effective outcomes for patients in their care.

Requires improvement ●

Summary of this inspection

- At the last CQC inspection, patients were not always offered food and drinks and pain scores were not consistently recorded or reassessed. At this inspection, we saw patients being offered drinks and snacks. Patients were given pain relief if they needed it and, although pain scores were not always reassessed, they were recorded at initial assessment.
- At the last CQC inspection, there were gaps in management and support arrangements for staff, such as appraisal, supervision and professional development. At this inspection, the appraisal rate was 89%. The unit held weekly teaching sessions, carried out simulation training and competency training was available (in addition to mandatory training) such as by attending clinical skills courses or CRUMPET (cross speciality multidisciplinary paediatric emergency training).

Are services caring?

Our rating of caring improved. We rated it as **Good** because:

- At the last CQC inspection in September 2018, staffing pressures meant staff could not always offer the level of care and support they wanted to. At this inspection, we saw evidence of improvement.
- Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Staff provided emotional support to patients, families and carers to minimise their distress. They understood patients' personal, cultural and religious needs.
- Staff supported and involved patients, families and carers to understand their condition and make decisions about their care and treatment.

Good ●

Are services responsive?

Our rating of responsive stayed the same. We rated it as **Requires improvement** because:

- Although managers were working collaboratively with staff and external agencies and taking appropriate action to improve and manage flow within the unit, triage time was consistently below 15 minutes (on average), and the time to be seen by a doctor remained high.
- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet the standard for any month over the 12-month period from June 2018 to May 2019.

Requires improvement ●

Summary of this inspection

- Some patients were spending a long time in the department as a result of increased demand and waiting for beds, and specialists did not always review patients in a timely way. The number of people leaving before being seen remained above target. (9% against a target of 5%).
- Incident data showed that some people were not being seen by specialists in the department within a reasonable timescale and that this had the potential for harm.
- Although managers were taking appropriate action to manage and improve the complaints process, current performance for responding to and resolving complaints was below target.

However:

- From June 2018 to May 2019 the trust's monthly median total time in UECC for all patients was similar to the England average.
- The service planned and provided care in a way that met the needs of local people and the communities served. It also worked with others in the wider system and local organisations to plan care.
- The service was inclusive and took account of patients' individual needs and preferences. Staff made reasonable adjustments to help patients access services. They coordinated care with other services and providers.
- The trust had access to interpreting services for people whose first language was not English.

Are services well-led?

Our rating of well-led improved. We rated it as **Requires improvement** because:

- In response to the concerns we raised at the last inspection , there were changes in the leadership team and immediate action was taken to strengthen and improve the management of the unit. The newly-formed management team were aware that further progress was required to embed improvement and change within the UECC.
- Although the new leadership team was more visible, managers recognised further work was required to embed the new leadership model within the unit.
- At the last CQC inspection in September 2018, we found that, although the department had a medium and long-term strategy, managers had failed to address immediate safety concerns in the department. At this inspection we found

Requires improvement 🟠

Summary of this inspection

evidence of improvement. Senior leaders had taken immediate action in response to the concerns we raised to keep patients safe and improve the management of risks within the department.

• At the previous CQC inspection in 2018, we had concerns about the culture of the department. At this inspection we found evidence of improvement. Although senior leaders were fully sighted on the issues and concerns and had taken steps to manage and improve the culture of the department, they recognised more work was required to embed the cultural changes.

However:

• The department had an integrated IT system to present overarching information about the department. This was innovative and designed in house by a member of trust staff.
• Clinical governance meetings took place regularly. We saw meeting minutes that showed staff discussed, incidents, complaints, the risk register, safeguarding, action plans and any other areas of concern in the department.

Detailed findings from this inspection

Overview of ratings

Our ratings for this location are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement
Overall	Requires improvement	Requires improvement	Good	Requires improvement	Requires improvement	Requires improvement

Urgent and emergency services

Requires improvement ●

Safe	**Requires improvement**	●
Effective	**Requires improvement**	●
Caring	**Good**	●
Responsive	**Requires improvement**	●
Well-led	**Requires improvement**	●

Are urgent and emergency services safe?

Requires improvement ●

Our rating of safe improved. We rated it as **requires improvement**.

Mandatory training

- The trust set a target of 85% for completion of mandatory training. Mandatory training compliance was highlighted to the trust as a concern at our previous three inspections. At this inspection, information provided to us showed some improvement however there was still work to do with medical staff.

- Medical staff were not up to date with their mandatory training requirements despite improvement since our last inspection. Training compliance for medical staff required significant improvement with only one of 17 competencies meeting the trust target of 85%.

- Medical staff told us it was difficult to complete mandatory training due to the demands of the department. This was a concern raised to us at our previous inspection in October 2018. The management team were aware of this and leaders were increasing staffing in the department to ensure everyone had time to attend their training.

- Training compliance for adult nurses was better than medical staff with 13 out of 20 competencies meeting the trust target of 85%. Two modules were just slightly below target while three were much less. They were risk management (50%), safe use of insulin (69%) and fraud awareness (47%). The Leadership Exploration

and Discovery (LEAD) Programme was a new addition to the mandatory training programme and available for band 7 staff. Only 13% had completed the training so far.

- Training compliance for health care support workers (HCSW) was good with only five of 22 areas not fully compliant across both adults' and children's departments.

- Training compliance for paediatric nursing staff was good with 15 of 19 competencies meeting the trust target of 85% with only fraud awareness, fire safety and infection prevention and control Level 2 falling below 100% compliance.

- We spoke with staff about accessing training. They told us it was sometimes difficult to access e-learning due to the demands of the department however they could use computers in the administrative area of the department to do training.

Safeguarding

- All qualified health professionals providing direct care to children were required to complete level three safeguarding e-Learning. Face to face and multi-agency training was also offered. Specialist professionals such as safeguarding nurses should be trained to level 4. Safeguarding advisors received level 3 training and three of four named nurses had received their level 4 training.

- Staff could now access multi-agency level 3 face to face training in addition to e-learning safeguarding

Urgent and emergency services

training and most nursing staff had completed their training. The safeguarding training compliance rate for nurses had improved since the last CQC inspection in September 2018.

- The compliance rate for level 3 safeguarding children training for adult nurses was 88% and 100% for paediatric nurses. The compliance rate for healthcare support workers was 89% for those who worked with adults and 100% for those who worked in the paediatric unit. Compliance with safeguarding adults level 2 training was 89% for adult nurses and 100% for paediatric nurses.

- Medical staff compliance with safeguarding adults and safeguarding children training was low, at 55% and 53% respectively. However, the trust had introduced bespoke level 3 safeguarding training for junior doctors working within UECC, in conjunction with a named safeguarding doctor.

- Staff could contact the safeguarding team for support and advice. At weekends or at night, there was a band 6 or above senior nurse routinely rostered within the department to cover the 24-hour period. Additional support was provided by the nurse in charge in adult ED and the clinician in charge, and by the matron of the day, who also provided support across the whole hospital. There were documents and advice on the trust intranet, identifying clear processes in escalating a safeguarding concern, and how to escalate to the local authority. Specialist safeguarding was available 24/7, externally via the MASH (multi agency safeguarding hub).

- CPIS (child protection information sharing) system and SystmOne had been implemented within paediatric services within the Rotherham UECC. This process enabled gathering information about a child's safeguarding history.

- The quality assurance process to monitor and ensure children and young people were being appropriately safeguarded still required further improvement to embed it within UECC. Staff did not always act in a timely way when they had safeguarding concerns. However, the trust had made progress since the previous CQC inspection in September 2018. For example:

  ▪ Weekly safeguarding meetings held with UECC had been introduced to share learning and discussed potential risk to children and young people. Action logs were set and RAG rated to ensure appropriate action was taken to safeguard children and young people. Monthly briefings were circulated to capture key messages from these meetings.

  ▪ Safeguarding was a standard agenda item at UECC governance meetings.

  ▪ A seven-minute briefing had been introduced to support with sharing and disseminating learning within the trust every month. Each brief included a message to capture and document the voice of the child, key safeguarding themes and links to guidance and processes.

  ▪ There was a new system of audit to support improvement.

  ▪ There were monthly trust-wide safeguarding nurse link champions meetings, at which UECC was represented.

- Safeguarding supervision was being introduced as standard practice within UECC. We saw dates had been organised throughout the year and there were opportunities for one-to-one case-specific supervision as required.

- The children's safeguarding team had developed an in-house training package for staff to become a safeguarding supervisor. There were 21 members of staff currently trained, one of which was from the paediatric unit. Paediatric doctors attended monthly peer review safeguarding case supervision meetings.

- We still had some concerns about the documentation of safeguarding within records and managers recognised there was more work to be done. In some records were viewed there was limited safeguarding information within the trust records and there were inconsistencies in the parent's details being documented and lack of the family composition, for example, no sibling details recorded.

- Within the UECC, children and young people had their safeguarding risk assessed using some generalised safeguarding questions. Whilst we did see evidence that the boxes had been ticked there was a lack of a comprehensive risk assessment.

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- We reviewed one case of a young person who attended with self-harm and suicidal thoughts. This person had a social worker and was living with a relative other than their parents. In the records there was a lack of a comprehensive history and no voice of the child captured, however there were no missed opportunities to safeguard identified.

- Practitioners reported they completed MASH (multi agency safeguarding hub) referrals but the outcomes were often unknown unless children's social care contact them. Not all staff working in the adult department were taking responsibility for completing safeguarding referrals where children and young people were involved.

- Referrals were made to MASH in two of the nine cases were viewed although the completed referral was attached to the record in only one of those cases. In this case the referral was appropriate as the child had suffered an alleged assault. However, information recorded was incomplete; family information was missing, no risk analysis and no evidence of the voice of the child had been recorded.

- There was inconsistent use of safeguarding flagging and alerts within clinical records. Practitioners were not always aware of potential additional vulnerabilities when accessing personal records and there was an over reliance on community records, which were accessed by the 0-19 team.

- Evidence of consent within children's and young people's records was not consistently evident. Practitioners reported that consent was not embedded into the electronic records so there was an over reliance on practitioners to gain consent and include this within their assessment.

- Paediatric liaison was well-embedded within UECC. Information was shared with relevant community health services such as the 0-19 service and GPs in a timely manner.

Cleanliness, infection control and hygiene

- The service controlled infection risk well. Staff used equipment and control measures to protect patients, themselves and others from infection. They kept equipment and the premises visibly clean.

- Areas within the department were clean and had suitable furnishings which were clean and well-maintained. Patient rooms were cleaned between patients and waiting area floors and seating were in excellent order. Patient toilets were clean.

- Cleaning records were up-to-date and demonstrated that all areas were cleaned regularly. Throughout our inspection we saw cleaning staff present in the department.

- Staff followed infection control principles including the use of personal protective equipment (PPE). Staff were bare below the elbows and had their hair appropriately tied back.

- Staff cleaned equipment after each patient contact and labelled equipment to show when it was last cleaned. We observed this practice throughout the inspection.

- In the paediatric waiting area, bright, wipe clean seating was available for those waiting. Activities were provided for children including a range of toys which were cleaned and checked regularly. This was an improvement on our previous inspection.

- The cubicles in the paediatric area were well stocked, tidy and uncluttered.

- Mattresses we checked were in good condition and met infection prevention and control standards.

Environment and equipment

- The design, maintenance and use of facilities, premises and equipment kept people safe. Staff were trained to use equipment and managed clinical waste well.

- Patients could reach call bells and staff responded when called.

- The service had suitable facilities to meet the needs of patients' families. There was a relatives room and viewing room where relatives or friends could spend time with their loved one after they had died.

- There was a dedicated paediatric area within the UECC. Paediatric patients were booked in at the main

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reception and were directed to wait in the paediatric waiting area to be triaged in the paediatric area of the department. There were five paediatric consultation and assessment rooms.

- Paediatric patients arriving by ambulance went straight through either to the resuscitation area or nurse assessment area. There were six beds in the resuscitation area (a combined area for both adults and children). Any of these could be used for paediatric resuscitation if needed. The paediatric emergency resuscitation equipment trolleys were located next to one bed but could be moved as required.

- The service had enough suitable equipment to help them to safely care for patients. This had been serviced and maintained in line with manufacturer guidance.

- We found the general environment was visibly clean, well maintained and free from clutter.

- All the equipment we saw had labels to show they had been serviced and electrical safety tested. The paediatric consultation rooms were not particularly child friendly but had a few child friendly stickers on walls. Plans were in place to engage with a local charity to decorate the rooms with colourful murals.

- We looked at the paediatric emergency equipment in the resuscitation area and the UECC paediatric area. There was a sealed neonate emergency box located in the emergency area of the UECC.

- Staff disposed of clinical waste safely. The clean and dirty sluice were in good order, clean and tidy.

- We looked at resuscitation trolleys. The theatres department were responsible for all resuscitation trolleys throughout the organisation. They recorded when medication was due to expire and replaced the entire trolley with a new one. If a resuscitation trolley was used, the theatres team were notified and a replacement trolley was brought immediately to replace the used trolley. All trolleys were sealed and numbered. This meant that staff in the department did not have to carry out resuscitation trolley checks.

Assessing and responding to patient risk

- At our previous inspection in September 2018, we had concerns that there was not always a doctor present within the paediatric department. We told the trust there must be full-time medical oversight of, and presence within, the paediatric emergency department, twenty-four hours a day, seven days a week. The trust took immediate action and submitted updates every two weeks to provide us with ongoing assurance of this. At this inspection we found evidence of improvement and senior managers had recently introduced a procedure to ensure there was robust oversight of the clinical decision-making process if a doctor could not be present within the paediatric unit.

- At our previous inspection, we had concerns about the length of time patients waited for initial assessment. We were particularly concerned about waiting times for children and young people. During this inspection we found an improvement in waiting times for initial assessment for both walk in and ambulance patients in both the adult and children's departments. However, patients were not always seen within 15 minutes as is best practice.

- All patients were triaged using the Manchester Triage System and paediatric patients were triaged by trained paediatric triage nurses. At our previous inspection we identified concerns with the length of time some patients waited for triage. At this inspection we saw triage waiting times had improved. We also saw changes made to the children's waiting area which allowed staff to observe patients waiting more easily. This reduced the risk of poorly patients deteriorating unnoticed.

- Staff monitored triage times daily to check any variations above the standard of 15 minutes. Senior leaders were in the process of introducing new metrics to identify patients with prolonged waits for clinician reviews and to ensure those patients were reviewed to ensure no harm had occurred as a result of the wait.

- At our previous inspection, there had been a high number (437) of ambulance black breaches between May 2017 and June 2018. Black breaches occur when a patient waits more than 60 minutes to be handed over to hospital staff. At this inspection, the number had reduced to 312 in the reporting period April 2018 to March 2019 against a background of increased attendances at UECC.

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- There were guidelines and clinical pathway documents in place for the management of sepsis and the management of patients with diabetic ketoacidosis (DKA). These were up to date and based on national guidance, such as from National Institute for Health Care and Excellence (NICE), Royal College of Emergency Medicine and the British Society for Paediatric Endocrinology and Diabetes (BSPED). Staff could access current guidelines through an electronic system.

- Staff we spoke with understood how to manage patients with sepsis and other life- threatening conditions. The trust's management of paediatric DKA patient's guidelines had been updated following an incident in March 2018 and the updates had been discussed with staff.

- We observed staff monitoring patients in both the paediatric and adult units. From the records we looked at and the care we observed, deteriorating patients were escalated appropriately.

- There was a policy in place which outlined the process for transferring acutely unwell child patients to the dedicated high dependency unit (HDU) located in the children's ward. Staff in the paediatric area were aware of this policy.

- Staff were also aware of how to access the EMBRACE service for the transfer of acutely unwell child patients to other hospitals.

- Deteriorating patients were managed within the department and transferred to other departments once stable. Staff told us there were often delays transferring patients to other departments due to bed capacity within the hospital. Most of the staff we spoke with expressed concerns about the flow of patients through the department.

- The department used paediatric observation priority scores (POPS) to monitor children and national early warning score (NEWS2) to monitor how unwell adult patients were. Of the nine records we looked at however, NEWS2 or POPS were recorded in five. We also reviewed a POPS audit report in which 11 records had been reviewed. This report showed good compliance with the tool.

Nurse staffing

- At our previous inspection we had significant concerns about staffing levels in the paediatric department. We told the trust it must ensure there was always a minimum of two registered sick children's nurses (RSCN) on duty . The trust took immediate action, recruited additional staff and submitted updates every two weeks to provide us with ongoing assurance of this. At this inspection we found nurse staffing levels had improved in the paediatric ED.

- The paediatric department had recruited additional senior RSCNs at band 6 and band 7 as well as additional band 5 RSCNs. This made sure the department met our minimum staffing level conditions. Staff spoke positively about the impact this had on the unit and their ability to provide safe and effective care to patients.

- We asked the trust to provide us with information about fill rates which represent the number of staff the department has funding for per shift compared to the number of staff who actually worked a shift. Low fill rates can reflect staffing issues. However, fill rates do not always accurately reflect how many staff the department needs to ensure safe staffing levels. Evidence showed that the fill rates for the paediatric unit (for both registered and unregistered staff) were consistently high since the last CQC inspection in September 2018 and demonstrated ongoing compliance with our requirement.

- We had some concerns about the level of staffing in the adults' ED. We were concerned because staffing levels can have an impact on staff ability to identify and react to a deteriorating patient.

- Although fill rates were consistently above 90%, staff working in the adult teams told us they felt under pressure and could not always deliver the care they wanted to or spend time with patients due to staffing pressures. On the day we visited, planned nurse staffing was for 10 registered nurses, and there were only eight on duty.

- Managers had recognised the need to increase the nurse staffing numbers in the adults ED and were working on a business case to secure funding to recruit more staff. Senior leaders completed the NHS Improvement capacity and demand model for nurse staffing in adults (and paediatrics). The required uplift

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to resource temporary staffing had been identified and the final staffing requirements was awaiting formal approval in line with the full nursing establishment review undertaken by the chief nurse.

- When the department became exceptionally busy, there was an escalation plan in place to request support from senior managers across the trust. During our inspection, we saw this happen. Staff we spoke with told us the support we witnessed was not unusual at times of escalation. The department had also recently introduced a full capacity plan which again supported staff at times of pressure.

- We observed staff handing over patients and found this to be comprehensive.

Medical staffing

- At our previous inspection we had significant concerns about staffing levels in the paediatric department. We told the trust it must ensure there was always a minimum of one doctor on duty in this area. The trust took immediate action. At this inspection we found that a doctor was present in the paediatric area at all times.

- Doctors staffed the department 24 hours a day seven days a week. Emergency department consultant presence was on site between 8am and 10.30pm every day. Rotas submitted to us every two weeks showed no significant gaps, and we were therefore assured that medical staffing was at a safe level.

- We observed doctors discussing patients and handing over relevant information to colleagues. We had no concerns about this process.

- We spoke with junior and middle grade doctors and they told us they were happy with the clinical training and support they received in the department. They spoke of consultants sharing knowledge and experience and were able to ask questions and learn in a supportive environment.

- The medical director had recently introduced a new CESR), Medical Training Initiative (MTI) and (non-training) Fellowship Development Lead post. Interviews were scheduled to be take place over the coming months. The plan was for this role to further

drive the development and support of the trust's CESR doctors, and also be the trust's SAS/trust grade ambassador, with a view to increasing the support to all trust grade doctors.

- The trust used very few ad-hoc locum doctors, most were long-term on bank. All locums had a full trust induction, they were involved in teaching and clinical shop-floor case-based discussions, and they had a supervisor.

Records

- We looked at ten sets of records. Records were stored both electronically and on paper.

- Not all of the paper records that we checked were dated or signed by medical professionals. However, all paper notes were clear and legible.

- Electronic record keeping was good. Staff explained how systems could be used to place prompts on patient records so that aspects such as repeat observations and routine checks were not overlooked.

- Audits of records to ensure the use of appropriate monitoring tools to identify the deteriorating patient showed that on the whole, records were well completed and it was easy to identify when a patient's condition was getting worse.

Medicines

- We looked at how medicines were being managed with in the adult and paediatric units. We identified some concerns about the management, storage, recording and monitoring of medicines, particularly controlled drugs.

- Staff were not always managing controlled drugs appropriately. We found gaps in the controlled drugs record books and staff taking vials of medicines and not recording how much they had used and how much had been discarded. We also found a controlled drug that had not been recorded. Staff told us they were unsure how it had got there, had previously gone missing, only to later reappear. We reported our concerns about this medicine and the other controlled drugs to the trust's chief pharmacist.

- There was no separate storage for controlled drugs in the paediatric area. This meant that one of the two nurses on duty would need to leave the area every

time a controlled drug was needed from the store in the adult area. Staff told us that this could take time to find a second nurse to countersign for them, and that they would consider carefully whether there was any alternative to using controlled drugs given how time consuming it could be for them to obtain them and how long they would have to be absent from the paediatric area. The trust told us that there were plans to install a controlled drugs cupboard in the paediatric area and this was installed immediately after our inspection.

Incidents

- Never events are serious patient safety incidents that should not happen if healthcare providers follow national guidance on how to prevent them. Each never event type has the potential to cause serious patient harm or death but neither need have happened for an incident to be a never event.

- From August 2018 to July 2019, the trust did not report any serious incidents which were classified as never events for urgent and emergency care.

- In accordance with the Serious Incident Framework 2015, the trust reported seven serious incidents (SIs) in urgent and emergency care which met the reporting criteria set by NHS England from August 2018 to July 2019.

- A breakdown of incidents by incident type are below:

  - Four treatment delays meeting SI criteria.

  - One abuse/alleged abuse of child patient by third party.

  - One diagnostic incident including delay meeting SI criteria (including failure to act on test results).

  - One incident category pending review.

  - Of the seven serious incidents reported, three related to children attending the trust's urgent and emergency care department (two treatment delays, one abuse/alleged abuse).

- The medical director and chief nurse co-chaired a weekly serious incident review panel, and staff from UECC attended when necessary. We attended this as part of the inspection and found the process was robust with appropriate and rigorous challenge.

- Staff understood their role in relation to duty of candour. Providers of healthcare services must be open and honest with service users and other 'relevant persons' (people acting lawfully on behalf of service users) when things go wrong with care and treatment, giving them reasonable support, truthful information and a written apology. Staff were familiar with the phrase, 'being open and honest'. Senior staff in the department took responsibility for the formal duty of candour process. They could describe it and give examples of when they had used the process.

- Staff we spoke with told us they received feedback about incidents they had reported at handovers and some information about lessons learned.

- Managers told us that all staff groups took responsibility for reporting incidents and were encouraged to do so. Managers also told us there was a strong self-reporting culture. The patient safety team provided training to staff, including consultants and junior doctors. The number of incidents reported by medical staff was tracked and monitored and we found that there was tighter management of incidents within the department.

- We discussed incidents with staff. All the staff we spoke with were aware of the process for reporting incidents and had access to the electronic reporting system. Staff told us they reported incidents.

- Senior staff in the department attended mortality and morbidity meetings and fed back information to staff at team meetings and huddles.

Are urgent and emergency services effective?
(for example, treatment is effective)

Requires improvement 🟠

Our rating of effective stayed the same. We rated it as **requires improvement.**

Evidence-based care and treatment

- At the previous CQC inspection in September 2018, we found care and treatment did not always reflect current evidence-based guidance, standards and best

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practice. Implementation of evidence-based guidance was variable. Care assessments did not consider the full range of people's needs. At this inspection, we saw evidence of improvement.

- Staff in the department used a variety of pathways and NICE guidelines together with Royal College of Emergency Medicine (RCEM) guidance to support them to achieve effective outcomes for patients in their care.

- We saw guidance on the trust's intranet which staff had access to, for instance, around the identification and management of sepsis, which was based on NICE guidance. There were links to trust wide policies, standard operating procedures, checklists and additional support information. However, we saw that only 65% of the trust's policies were in date. This meant there was a risk that patients may not be receiving best practice care and treatment.

- The governance lead in the department ensured new NICE guidelines were disseminated amongst staff. Patient safety and medication alerts were brought to staff attention and practice guidelines were changed in accordance.

Nutrition and hydration

- In the CQC Emergency Department Survey (published October 2017), the trust scored 6.7 for the question "Were you able to get suitable food or drinks when you were in the emergency department?". This was about the same as other trusts. We saw evidence, while in the department, that patients had been offered food and drink.

- Patients were offered drinking water regularly. Relatives could access drinks and snacks through vending machines in the main UECC waiting area. However, there were no healthy snacks available in these machines. Healthier options were available in the main hospital, a short walk away.

- If a patient had special dietary needs and they were admitted, they would be seen by a specialist dietitian on the appropriate ward. UECC could also access specialist dietary needs through catering in hours or on AMU out of hours.

Pain relief

- In the CQC Emergency Department Survey, the trust scored 5.0 for the question "How many minutes after you requested pain relief medication did it take before you got it?" This was about the same as other trusts.

- The trust scored 7.2 for the question "Do you think the hospital staff did everything they could to help control your pain?" This was about the same as other trusts.

- The department had systems and processes in place to support staff to assess and record the pain patients had, including for patients who had difficulty communicating. We saw staff had access to appropriate pain relief medication.

- We observed triage and witnessed patients being given pain relief if they needed it.

- When we looked at patient records (adults and children) we found pain scores had been recorded at initial assessment. Pain scores were not always reassessed.

- We asked six patients in the department if they had been asked about pain or offered pain relief and they all told us they had.

Patient outcomes

- The trust is participating in NHS England & NHS Improvement's Clinical Review of Standards field test of revised access standards. Reporting against the 4-hour standard is not required by NHS England and Improvement during the field testing which started in May 2019. Performance against the revised standards is not publicly reported to prevent any misinterpretation. (Source: Memorandum of Understanding Relating to the arrangements regarding participation in the Clinical Review of Standards field testing of national urgent and emergency care access standards, NHS ENGLAND & NHS IMPROVEMENT)

- We reported Royal College of Emergency Medicine (RCEM) audit results (2016/17) in our previous inspection report therefore we have not repeated the results in this inspection report. Rotherham Hospital emergency department failed to meet any of the national standards.

- At the previous CQC inspection in September 2018, we told the trust it must carry out clinical audit and other

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quality assurance activity to ensure patients were receiving care and treatment in line with national and RCEM guidance. We told the trust it should participate in RCEM clinical audits as a method of benchmarking against other services nationally.

- At this inspection, we saw some evidence of improvement. There was an audit plan and the UECC participated in some local and national audits to monitor and measure the effectiveness of care.

- Audits included fractured neck of femur, emergency admissions, paediatric and adult priority 2, pain in children, major trauma audit, seven-day re-attendance in children, hand hygiene, mental capacity act adherence trust wide and paediatric early warning scores. The reports showed there was some room for improvement and action plans detailed actions to take to improve.

- However, leaders acknowledged further work was required on action plan production and embedding the system within the unit.

- The UECC had participated in the feverish child, vital signs in adults and VTE risks in lower limb immobilisation national quality improvement projects. At the time of inspection, the reports were currently being reviewed and action plans created.

- From June 2018 to May 2019, the trust's unplanned re-attendance rate to A&E within seven days did not meet the national standard of 5% but was better than the England average. The trust's unplanned re-attendance rate ranged from 6.0% to 7.0% compared to the England average which ranged from 7.9% to 8.5%.

- We spoke with staff about how they managed frequent attenders. Most staff told us they recognised familiar attenders and knew what actions they should take to support them. Staff described how they had treatment plans for regular attenders to the department, particularly those with mental health diagnoses to support them in achieving the best outcome for such patients. Good links with the local mental health trust and psychiatric liaison team meant they were able to support people promptly when needed.

- We saw staff had access to a sepsis screening tool and a pathway to support them in identifying and

managing a patient with sepsis. Information about sepsis was readily available to staff via the electronic patient record. The trust had sepsis policies and three separate assessment tools for different aged children.

Competent staff

- The trust sent us information about appraisal rates in the department. As of July 2019, the department had an overall appraisal rate of 89%.

- Newly qualified staff who joined the department were allocated a mentor as part of their preceptorship and all staff joining the department for the first time also received an induction.

- Staff reported that the induction to the department was useful because there were items of equipment that they would otherwise have been unfamiliar with. Senior staff were responsible for signing staff as competent to carry out specific tasks. During our inspection we saw staff who had not been signed as competent observing colleagues to make sure they carried out procedures correctly. We had concerns about this because it increased the risk to patients of mistakes being made.

- The department had weekly teaching sessions where specific topics such as equipment, medical conditions or treatments were discussed. This was open to all staff however sometimes staff found it difficult to attend due to staffing pressures.

- The department carried out simulation training for staff to ensure they were able to work confidently in unknown scenarios such as a chemical spillage or a shooting. This was a learning exercise but also gave staff confidence in real life situations. An external review by NHS England found the trust to be 'well prepared' for such incidents.

- Staff in the department spoke about additional competency training available over and above their mandatory training such as by attending clinical skills courses or CRUMPET (cross speciality multidisciplinary paediatric emergency training). Records the trust supplied showed 10 members of staff had completed CRUMPET training since January 2019.

- Study days were available for all staff to attend including monitoring of vital signs in paediatric patients and sudden death scenarios.

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Multidisciplinary working

- The department operated 24/7 and staff we spoke with reported no issues with response times for diagnostic or pathology results that had been ordered.

- Staff confirmed that they had 24/7 access to diagnostic services such as x-rays or computerised tomography (CT) however, TARN results showed there were some delays in accessing head CT in a timely way.

- Pathology support, such as blood testing was available 24/7 and staff reported no issues with the accessibility of the service or its response times which we were told was usually within an hour. The department could also carry out its own point of care testing for some blood tests.

- The department worked closely with a frailty team to support patients who had additional health and social care needs. They were able to arrange access to equipment such as walking aids and could organise short term social care for patients. This meant patients who were medically well enough to go home were supported to do so. Admission avoidance was beneficial for patients and assisted with bed availability and flow through the ED.

- Staff were able to access patient information using an electronic system. This included information such as previous clinic letters, test results and x-rays. Staff could also access patient GP records with the agreement of the patient. This meant that staff had information about the most up to date medications, health conditions and symptoms to enable them to make a better diagnosis and treatment plan.

- Staff could access support for patients living with autism or a learning disability via the trust wide learning disability team.

- Patients could access support for addiction and substance misuse via the psychiatric liaison service. The alcohol dependency nurse regularly attended departmental and governance meetings.

- The trust worked with local care providers such as community health teams to provide a team who supported patients in their own homes and prevented admission and reattendance.

- We observed an ambulance handover in the paediatric area. The patient was taken straight through to an assessment room to be seen. A full handover commenced immediately between ambulance staff and paediatric nursing staff and the dialogue was respectful, cooperative and thorough. This included a full patient history and details of other people living in the home.

- Staff told us the paediatric liaison nurse was visible and visited the department regularly. This was a new post established since the previous inspection to improve links and communication between the paediatric ward and UECC.

Health promotion

- The department had systems and processes in place to ensure that people who may need extra support around their health needs were identified. For example, there was access to drug and alcohol support and mental health support available to patients.

- The frailty team identified patients who were frail or elderly and who may need extra support to ensure a safe and effective discharge. This team worked closely with outside agencies to ensure that patients leaving the department were looked after so promoting better health amongst those vulnerable patients who had visited the department.

- We saw posters displayed in the department around health promotion. Patients were supported and encouraged to manage their own health. For example, there was information about smoking cessation, weight loss and leading a healthier lifestyle. The department was promoting a new Rotherham Health App giving details of integrated services and enabling patients to self-refer to services such as physiotherapy.

- Staff told us they would discuss healthier lifestyles with patients if it was appropriate and relevant to their presenting condition.

Consent, Mental Capacity Act and Deprivation of Liberty Safeguards

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- Staff understood the importance of consent when delivering care to their patients and displayed a good understanding of the requirements of the Mental Capacity Act (2005) or knew where to obtain expert help, such as from the psychiatric liaison team.

- We observed staff seeking consent from patients prior to examination and treatment. In the majority of cases this was implied consent and not documented. We observed staff explaining to patients what they were going to do. We saw staff doing this well with patients who were confused or vulnerable. When an intervention was required, formal written consent was sought. We saw in records of patients that staff had completed capacity assessments and used the correct forms to consent patients who were unable to consent.

- Staff told us they explained procedures to patients and made sure they understood any risks and possible complications before asking them to sign. Consent forms were held within medical records.

- Staff in the department, particularly those working within the paediatric unit were able to accurately describe the tests for assessing competence to consent to treatment for patients aged under 16 years. Staff received additional specific training on consent and how to assess capacity to consent in a patient.

- Staff understood who could give consent on behalf of a patient and when an advocate or best interest decision should be used for patients who lacked or had fluctuating capacity. Staff described making best interest decisions on behalf of patients and when they might do this.

- The Deprivation of Liberty Safeguards (DoLS) provide legal protection for those vulnerable people aged 18 and over who are, or who may become, deprived of their liberty. The safeguards exist to provide a proper legal process and suitable protection in circumstances where deprivation of liberty appears to be unavoidable, in a person's own best interests.

- The trust had undertaken a training needs analysis for mental health and Mental Health Act training. Despite the likelihood of patients detained under the mental health act, or with serious mental health conditions being brought to the department, this was not available as separate training for staff. We were

therefore concerned about patients detained under the Mental Health Act as we were not assured staff were up to date with the latest practice and guidance. The trust was due to implement separate Mental Capacity Act training from April 2020. There was a plan to introduce mental health awareness training as essential for relevant healthcare professionals from October 2019.

- Information provided by the trust showed dates had been arranged in 2019/20 for training about suicide, self-harm and common mental health conditions and an afternoon session which is the mandatory receipt and scrutiny training for the site managers. The training was planned to be delivered by staff from the local NHS mental health trust.

- When we spoke with staff, they told us they would look to the senior clinicians on duty or the psychiatric liaison team for guidance.

Are urgent and emergency services caring?

Good ●

Our rating of caring improved. We rated it as **good.**

Compassionate care

- The trust's urgent and emergency care Friends and Family Test performance (% recommended) was better than the England average in 10 of the 12 months from June 2018 to May 2019.

- Trust performance ranged from 71.4% (February 2019) to 97.8% (June 2018) compared to the England average which ranged from 87.7% to 85.3%.

- At the previous CQC inspection in September 2018, staff told us staffing pressures meant they could not always offer the level of care and support they wanted to. We saw, and some relatives told us, patients were sometimes ignored when they were calling out or buzzing for assistance. At the inspection, we saw evidence of improvement.

- Staff were discreet and responsive when caring for patients. Staff took time to interact with patients and those close to them in a respectful and considerate

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way. Staff closed cubicle doors and lowered blinds when care and treatment was being given. Patients described to us how staff treated them with respect when they addressed them.

- Patients and those close to them told us that they were happy with the care provided to them. We saw staff introducing themselves to patients by name and displaying a caring attitude towards them.

- Staff mostly followed policy to keep patient care and treatment confidential however we did find some examples of confidential patient information left unattended around the department and information filed in the wrong patient's record.

- Staff understood and respected the individual needs of each patient and showed understanding when caring for or discussing patients' health needs.

- Staff understood the personal, cultural, social and religious needs of patients and how they may relate to care needs.

Emotional support

- Staff gave patients and those close to them help, emotional support and advice when they needed it. Staff reassured patients and stayed with them until they felt reassured although during peak times, this was not always possible.

- Staff told us they sometimes found it difficult to support people as much as they wanted to when the department was busy, however we saw staff working hard to make sure that no matter how busy the department was, patients received emotional support.

- We observed all staff talking with patients and relatives in a calm way and offering reassurance to both concerned patients and their family members. We saw good interaction between a member of porting staff and the relative of a patient who were themselves frail and elderly. The porter checked how the relative was feeling and offered to carry their things for them.

- Staff understood the emotional and social impact that a person's care, treatment or condition had on their

wellbeing and on those close to them. Staff gave information about support services available to patients, carers and family members if this was required.

- There was pastoral support available for patients of any or no religious belief.

Understanding and involvement of patients and those close to them

- Patients were given information about and supported to make decisions about the treatment they would like to receive. Parents told us that both they and their children were involved in discussions about treatment options.

- During our inspection, we witnessed some good interactions with patients however predominantly, staff were task oriented due to time and staffing pressures. Staff did not always have the time to explain to patients why they were waiting or what the next stage of their treatment or care was. This meant patients and those with them were sometimes unsure about delays and next steps. Staff did try to consider patients' emotional and social needs.

- Staff made sure information they gave was in language the patient and their family could understand without complicated medical terminology. Staff gave patients and relatives the chance to ask questions and time to think before making any decisions. Patients and relatives had no complaints about how information was presented to them.

- We observed positive interaction between a member of paediatric nursing staff and a young child under the age of consent. The member of staff spoke directly to the child (rather than to their parents), asked them when their birthday was and how they were feeling. We saw the whole family including the patient responding positively to this inclusive practice.

- Patients told us staff responded compassionately when people needed help and supported them to meet their personal needs as and when required.

- We saw relatives and carers were able to accompany the patient in to the clinical areas and stay with them whilst they waited for care and treatment.

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Are urgent and emergency services responsive to people's needs?
(for example, to feedback?)

Requires improvement ●

Our rating of responsive stayed the same. We rated it as **requires improvement.**

Service delivery to meet the needs of local people

- Facilities and premises were appropriate for the services being delivered. The department was situated in a purpose-built location. In the case of a child needing to be in the resuscitation department, the department had a dedicated paediatric resuscitation bay.

- Staff could access emergency mental health support 24 hours a day, seven days a week for patients with mental health problems, learning disabilities and dementia.

- The service had systems to help care for patients in need of additional support or specialist intervention. There were some pathways to other departments meaning patients did not always have to wait in UECC for their treatment.

- Rotherham Hospital accepted a wide range of patients including those suffering trauma, cardiac arrest, surgical emergencies and obstetrics and gynaecology emergencies. More seriously ill patients and those suffering from a stroke were taken to other appropriate organisations.

- The UECC was staffed by consultants between 8am and 10.30pm every day. The department was not always meeting the RCEM 'rule of thumb' recommendations for consultant cover of 16 hours each day although nursing and medical staff told us consultants frequently stayed later than 10.30pm even though they were not rostered to. All staff told us that consultants often worked beyond their contracted hours when the department was busy.

Meeting people's individual needs

- The waiting rooms for adults and children were able to accommodate wheelchairs and mobility aids and there were dedicated disabled toilets available.

- There were facilities, such as chairs and wheelchairs, for bariatric patients and some trolleys were designed for larger patients.

- The trust had access to interpreting services for people whose first language was not English. Staff we spoke with told us that family members were sometimes used however; interpreting services were available if required via telephone. They also understood that family members should not be used and gave the rationale for this. It is not best practice to use family members for several reasons including reliability of translation and patient confidentiality.

- There were private and quiet areas for relatives to wait whilst patients were being treated and there were relatives' rooms close to the department.

- When a patient passed away, whenever possible, they were moved to a side room so that family could have privacy to visit. The family room was in a quiet part of the department, had a private bathroom, viewing room and seating area with hot drinks available. However, there was no information in the room to support and inform relatives of deceased patients.

- Staff we spoke with told us that whenever possible, people living with dementia or a learning disability were seen as quickly as possible in order to minimise distress for the patient however this was not always possible.

- There was access to chaplaincy services for patients and relatives of different faiths or none. Pastoral support was available to those who needed it.

- Patients with purely mental health needs waited in the mental health room. This room had been risk assessed and met specific required criteria such as no ligature points, two exits and missile proof furniture. However, we noted they had active electrical sockets that could be used by patients to harm themselves. Each patient was risk assessed to make sure they were placed in a room that met their needs and reduced the risk of them harming themselves.

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- Staff in the department had access to 24/7 psychiatric liaison support or child and adolescent mental health services (CAMHS) with a quick response time. Any patients who presented with a mental health condition were referred to one of these teams.

- The department had links to a specific team who carried out a comprehensive assessment of frail or elderly patients present in the department with a view to carrying out a holistic assessment of their physical, mental and social needs and arranged safe discharge for them.

Access and flow

- At our previous inspection in September 2018, we had concerns about the length of time patients waited in the department, from initial assessment waiting times to waits to be moved to a cubicle and waits to be moved to a ward once a decision to admit had been made. Managers and staff recognised there were issues regarding flow within the unit and had taken steps to manage this.

- Triage times were monitored daily to check any variations above the standard of 15 minutes. Since our previous inspection, the trust has provided us with regular two-weekly updates about waiting times. Triage times in paediatrics had improved since our last inspection because there were more staff available in the department to triage and manage patients. Triage time was consistently below 15 minutes (on average). However, the time to be seen by a doctor remained high.

- The Royal College of Emergency Medicine recommends that the time patients should wait from time of arrival to receiving treatment should be no more than one hour. The trust did not meet the standard for any month over the 12-month period from June 2018 to May 2019. From June 2018 to May 2019 performance against this standard fluctuated, ranging from a mean of 65 minutes to 82 minutes. The England average for the same period ranged from 56 minutes to 66 minutes.

- The trust is participating in NHS England & NHS Improvement's Clinical Review of Standards field test of revised access standards. Reporting against the 4-hour standard is not required by NHS England and Improvement during the field testing which started in

May 2019. Performance against the revised standards is not publicly reported to prevent any misinterpretation. (Source: Memorandum of Understanding Relating to the arrangements regarding participation in the Clinical Review of Standards field testing of national urgent and emergency care access standards, NHS ENGLAND & NHS IMPROVEMENT)

- The trust had introduced a new streaming process and was working closely with the emergency care intensive support team (ECIST), a clinically led national NHS team that has been designed by clinicians to help health and care systems deliver high quality emergency care.

- At our previous inspection, we told the trust it must work with specialty teams so patients did not have long waits for decisions about admission or discharge, to improve flow through the department. Following that inspection, the medical director had worked closely with all divisional directors and the clinical lead for UECC to jointly develop and agree the trust's new Safe & Sound Internal Professional Standards (SSIPS), along with a "What Goes Where" chart clearly annotated what patients should go to which specialty. The eleven standards had been developed in line with CQC and other national best practice guidelines, and designed to improve patient flow, timely decision-making and, ultimately, patient care. Managers recognised the standards needed to become embedded and had plans for regular monitoring.

- Despite this improvement and introduction of standards, we saw incidents that showed people were still waiting long times for tests, to be admitted to wards or reviewed by specialists. For example, one serious incident highlighted a two hour delay in identifying treatment for a patient with a life threatening heart condition.

- Senior leaders had decided that it was safer to keep patients in the department until a bed was available rather than move patients on to wards. This was to stop extra/additional patients being 'boarded' on the wards without dedicated bed space and additional nursing resource being available. Physicians visited the department regularly to clerk in patients so patients were ready for transfer to the medical wards.

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- Site managers were in constant contact with wards to identify free beds for patients to move to. During the inspection, we did not see any patients waiting in corridors to be moved to a ward.

- The department used rapid assessment and triage (RAT) for patients arriving by ambulance. The unit had not always been able to staff the unit all the time because it needed a consultant, nurse and health care assistant and there was not always spare capacity. The standard operating procedure for RAT was currently under review to improve flow.

- We saw some patients who had been waiting a long time had been moved from ED trolleys to hospital beds. This reduced their risk of developing pressure damage whilst they waited for a bed on a ward.

- The Department of Health's standard for emergency departments is that 95% of patients should be admitted, transferred or discharged within four hours of arrival in the emergency department. From July 2018 to April 2019 the trust failed to meet the standard in any of the 10 months and performed worse than the England average in eight of the 10 months. There was no data submitted to NHS England for May 2019 and June 2019 from the trust because the trust was taking part in a national pilot introduced by NHS England to look at other performance measures than the four-hour wait.

- From July 2018 to June 2019 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was worse than the England average over the winter period (December 2018, January and February 2019) and in June 2019. However, for the rest of the period trust performance was better than or similar to the England average.

- Over the 12 months from July 2018 to June 2019, two patients waited more than 12 hours from the decision to admit until being admitted.

- We tracked one paediatric patient's journey through the department. They needed to be admitted to the children's ward. They were seen promptly at every step and the child's parents told us they were well informed and knew what the next step was. The child was admitted to the ward an hour and three quarters after arriving at the hospital.

- From June 2018 to May 2019 the monthly percentage of patients that left the trust's urgent and emergency care services before being seen for treatment was consistently worse than the England average. Trust performance ranged from 4.0% to 7.0% of patients leaving before being seen, compared to the England average which ranged from 1.7% to 2.5% of patients leaving before being seen.

- From June 2018 to May 2019 the trust's monthly median total time in A&E for all patients was similar to the England average. Trust performance ranged from 154 minutes to 176 minutes compared to the England average which ranged from 146 minutes to 166 minutes. The was an improvement from the previous reporting period (August 2017 to July 2018) at the last inspection, where performance was worse than the England average.

Learning from complaints and concerns

- The department received 55 complaints between August 2018 and August 2019. Of these complaints, 19 took longer than the trust standard of 30 days to complete and close, 23 were answered on time and 15 were still open at the time of inspection, of which seven were overdue.

- This is not in line with their complaints policy, which states complaints should be resolved within 30 days unless complex, when extensions would be granted. It was unclear how many of the 55 complaints had been classed as complex by the trust, and, if so, whether they had been resolved within the agreed extended timescale.

- Current performance (at August 2019) was 68%.

- At the previous inspection in September 2018, we told the trust it should continue to work towards improving the response and resolution times to meet the 30-day target. In response, the trust was establishing a new triumvirate leadership model within the patient experience team and streamlining the process alongside increasing oversight and ownership within the divisions.

- The highest proportion of complaints related to clinical treatment with 24 complaints, followed by values, behaviours and attitude of staff with 11, and waiting times and failure to diagnose with eight each.

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- We saw information about how to raise concerns and complaints clearly displayed in the adults and children's departments.

- Members of staff we spoke with told us complaints were discussed at safety huddles to ensure all staff were made aware of the concerns and for shared learning.

- Nurses told us they would offer their apologies and escalate any concerns or complaints to a senior member of staff and ensure the details and their actions were documented in the patient's notes.

- Patients and relatives we spoke with were aware of how to make a complaint to the trust although none of the people we spoke with had made a complaint about the department.

- There was information about how to raise concerns about the department or the trust on display in the department and there were leaflets available for patients to take away with them.

- Staff were able to describe to us the action they would take if a patient or relative complained to them.

- Staff and managers told us feedback was given to staff when they were part of a complaint. Additional training was offered as a way of supporting staff when the issue related to clinical care.

- We spoke with staff in the department about compliments they received. Staff told us many patients verbally thanked them as they left the department but that these "thank yous'" were rarely recorded formally.

Are urgent and emergency services well-led?

Requires improvement ●

Our rating of well-led improved. We rated it as **requires improvement.**

Leadership

- Following the previous CQC inspection in September 2018, we had concerns about the leadership of the UECC. In response, there were changes in the leadership team and immediate action was taken to strengthen and improve management visibility, oversight of the unit and its performance. UECC became its own division, instead of a service within the overarching medicine division. New leadership posts were created, and the management structure changed. The UECC was now led by head of UECC/general manager, an operational and performance manager, a clinical lead and a matron with support from the chief nurse.

- When we spoke with the management team at our last inspection, we were concerned they had not recognised the department was unsafe due to staffing levels, particularly in the paediatric unit and were not fully aware of other challenges in the department. At this inspection we were assured that the management team and the executive team including the board were fully sighted on the challenges faced by the department and had plans to address them.

- Following our inspection, long term plans to improve staffing levels by recruiting additional staff for the paediatric unit were expedited. The management team had now also recognised the need for additional staff for the adult unit and were in the process of carrying out a staffing review with a view to recruiting more nurses.

- At the last inspection, we were concerned about a disconnect between the department leadership team and the executive team however at this inspection we were assured that communication from the board to staff and from staff to the board had improved. Senior staff were more visible in the department and frontline staff had a clearer route to accessing the management and executive teams.

- Managers recognised further work was required to embed the new leadership model within the unit. For example, some nursing staff we spoke with still gave us mixed feedback about leadership in the department because some felt they were not listened to, or their concerns not always taken as seriously as they thought they should be. We therefore still had some concerns about nursing leadership in the department. Some nursing staff also told us they had witnessed favouritism.However, were we assured improvements had been made since out last inspection.

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- Medical staff told us their local leadership was supportive, inclusive, and provided good direction within the department. Junior doctors were supported by their senior colleagues, mentors and educational supervisors.

Vision and strategy

- The department had developed objectives and aims for the future.

- At our previous inspection, we saw senior managers had focussed on the medium and long-term plans for the department and had less insight of the short term needs of the department. Since our inspection senior leaders and staff had taken immediate action to address the current challenges in the unit.

- We previously found workforce planning had underestimated the needs of the new department and had not fully considered the impact of the closure of the local walk in centre. As a result, the department had been left sometimes understaffed for junior doctors and registered sick children's nurses (RSCN). At this inspection we found this had improved and there was better middle grade and junior doctor cover and better RSCN cover within the department.

- Minor injury and GP support was provided by the department to manage patients. Managers in the UECC were aware of the changing and increasing demands on the department and the types of issue patients accessing the department were presenting with. Staff in the minor injury department told us there was a need for stronger links and better communication with the adult and paediatric units and the interface between the two services showed a lack of integrated collaboration.

- At our last inspection, staff felt excluded and undervalued. When we spoke with staff at this inspection, they told us that new senior staff had improved the situation, made them feel involved and had engaged with them more effectively. In the paediatric department particularly, staff felt that this had improved, though several told us they still felt they had some difficulties in being listened to.

Culture

- At the previous CQC inspection in 2018, we had concerns about the culture of the department. Some

staff felt the department was divided and they were not made to feel welcome by other staff in the department. At this inspection, we found evidence of improvement however we also received mixed responses from staff about the culture in the department.

- Some staff reported to us it was still a fragmented department with certain staff perceived to be receiving preferential treatment for shifts and annual leave because they were part of the "in crowd". Some staff did not feel that everybody was treated fairly. This was identified at our previous inspections. Some staff in the paediatric area told us that they did not feel the area was equitably treated and that the adult area took priority.

- Results from the 2018 staff survey (published February 2019) reflected the current climate amongst staff working within the unit. Only 26.5% of the staff who responded said they felt relationships at work were unstrained. This was worse than the overall trust score. However, the majority of staff who responded were satisfied with the support and encouragement from their immediate manager and from colleagues.

- At the last inspection, some staff told us they felt under extreme pressure, which had a detrimental impact on their health and managers were unaware of how staff felt. In the staff survey, 18% of those staff who responded felt the organisation definitely took positive action on health and well-being. However, during this inspection, staff spoke more positively and felt senior leaders had a better understanding of those pressures. One person described the previous lack of recognition of pressures as 'dire' and that they hadn't felt that they wanted to come to work, but told us it was a real pleasure to come to work now.

- The new leadership team were fully sighted on the issues and concerns and had taken steps to manage and improve the culture of the department. Since the last inspection, managers had created a number of different opportunities to consult with staff and involve them in the changes within the department. Managers undertook monthly culture checks and the chief nurse and chief executive maintained a regular

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presence. Senior leaders recognised that cultural change would not happen immediately but over sustained period of time, and that there was much more work to be done.

- Information provided by the trust's lead freedom to speak up guardian (FTSUG) highlighted evidence on ongoing work since the last CQC inspection in September 2018. FTSU was now part of the mandatory training programme for staff and the current compliance in the UECC was 92%. The UECC had its own FTSUG and three 'listening up' events had been held in the department in recent months.

- From what we observed, all staff were patient oriented and communicated professionally to ensure patients received care in an efficient way.

- Staff we spoke with were proud of the care they delivered although they expressed their frustration at not always being able to deliver the care they wanted due to staffing constraints.

- Staff we spoke with told us they could report concerns and incidents without fear of reprisals. They were less confident that when concerns were raised, they were dealt with or addressed quickly.

- If staff made an error they could report them and were confident they would be supported and managed fairly. Managers told us there was a strong culture of self-reporting within the department.

- On the whole, junior and middle grade medical staff told us the department had a learning culture that supported them to progress in their career.

Governance

- Clinical governance meetings took place regularly. We saw meeting minutes that showed staff discussed, incidents, complaints, the risk register, safeguarding, action plans and any other areas of concern in the department. Matron, the performance manager, general manager and senior clinicians, both nursing and medical attended. Information was disseminated to staff at handover and huddles.

- Minutes from departmental governance meetings covered risks and action plans, NICE guidance, standard operating procedures, incidents and complaints. Action plans were revisited as a standing

agenda item at subsequent meetings. Risks were presented at alternate meetings, assessed and discussed before being added or removed from the risk register.

- We observed one handover and two huddles. Some performance information was disseminated to staff however staff also had a responsibility to read meeting minutes themselves. These were posted on staff boards along with other important information. A closed Facebook group was used to disseminate information and learning, which staff felt was often more effective than meetings as they could access this when they had time to do so.

Managing risks, issues and performance

- At our last inspection, we told the department they must ensure two registered sick children's nurses (RSCN) were on duty in the paediatric ED at all times. We monitored this closely to make sure this took place. The trust provided us with regular evidence that it did and when we spoke with staff at this inspection, they also told us staffing in the paediatric ED had improved. Staff told us they no longer felt unsafe working in the department.

- Since our last inspection, senior leaders were now fully sighted on the risks to patients and staff and had taken action to improve the safety of patients in the department.

- We spoke with the management team of the UECC and they were able to clearly describe to us the challenges the department faced on a daily basis and also over time. This was an improvement since our previous inspection.

- The department had a process in place to escalate the status of the department if it was under pressure and had recently introduced a new escalation process although this was yet to be embedded at the time of the inspection. Managers told us this was a more robust process.

- When the department was under pressure extra support came from senior managers. Some staff felt the pressures in the department were not shared across the hospital and that some departments did not help or offer support, such as by assisting with transfers of patients. Staff told us about times when

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other departments could have come to collect patients, or send staff to help, but did not. Managers were aware of this and were looking at ways of making sure staff in other departments such as paediatrics helped out in ED at times of pressure.

- During the inspection, the department was very busy, and we observed how this was managed. The frontline team worked very well together to keep flow through the department moving and make sure patients received the care and support they needed whilst waiting for a bed on a ward. However, patients remained in the department because of a shortage of beds around the hospital to move them to. This posed a challenge to the department and a risk to patients waiting to be seen because there were no spare beds in the department.

- Managers told us about the risks within the department and how these were being addressed and spoke about their plans to improve safety for patients and protect the welfare of staff. At this inspection, plans focussed on the immediate and short-term risks as well as the medium and long-term ones.

- The department had business continuity plans in place to ensure the department continued to function in the case of an unexpected incident such as IT failure or adverse weather conditions.

- There were plans in place to manage major incidents and staffs from all disciplines told us simulation training took place regularly. The department senior clinical teams also used desk top exercises to plan for major incidents.

Managing information

- The department collected information used to monitor and manage performance. There were robust measures in place to monitor and manage the performance of the department against local and national indicators. These were closely observed by the management team. The department was taking part in a pilot managed by NHSE therefore they no longer collected information about the four-hour waiting time. The management team told us other metrics such as triage time, handover time and waiting time from decision to admit to admission were monitored to ensure they fully understood the status of the department and pressures within.

- The department used IT systems to collect and share information such as test and x-ray results, admission and discharge times and ambulance handover times as well as patient records. The department was working towards being paper free however, still had some work to do to achieve this. Clinical information was saved on the electronic patient record system used in the department however, paper records were also used, and we had some concerns about information being lost or missed because of the existence of dual systems. This included medical and nursing records and comfort rounds.This was also a concern at our previous inspection.

- Information was collated by an overarching system called SEPIA. SEPIA was developed internally by the Health Informatics Development Team and was constantly evolving and improving. It was used across the hospital and community and not just in ED. SEPIA allowed staff to access patient records such as previous clinic letters and discharge summaries as well as patient records in the community and allowed community staff to access wards and know if patients on their caseload were currently inpatients. This meant community staff did not make unnecessary home visits.

- SEPIA allowed staff working in ED and managerial and executive staff outside of ED to monitor the status of the department, such as bed status, waiting times and number of patients in the department. This information could then be used to decide if the department needed additional resource.

- Some information such as test results and discharge letters were shared with GPs with the consent and agreement from patients. This was administrated by reception staff.

- Patients transferred to other services or sites took photocopies of their medical records with them. This made sure receiving departments had the most up to date information about patients.

- The department had a large screen and several monitors showing the status of patients in the department. This meant staff could look at each area

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and see how busy it was. Although screens displayed some information about patients, names were not used. Thus, the privacy of patients in the department was protected.

- The trust had information governance policies and procedures in place to ensure that information was stored securely and protected patients' privacy and security.

- Staff were aware of their responsibilities in relation to data protection and making sure that information was accurate and managed securely. Data protection principles were not always followed by staff and we found printed sheets of paper with patient information on them unattended, accessible to other patients and the public. We also saw terminals logged on, left unattended on five occasions.

- When we looked at incidents relating to breaches of patient confidentiality, only two had been reported between 1st September 2018 and 19th August 2019. Both of these were reported by other departments. We therefore did not have confidence that breaches of confidentiality were reported by staff in the department.

- During the inspection, we saw TV screens present to display waiting times in the waiting area. These were not always up to date. The TV screens also displayed public health messages.

Engagement

- At the last CQC inspection we told the department it should look at improving staff and patient engagement. At this inspection we found the situation had improved and most staff felt more engaged than they had been. This was because of team leadership changes which meant staff had more contact with their line managers.

- Some staff still expressed frustration at not being able to carry out further engagement with other departments closely linked to the UECC. Staff also raised concerns that engagement was difficult because of staffing levels and not being able to attend meetings which could help improve links with other teams and facilitate better support for the department.

- Staff told us there were better links to the chief nurse and the newly appointed nursing and quality team than there had been at our last inspection. This gave staff some reassurance that their voices were being heard.

- In response to the concerns we raised about engagement at the last CQC inspection, senior leaders took immediate action and held listening events with staff However, some staff also told us sometimes they did not always feel as though information about changes in the department such as recruitment were shared with them although all staff agreed that this had improved since our previous inspection.

- The department participated in the friends and family test and CQC surveys.

- Patients and those close to them could provide feedback on the UECC via the friends and family test (FFT). Specially adapted FFT cards for children were on display in the paediatric are. Patients could also leave feedback on comments cards. Information about giving feedback, including via the Patient Experience Team, was also displayed in the waiting areas, provided in leaflets, and available on the trust website.

Learning, continuous improvement and innovation

- The department has been through a difficult period of change and work was making progress to make sure the department was safe and how the department could improve, become sustainable, effective and efficient.

- The department's clinical educator was working closely with other partners such as tissue viability nurses to develop bespoke courses. Part of this included tissue viability nurses spending some time working in the department, so they had full insight into the challenges and work done, to enable them to co-design the most effective and relevant training possible.

- There was a recognition by staff working in the paediatric area that it could be difficult for younger patients and their families to find their way around UECC and to locate the paediatric area. Staff had applied for funding to commission an artist to transform the waiting room into an exciting and more

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inviting environment. Themed consultation rooms and floor trails to and from these areas were planned to further engage patients and improve their experience in the department.

Requirement notices

Action we have told the provider to take

The table below shows the legal requirements that were not being met. The provider must send CQC a report that says what action they are going to take to meet these requirements.

Regulated activity	Regulation
Treatment of disease, disorder or injury	**Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment** • The trust must continue to improve working with specialty teams so patients do not have long waits for decisions about admission or discharge, to improve flow through the department. • The trust must ensure that medical staff working in the department are compliant with their mandatory training. • The trust must ensure that documentation and audit of controlled drugs is complete and accurate, including documentation of wastage.

Regulated activity	Regulation
Treatment of disease, disorder or injury	**Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment** • The trust must continue to improve the recording and reporting of safeguarding of vulnerable patients and make sure staff are given time and training to improve the standard of safeguarding referrals. Staff must be supported to improve their level of professional curiosity and provided with scheduled safeguarding supervision support.

Regulated activity	Regulation
Treatment of disease, disorder or injury	Regulation 18 HSCA (RA) Regulations 2014 Staffing

Requirement notices

- The trust must continue to maintain a minimum of two suitably qualified nurses in the paediatric area at all times.

- The trust must continue to maintain a doctor presence in the paediatric area at all times and timely access to senior input as required.