

Portsmouth Hospitals NHS Trust

Queen Alexandra Hospital

Quality Report

Queen Alexandra Hospital
Trust Headquarters
F Level QAH
Southwick Hill Road
Cosham
Portsmouth
PO6 3LY
Tel: 023 9228 6000
Website: www.porthosp.nhs.uk

Date of inspection visit: 25 April 2015
Date of publication: 06/08/2015

This report describes our judgement of the quality of care at this hospital. It is based on a combination of what we found when we inspected, information from our 'Intelligent Monitoring' system, and information given to us from patients, the public and other organisations.

Ratings

Urgent and emergency services

Requires improvement



Summary of findings

Letter from the Chief Inspector of Hospitals

Queen Alexandra Hospital is the acute district general hospital of the Portsmouth Hospitals NHS Trust. It is the amalgamation of three previous district general hospitals, re-commissioned into a Private Finance Initiative (PFI) in 2009. The hospital has approximately 1,255 inpatient beds, and has over 137,000 emergency attendances.

We undertook a comprehensive inspection of Portsmouth Hospital NHS Trust in February and March 2015. At this time we found patients who arrived by ambulance at the emergency department (ED) were at risk of unsafe care and treatment. We served two warning notices under safety for “care and welfare of patients” and “assessing and monitoring the quality of service provision” in the emergency department. These required the trust to make immediate action to improve the initial assessment of patients, the safe delivery of care and treatment, and the management of emergency care in the ED. We rated the safety urgent and emergency care services as ‘inadequate’

We undertook this unannounced focused inspection of Portsmouth Hospital NHS Trust to follow up on the warning notices served.

The inspection took place on 25 April 2015. The inspection team of four included a CQC inspector, and specialist advisors who were, an executive director from an acute hospital trust with an ED background, a consultant in emergency medicine, and a nurse consultant in paediatric emergency medicine

Overall, we rated safety in the urgent and emergency care services as ‘requires improvement’. This was an improvement from the previous rating of ‘inadequate’.

Our key findings were as follows:

- In February 2015, patients who arrived by ambulance at the emergency department (ED) were at risk of unsafe care and treatment. We served two warning notices to the trust requiring immediate improvement to be made to the initial assessment of patients, the safe delivery of care and treatment, and the management of emergency care in the ED.
- **During this inspection** we found that the trust had made improvements but that there were still areas where safety needed to be improved further.
- We observed patients who arrived by ambulance were now being clinically assessed within 15 minutes by a trained nurse and their condition was monitored. Trust data confirmed that the majority of patients (94%) were now being assessed within 15 minutes.
- The ambulance streaming area was still being used for four patients when it was designed for two. This meant that there was not enough essential equipment such as medical suction and two patients had no means of calling for help. There had not been a formal risk assessment of this area.
- The trust had introduced a new system for the referral and admission of medical patients. The decision to admit would now be done by the on call medical team instead of the ED consultants. This had improved access to a specialist doctor and fewer patients now waited for long periods in the ED for admission. However, there were still delays in patients waiting to see on call medical teams even at times when beds were available in the hospital. These delays in admissions meant that the department was often full and posed a risk to patients. Ambulance patients continued to wait in a corridor, some for over an hour.
- A nurse was now allocated to the corridor areas in the ED. The nurse was organising activity to avoid the disorder that we observed during the previous inspection. We did not, for example, observe any collisions between patient trolleys that had happened previously.
- Medical and nurse staffing levels had improved to take account of the increase in the number of patients, and the need for skilled and experienced staff to be present in the department overnight. Patients in corridors were being observed and monitored; however, this did not happen appropriately when staff were on breaks. The appropriateness of nurse staffing levels had not been assessed for the ambulance streaming area.

Summary of findings

- There had not been any serious incidents requiring investigation (SIRIs) related to queuing or capacity issues in the department since our inspection in February 2015.

Importantly, the trust must ensure :

- Patients are appropriately monitored at all times by sufficient numbers of staff in the ED to ensure they receive appropriate care and treatment.
- Patients in the ambulance streaming area have access to sufficient essential equipment and have a means of calling for help when necessary.
- There is a risk assessment of the ambulance streaming area.
- The new referral and admission process works effectively for the timely assessment and admission of patients and to prevent overcrowding in the ED.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Urgent and emergency services

Requires improvement



Rating

Why have we given this rating?

This service was rated as “requires improvement” from our inspection in February 2015. This rating has not changed. This inspection reviewed the safety of urgent and emergency care services. We rated safe as “requires improvement”. This was an improvement to the rating from our previous inspection in February 2015 where the ‘safe’ had been rated as ‘inadequate’.

At our inspection in February 2015, we found many patients arriving by ambulance with serious conditions waited over an hour to be clinically assessed. The trust had introduced an initial clinical assessment by a healthcare assistant to mitigate risks, but this was not in line with national clinical guidelines. The ambulance streaming area was being used for four patients when it was designed for two. This meant that there was not enough essential equipment such as medical suction and two patients did not have call bells. We observed a patient who, due to significant injuries, had been immobilised and was unobserved by staff and unable to call for help. Many ambulance patients with serious conditions waited in corridors and were not adequately observed or monitored. We had observed a number of trolley collisions because the department was overcrowded.

Patients were not being seen by a specialist doctor in a timely way to assess their clinical needs and medical and nurse staffing levels had not been increased to take account of the number of patients in the department. There was an over-reliance on agency nurses on late shifts and a lack of experienced doctors overnight.

During this inspection we found that the trust had made improvements but that there were still areas where safety needed to be improved further. We observed that the majority of patients arriving by ambulance were clinically assessed within 15 minutes by a trained nurse and their condition was monitored. Trust data confirmed that the majority of patients (94%) were now being assessed within 15 minutes.

Summary of findings

When the department was overcrowded, the ambulance streaming area was being used for four patients when it was designed for two. This meant that there was not enough essential equipment such as medical suction and two patients who had no means of calling for help.

The corridor nurse was organising activity to avoid the disorder that we observed during the previous inspection and we did not, for example, observe any collisions between patient trolleys that had happened previously.

The trust had introduced a new system for the referral and admission of medical patients. The decision to admit would now be done by the on call medical team instead of the ED consultants. This had improved access to a specialist doctor and fewer patients now waited for long periods in the department for admission. However, there were still delays in patients waiting to see on call medical teams even at times when beds were available in the hospital. These delays in admissions meant that the department was often full and posed a risk to patients. Ambulance patients continued to wait in a corridor, some for over an hour.

Medical and nurse staffing levels had improved to take account of the increase in the number of patients, and the need for skilled and experienced staff to be present in the department overnight.

Patients in corridors were being observed and monitored; however, this did not happen appropriately when staff were on breaks. The appropriateness of nurse staffing levels had not been assessed for the ambulance streaming area. There had not been any serious incidents requiring investigation (SIRIs) related to queuing or capacity issues in the department since our inspection in February 2015.

Queen Alexandra Hospital

Detailed findings

Services we looked at

Urgent and emergency services

Detailed findings

Contents

Detailed findings from this inspection	Page
Background to Queen Alexandra Hospital	7
Our inspection team	7
How we carried out this inspection	8
Facts and data about Queen Alexandra Hospital	8
Our ratings for this hospital	9
Findings by main service	10
Action we have told the provider to take	14

Background to Queen Alexandra Hospital

Queen Alexandra Hospital is the acute district general hospital of the Portsmouth Hospitals NHS Trust. It is the amalgamation of three previous district general hospitals, re-commissioned into a Private Finance Initiative (PFI) in 2009. The hospital has approximately 1,255 inpatient beds, and has over 137,000 emergency attendances.

We undertook a comprehensive inspection of Portsmouth Hospital NHS Trust in February and March 2015. At this time we found patients who arrived by ambulance at the emergency department (ED) were at risk of unsafe care and treatment. We served two warning notices on 4 March 2015 under safety for “care and welfare of patients” and “assessing and monitoring the quality of service provision” in the emergency department. These required the trust to make immediate

action to improve the initial assessment of patients, the safe delivery of care and treatment, and the management of emergency care in the ED. We rated the safety of urgent and emergency care services as ‘inadequate.’

We undertook this unannounced focused inspection of Portsmouth Hospital NHS Trust to follow up on the warning notices served. The inspection focused on the safety of urgent and emergency care services.

The inspection took place on 25 April 2015. The inspection team of four included a CQC inspector and specialist advisors who were a consultant in emergency medicine, an executive director from an acute hospital trust with an ED background and a nurse consultant in paediatric emergency medicine.

Our inspection team

Our inspection team was led by: Head of Hospital Inspections: Joyce Frederick, Care Quality Commission

The inspection team of four included, a CQC inspector and specialist advisors who were an executive director from an acute hospital trust with an ED background, a consultant in emergency medicine, and a nurse consultant in paediatric emergency medicine.

Detailed findings

How we carried out this inspection

To get to the heart of people who use services' experience of care, we always ask the following five questions of every service and provider:

- Is it safe?
- Is it effective?
- Is it caring?
- Is it responsive to people's needs?
- Is it well-led?

Before visiting Portsmouth Hospitals NHS Trust, we reviewed a range of information we hold about the trust. We carried out an unannounced visit on 25 April 2015. The inspection focused on the safety of urgent and emergency care services.

During this inspection we spoke with patients and staff in the emergency department. We observed how people were being cared for and talked with carers and/or family members and reviewed personal care or treatment records of patients. We also attended an onsite operational bed meeting.

We would like to thank all staff, patients and carers in the emergency department for sharing their balanced views and experiences of the quality of care and treatment at the Queen Alexandra Hospital, Portsmouth Hospital NHS Trust.

Facts and data about Queen Alexandra Hospital

Queen Alexandra Hospital: Key facts and figures

Queen Alexandra Hospital is the acute hospital provided by Portsmouth Hospital NHS Trust.

1. Context:

- The hospital has around 1,255 beds.
- The local population is around 550,000.
- The number of staff is around 6,000.

2. Activity:

- A&E attendances: 137,864 (11/2013 to 10/2014).

3. Bed occupancy:

- General and acute: 92.2% (April 2014 to June 2014). This was consistently above both the England average of 88% and the 85% level at which it is generally accepted that bed occupancy can start to affect the quality of care provided to patients, and the orderly running of the hospital.

4. Intelligent Monitoring:

- Priority banding for inspection*: October 2013 - 4; March 2014 - 6; July 2014 - 6; Dec 2014 - 5

*For each acute trust we have published an intelligence monitoring report. We have also placed each trust into a

priority band from one (highest perceived concern) to six (lowest perceived concern). While the bands will help us to decide which trusts we may inspect first, they don't represent a judgement or a ranking of care quality

Individual risks/elevated risks:

- Elevated risk: Composite indicator, A&E waiting times more than four hours (July 2014 to September 2014).
- Elevated risk: Diagnostic waiting times: Patients waiting over six weeks for a diagnostic test (July 2014).
- Risk: Sentinel Stroke National Audit Programme Domain 2: Overall team-centred rating score for key stroke unit indicator (April 2014 to June 2014).
- Risk: TDA Escalation score (June 2014).

5. Safe:

- A&E – time to initial assessment: above (from January 2014) the England average and 15 minute standard (January 2013 to October 2014).
- A&E – time to treatment: similar to the England average, and standard time of 60 minutes (January 2013 to October 2014).

6. Effective: (December 2014)

- Hospital Standardised Mortality Ratio: no evidence of risk (Intelligent Monitoring).

Detailed findings

- Summary Hospital-level Mortality Indicator: no evidence of risk (Intelligent Monitoring).

7. Caring:

- Friends and Family Test A&E: 95% above the England average 88% (January 2015).

8. Responsive:

- A&E four-hour standard – not met; below the England average and 95% target (April 2013 to December 2014).
- Emergency admissions waiting 4–12 hours in A&E from decision to admit to admission: above the England average.
- A&E left without being seen: above the England average (December 2013 to September 2014).

9. Well-led:

- NHS Staff survey 2013 (30 questions): Better than expected (in top 20% of trusts) for two questions; worse than expected for seven questions; similar to expected for 21 questions.

- Use of bank and agency staff – below the England average.
- Sickness rate – below the England average.
- General Medical Council National Training Scheme Survey (2013): The trust was within expectations for all areas of the National Training Scheme Survey.

10. CQC Inspection History:

- Eight inspections had taken place at the trust since August 2011. All inspections have been at Queen Alexandra Hospital.
- The trust was non-compliant with Outcome 9, Medicines management and Outcome 4, Care and welfare of people who use services in October 2011, and later was non-compliant for Outcome 21, Records in March 2012. All three outcomes have been re-inspected and the trust found compliant.

Our ratings for this hospital

Our ratings for this hospital are:

	Safe	Effective	Caring	Responsive	Well-led	Overall
Urgent and emergency services	Requires improvement	N/A	N/A	N/A	N/A	Requires improvement
Overall	N/A	N/A	N/A	N/A	N/A	N/A

Notes

Urgent and emergency services

Safe

Requires improvement



Overall

Requires improvement



Information about the service

The emergency department (ED) at Queen Alexandra Hospital, Portsmouth is open 24 hours a day, seven days a week. It treats people with serious and life-threatening emergencies and those with minor injuries that need prompt treatment such as lacerations and suspected broken bones. The ED is a recognised trauma unit, although major trauma cases go directly to Southampton. The department sees approximately 132,000 patients each year.

The department has a four-bay resuscitation area; one bay is designated for children. There is a major treatment area, a major treatment 'queueing' area and a minor treatment area for less seriously ill or injured patients. There is a two bedded ambulance streaming area to receive, assess and stabilise patients arriving by ambulance. The department has a separate children's treatment area with its own waiting room and resuscitation room. There is a nine-bedded observation ward.

There is a small urgent care centre where patients can be treated by a GP if their condition is not an accident or emergency.

We carried out an unannounced inspection in the ED over one day. We observed care and treatment and looked at treatment records. During our inspection, we spoke with approximately 25 members of staff including nurses, consultants, doctors, receptionists, managers, support staff and ambulance crews. We talked with two patients and one relative. We also attended an onsite operational bed management meeting.

Summary of findings

This service was rated as "requires improvement" from our inspection in February 2015. This rating had not changed. This inspection reviewed the safety of urgent and emergency care services. We rated safe as "requires improvement". This was an improvement to the rating from our previous inspection in February 2015 where the 'safe' had been rated as 'inadequate'. Please see our previous report on Queen Alexandra Hospital for the comprehensive inspection of this service.

At our inspection in February 2015, we found many patients arriving by ambulance with serious conditions waited over an hour to be clinically assessed. The trust had introduced an initial clinical assessment by a healthcare assistant to mitigate risks, but this was not in line with national clinical guidelines. The ambulance streaming area was being used for four patients when it was designed for two. This meant that there was not enough essential equipment such as medical suction and two patients did not have call bells. We observed a patient who, due to significant injuries, had been immobilised and was unobserved by staff and unable to call for help. Many ambulance patients with serious conditions waited in corridors and were not adequately observed or monitored. We had observed a number of trolley collisions because the department was overcrowded.

Patients were not being seen by a specialist doctor in a timely way to assess their clinical needs and medical and nurse staffing levels had not been increased to take account of the number of patients in the department. There was an over-reliance on agency nurses on late shifts and a lack of experienced doctors overnight.

During this inspection we found that the trust had made improvements but that there were still areas where safety needed to be improved further. We observed that the majority of patients arriving by

Urgent and emergency services

ambulance were clinically assessed within 15 minutes by a trained nurse and their condition was monitored. Trust data confirmed that the majority of patients (94%) were now being assessed within 15 minutes.

When the department was overcrowded, the ambulance streaming area was being used for four patients when it was designed for two. This meant that there was not enough essential equipment such as medical suction and two patients who had no means of calling for help. There had not been a formal risk assessment of this area.

The corridor nurse was organising activity to avoid the disorder that we observed during the previous inspection and we did not, for example, observe any collisions between patient trolleys that had happened previously.

The trust had introduced a new system for the referral and admission of medical patients. The decision to admit would now be done by the on call medical team instead of the ED consultants. This had improved access to a specialist doctor and fewer patients now waited for long periods in the department for admission. However, there were still delays in patients waiting to see on call medical teams even at times when beds were available in the hospital. These delays in admissions meant that the department was often full and posed a risk to patients. Ambulance patients continued to wait in a corridor, some for over an hour.

Medical and nurse staffing levels had improved to take account of the increase in the number of patients, and the need for skilled and experienced staff to be present in the department overnight. Patients in corridors were being observed and monitored; however, this did not happen appropriately when staff were on breaks. The appropriateness of nurse staffing levels had not been assessed for the ambulance streaming area.

There had not been any serious incidents requiring investigation (SIRIs) related to queuing or capacity issues in the department since our inspection in February 2015.

Are urgent and emergency services safe?

Requires improvement



By safe, we mean that people are protected from abuse and avoidable harm.

We rated safe as “requires improvement”. This was an improvement to the rating from our previous inspection in February 2015 where the ‘safe’ had been rated as ‘inadequate’.

At our inspection in February 2015, we found many patients arriving by ambulance with serious conditions waited over an hour to be clinically assessed. The trust had introduced an initial clinical assessment by a healthcare assistant to mitigate risks, but this was not in line with national clinical guidelines. The ambulance streaming area was being used for four patients when it was designed for two. This meant that there was not enough essential equipment such as medical suction and two patients did not have call bells. We observed a patient who, due to significant injuries, had been immobilised and was unobserved by staff and unable to call for help. Many ambulance patients with serious conditions waited in corridors and were not adequately observed or monitored. We had observed a number of trolley collisions because the department was overcrowded.

Patients were not being seen by a specialist doctor in a timely way to assess their clinical needs and medical and nurse staffing levels had not been increased to take account of the number of patients in the department. There was an over-reliance on agency nurses on late shifts and a lack of experienced doctors at night.

During this inspection we found that the trust had made improvements but that there were still areas where safety needed to be improved further. We observed that the majority of patients arriving by ambulance were clinically assessed within 15 minutes by a trained nurse and their condition was monitored. Trust data confirmed that the majority of patients (94%) were now being assessed within 15 minutes.

Urgent and emergency services

When the department was overcrowded, the ambulance streaming area was being used for four patients when it was designed for two. This meant that there was not enough essential equipment such as medical suction and two patients who had no means of calling for help.

The corridor nurse was organising activity to avoid the disorder that we observed during the previous inspection and we did not, for example, observe any collisions between patient trolleys that had happened previously.

The trust had introduced a new system for the referral and admission of medical patients. The decision to admit would now be done by the on call medical team instead of the ED consultants. This had improved access to a specialist doctor and fewer patients now waited for long periods in the department for admission. However, there were still delays in patients waiting to see on call medical teams even at times when beds were available in the

hospital. These delays in admissions meant that the department was often full and posed a risk to patients. Ambulance patients continued to wait in a corridor, some for over an hour.

Medical and nurse staffing levels had improved to take account of the increase in the number of patients, and the need for skilled and experienced staff to be present in the department overnight. Patients in corridors were being observed and monitored; however, this did not happen appropriately when staff were on breaks. The appropriateness of nurse staffing levels had not been fully assessed for the ambulance streaming area.

The number of reported Incidents related to queueing and capacity issues in the department had decreased. There had not been any serious incidents requiring investigation (SIRIs) related to queuing or capacity issues in the department since our inspection in February 2015.

Outstanding practice and areas for improvement

Areas for improvement

Action the hospital MUST take to improve

Action the hospital MUST take to improve

Importantly, the trust must ensure :

- Patients are appropriately monitored at all times by sufficient numbers of staff in the ED to ensure they receive appropriate care and treatment.
- Patients in the ambulance streaming area have access to sufficient essential equipment and have a means of calling for help when necessary.
- There is a risk assessment of the ambulance streaming area.
- The new referral and admission process works effectively for the timely assessment and admission of patients and to prevent overcrowding in the ED

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	<p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Regulation 18: Staffing</p> <p>How the regulation was not being met:</p> <p>Sufficient numbers of suitably qualified, competent, skilled and experienced persons must be deployed.</p> <p>There were not sufficient numbers of suitably qualified, skilled and experienced persons to observe and monitor patients in the corridor, and to ensure triage is done by an experienced healthcare professional, at all times.</p> <p>Regulation 18 (1) Health and Social Care Act 2008) (Regulated Activities) Regulations 2014 (part 3).</p>
Regulated activity	Regulation
Treatment of disease, disorder or injury	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>Regulation 15. Premises and equipment</p> <p>How the regulation was not being met:</p> <p>All premises and equipment used by the provider must be appropriately located for the purpose for which they are being used.</p>

This section is primarily information for the provider

Requirement notices

There were inadequate supplies of emergency equipment such as suction points, and access to call bells for patients.

Regulation 15 1 (f) Health and Social Care Act
2008 (Regulated Activities) Regulations 2014 (part 3).

Regulated activity

Treatment of disease, disorder or injury

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

Regulation 17. Good Governance

How the regulation was not being met:

Systems and processes must be established and operated effectively to ensure compliance with the requirement. To assess, monitor and improve the quality and safety of services provided and to assess, monitor and mitigate risks.

There had not been a full risk assessment of the streaming area.

The referral and admission processes need to work more effectively for the timely assessment and admission of patients and to prevent overcrowding in the ED

Regulation 17 (1) (2) (a) (b) Health and Social Care Act
2008 (Regulated Activities) Regulations 2014 (part 3).