King's College Hospital NHS Foundation Trust

Princess Royal University Hospital

Inspection report

Farnborough Common
Orpington
BR6 8ND
Tel: 02032999000
www.kch.nhs.uk

Date of inspection visit: 07 June 2021
Date of publication: 11/08/2021

Ratings

Overall rating for this service	Requires Improvement
Are services safe?	**Requires Improvement**
Are services effective?	**Requires Improvement**
Are services caring?	**Good**
Are services responsive to people's needs?	**Requires Improvement**
Are services well-led?	**Requires Improvement**

Our findings

Overall summary of services at Princess Royal University Hospital

Requires Improvement 

The emergency department (ED) at The Princess Royal University Hospital (PRUH) is open 24 hours a day seven days a week and sees patients with serious and life threatening emergencies. There is a separate paediatric emergency department dealing with all attendances under the age of 18 years. Patients present to the department either by walking into the reception area or arrive by ambulance via a dedicated ambulance-only entrance. Patients transporting themselves to the department are initially seen by a nurse from the urgent care centre (UCC), which is next to the emergency department waiting area. If determined suitable to be treated the patient is then sent to the ED to await triage. The UCC is managed by a different provider and was not part of the inspection.

We carried out this focused inspection of the PRUH ED on 7 June 2021, to follow up on concerns and enforcement action we took at our previous inspection. We also followed the Resilience 5 Plus' process. The 'Resilience 5 Plus' process is used to support focused inspections of urgent and emergency care services which may be under pressure due to winter demands or concerns in relation to patient flow and COVID-19.

We previously inspected this service in November 2019 and the service retained an overall rating of Inadequate. Focused inspections can result in an updated rating for any key questions that are inspected if we have inspected the key question in full across the service and/or we have identified a breach of regulation and issued a requirement notice, or taken action under our enforcement powers. In these cases, the ratings will be limited to requires improvement or inadequate. The focused inspection included a review of a previously issued requirement or warning notice that had resulted in the application of a ratings limiter, which can now be lifted.

We rated safe as requires improvement, caring as good, responsive as requires improvement and well led as requires improvement.

Our inspection had a short announcement (around 30 minutes) to enable staff to arrange to meet with us and for us to carry out our work safely and effectively.

During our inspection we found:

- The design and use of some parts of the department/premises did not always keep patients and staff safe despite the efforts the department had made during the pandemic. We were concerned with crowding of the patient waiting area.
- Not all paediatric early warning scores (PEWS) were completed in records we reviewed, and the department was not auditing to ensure staff were completing them correctly.
- People could not always access the service and receive the right care promptly when they needed it. Waiting times from referral to treatment and arrangements to admit, treat and discharge patients were not always in line with national standards.
- Incidents were not always dealt with in a timely manner.

However:

Our findings

- The service provided mandatory training in key skills including the highest level of life support training to all staff. Although the pandemic had hampered efforts for a better compliance rate with this training, the trust had a better system of monitoring mandatory training with staff.
- In most aspects 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 mental health safe room was now ligature point free, and non-movable furniture had been installed. This was an improvement since our last inspection
- Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it, however, medical staff relied on nursing staff to make safeguarding referrals.
- The service had enough nursing staff and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix.
- The service used systems and processes to store medicines safely.
- The staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.
- Leaders had the integrity, skills and abilities to run the service. They understood and managed the priorities and issues. They were mostly visible and approachable in the service for patients and staff.
- Leaders operated effective governance systems throughout the department, although there was recognition that some of these required further embedding into the service.

How we carried out the inspection

We spoke with approximately 21 staff across a range of disciplines, including nurses, senior nurses, health care assistants, ambulance crew, department consultants trust grade doctors, senior managers and executive leads.

As part of the inspection we observed care and treatment and spoke with five patients as well as looked at 12 care records. We analysed information about the service which was provided by the trust.

You can find further information about how we carry out our inspections on our website: https://www.cqc.org.uk/what-we-do/how-we-do-our-job/what-we-do-inspection

Urgent and emergency services

Requires Improvement 

Is the service safe?

Requires Improvement 

Mandatory training

The service provided mandatory training in key skills including the highest level of life support training to all staff, however not all staff had completed it.

At our last inspection in November 2019, we raised concerns with the variation in compliance rates for staff mandatory training. This has been a significant challenge for the trust to retain or improve the mandatory training compliance due to the COVID-19 pressures, when all training had been on hold (except recognition and management of the deteriorating patient and critical care training), and face to face training had either stopped or had been reduced significantly with the number of attendees allowed in a room. In addition to this, the training record system required further work to resolve some of the difficulties teams faced to obtain up to date information on staff records without having to spend time cleansing the data and to manage the increased demand on e-learning usage.

However, at the time of our inspection nursing staff were compliant for all mandatory topics apart from Safeguarding Level 3 which was at 72% when shown the latest figures during the inspection. The hospital was able to explain the reason for this, which included four staff being on maternity leave and one staff member was on long term sickness.

Mandatory training had proven to be more difficult for medical staff due to staff movement to different departments during the pandemic. At the time of our inspection two mandatory training modules had met the compliance rate of 90%, whilst the other modules averaged 80% to 85%.

The easing of restrictions and less hospital admissions due to COVID-19, meant that plans that were in place were starting to move forward. These included the emergency department (ED) clinical lead and clinical director (CD) meeting with new junior doctors with the support of human resources (HR), to ensure that training done at the PRUH site or relevant training from other hospitals was transferable to the electronic training system.

To ensure portfolio days were allocated to junior doctors and academic days allocated to registrars for training and completion of study requirements, the trust had put time into junior doctors' rotas from August 2020, to ensure that this was completed as a priority. Once again, the second wave had hampered full progression with this. The trust was able to show us all ED staff resuscitation training which included immediate and advanced life (ALS) support as well as paediatric immediate and advanced life support. They were able to show the dates of courses booked for those staff who had yet to complete refresher training. Face to face training sessions had been postponed as a result of COVID-19, but there was a clear plan to make sure all staff were up to date with their resuscitation. It should be noted that this training was an update to training staff had previously had. Four consultants were active ALS instructors who not only instructed nationally but delivered regular training to the whole team during departmental teaching and clinical education shifts.

Urgent and emergency services

Managers monitored mandatory training and alerted staff when they needed to update their training. The head of nursing received regular updated information on mandatory training from the learning and development department, so there was oversight of compliance. This information was red, amber, green (RAG) rated for identification of those topics that required more attention. The clinical director received weekly progress reports on training compliance for medical staff.

Safeguarding

Staff understood how to protect patients from abuse and the service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

Nursing and medical staff received training specific for their role on how to recognise and report abuse.

Staff knew how to make a safeguarding referral and who to inform if they had concerns. Although nurses often completed safeguarding referrals on behalf of the doctors, which raised concerns of how missed opportunities were detected. The trust told us they had recruited a new Band 8 Safeguarding staff member to post and they would be based at the hospital site. The purpose of their role would be to enhance improvement and develop further learning. The adult and children's safeguarding team were operational seven days a week and on site and based at the hospital for two days.

There were different ways safeguarding could be captured and escalated via triage, either directly or electronically. The same process was used within paediatrics.

There was a red flag alert on the system to notify staff. Staff had to acknowledge and read the alert before they were able to move on within the system.

Specific case issues were discussed in joint meetings between the emergency department and safeguarding team and involved the lead nurse/matron and clinicians.

Additional safeguarding webinars and training had been provided to staff. For example, in April 2021 an additional session on the impact of COVID-19 on safeguarding of adults, young people and children had been provided. 80% of staff fedback the session had been extremely relevant to their practice. 100% agreed the session had updated their knowledge and skills in safeguarding.

Intensive safeguarding teaching had been supplied and had been delivered to 168 staff in the information we reviewed.

The trust was in the process of updating and ratifying their adults and children's safeguarding policies. This was at the final stage and was currently being presented to committee members and stakeholders for comment.

Cleanliness, infection control and hygiene

In most aspects 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.

In response to the pandemic the trust had reconfigured the department to prevent the risk and spread of infection. The reconfiguration allowed for the trust to flex the layout and at the time of our inspection the service did not require such

large designated safe areas for patients presenting and showing symptoms of COVID-19. There were defined red areas for those patients with suspected COVID-19 and posters on additional personal protective equipment (PPE) were displayed adjacent to these areas. The red zone areas were 'sealed' and nobody could enter unless they unsealed the entrance areas to gain access.

Most staff followed infection control principles including the use of personal protective equipment (PPE) depending on where they were working. All staff who entered the red areas followed the correct procedures of removing and using PPE, apart from one staff member we observed leave the red zone in the Majors A area, without removing the appropriate PPE. We fed this back to the trust and they took immediate action of reinforcing the correct procedures to all staff.

We observed staff wash their hands between all interactions of care and there was a full supply of PPE as well as hand washing and sanitising stations positioned throughout the department. The trust actively audited infection prevention control, such as hand hygiene and compliance with PPE and audits we reviewed showed consistent compliance and the actions taken when not. For example, from the clinical governance meeting minutes of March 2021, we saw hand washing audits were not compliant but had improved from the month before to 84%. The actions included reinforcing the message to medical and nursing staff. The April 2021 meeting minutes showed an improvement to above 90%. This demonstrated that there was oversight of infection control and audits were discussed in the monthly governance meetings with continuous monitoring and actions taken for areas that required improvement.

There was a standard operating procedure for the PPE audit tool in line with the latest Public Health England COVID-19: Infection Prevention and Control (IPC) Guidance and Pan London COVID-19 IPC Guidance, which provided clear guidance on actions to take if the audit results were below a certain accepted percentage. We reviewed five audits of the tool used and these demonstrated consistent compliance with the use of PPE by staff.

Staff cleaned equipment after patient contact and labelled equipment to show when it was last cleaned.

At our previous inspection we raised concerns regarding patients being nursed in cubicles designed for only one patient. At this inspection we saw all rooms in Majors A, were now side rooms with doors which provided good infection control, privacy and dignity for the patient. This was an improvement since our last inspection.

At our last inspection we raised concerns regarding the cleanliness of the designated mental health room. During this inspection, we found the room was clean and uncluttered. This was an improvement since our last inspection.

The matron conducted weekly walkarounds with the external cleaning service to conduct infection control checks. Infection control audit reports for the months of January 2021 to May 2021 showed 100% compliance for the cleanliness of toilets and bathrooms.

The IPC team attended the daily flow meeting which involved all departments within the hospital, and they were able to provide updates on any specific infection control issues within the hospital and this gave real time information on infection within the hospital.

Environment and equipment

The design and use of some parts of the department/premises did not always keep patients and staff safe, despite the efforts the service had made during the pandemic.

Urgent and emergency services

There was insufficient space within the waiting area for busy periods and times of 'surge'. The trust shared the waiting area with the Urgent Care Centre (UCC) which was operated by a different organisation. This meant when the UCC experienced busy periods, the trust were limited in how they could 'crowd control' without the full cooperation of UCC staff.

For example, we observed the emergency departments waiting space becoming full with patients attending UCC. The trust had placed sufficient space between seating within their side of the waiting area, and we observed this was still in place at the time of surge. However, there were people standing and sitting on the floor with no appropriate social distancing, and it was hard to distinguish those patients waiting for UCC or waiting within the emergency department. During the day there was a security guard at the entrance of the door, but there was nobody at the main entrance monitoring who was entering the building after seven o'clock in the evening. We observed patients arriving with other people, sometimes more than one on numerous occasions.

We were told and saw the plans for a new streaming and waiting room for UCC to accommodate up to 40 extra people. This was due to be opened in July 2021 and would expand the waiting and streaming system and provide more space for those patients waiting in the emergency department.

The trust did have an escalation protocol and triggers for 'surge' times, and we observed this in action with escalation reaching silver command at a busy period in the evening. The site practitioner resolved and managed the capacity within five minutes of the situation being escalated. This involved providing seating within the South Wing corridor of the hospital where those patients at less risk were seated until seen.

The departments risk register stated that although there were escalation processes, this was not always consistently applied. As an assurance gap the re-introduction of a front-end nurse co-ordinator was to be reinstated to cover a 12 to 14-hour period. However, we did not see this in place at the time of our inspection. This risk was opened on 19 May 2021 and remained an open risk at the time of our inspection.

At our last inspection we raised concerns regarding ligature points and removable equipment with the room used for patients who presented with mental health related matters. At this inspection we found the room was ligature point free, had alarm systems and double doors and non-movable furniture had been installed. This was an improvement since our last inspection.

Resuscitation equipment was accessible to all staff. Equipment within the department had been reviewed. There were several new items of equipment available to support the delivery of treatment and care. This included: monitors; a bladder scanner, resus trolleys, tracheotomy trolley, cares and dignity trolleys, new procedures and new difficult airway trolleys.

We checked two resuscitation trolleys, the catheter trolley and chest drain trolley and found equipment in date and in good working order and staff had regularly checked and recorded this. However, in a cupboard within the resuscitation area, we found out of date stock in the ears nose and throat (ENT) tray, the equipment included forceps, pH kit, sterile water, and dressings. We fed this back to the trust and they took immediate action and the items were replaced. Out of date items of stock was a concern during the last inspection. However, the trust had better systems to spot check and monitor the use of equipment, and were able to provide further evidence after this inspection of the additional assurance checks and methods they were using to make sure equipment was checked and in date.

There was a relative's room for people to stay for those patients in resus and this was spacious clean and provided people with privacy.

The clinical decision unit had a mixture of beds and chairs. The beds were not in the hospital stock, so the unit was being used solely for its purpose and not as an additional area to 'bed down' patients.

Routine environmental audits were carried out where 48 areas of the environment and equipment were checked for cleanliness, such as, clinical workstations, floors, beds, cots and trolleys and high surfaces. Results were calculated and any areas of concern were fed back to the external cleaning service. Audits we reviewed showed overall good compliance.

Assessing and responding to patient risk

Staff did not consistently complete risk assessments for each patient or remove or minimise risks and updated the assessments. Staff identified and quickly acted upon patients at risk of deterioration but sometimes relied on ambulance staff to make these assessments.

Patients were seen by a nurse who carried out an initial assessment (streaming) within the Urgent Care Centre (UCC), which was managed by a different provider and did not form part of this inspection. The nurse assessed patients and those requiring ED treatment were then seen by the hospitals ED triage nurse.

There was a separate paediatric ED and those children and young people were triaged by the nurse within the department.

All patients were assessed for their risk of COVID-19 when they were streamed and directed to the correct pathway. The trust was currently receiving rapid COVID-19 tests and trialling antigen tests. If patients were seen to be negative on the rapid antigen test, they were stepped down. The turnaround for results of these tests ranges between 12 to18 minutes. Staff were currently being trained on this.

The department was pre-alerted by ambulance staff for those patients who were critically ill and on their way to the department. Staff were able to make arrangements prior to them arriving. Ambulance staff were able to handover to the triage nurse.

Late ambulance handovers were a symptom of ED crowding; the trust recognised there were enough doctors to deal with the pressure, but there was often a lack of a cubicle, so often the service sent doctors and nurses to see patients in the ambulances. The idea was to avoid delays in processes of care just because a cubicle was unavailable. Due to the pandemic the current arrangements involved holding patients onboard the vehicle if a cubicle was not available to avoid overcrowding within the hospital and to reduce the risk of spreading possible infection. The trust had a standard operating procedure (SOP) in place with the NHS ambulance trust instigated in January 2021. This described the responsibilities of both organisations in managing ambulance handovers. The SOP was currently being reviewed by both trusts.

There was a rapid assessment and triage team (RAT) and if there were concerns any patients, including those who may deteriorate, then then RAT consultants would be able to see the patient and triage them for prompt attention. At the time of our inspection the trust was in the process of developing a pathway with the ambulance service for a more robust process.

Staff used the National Early Warning Score (NEWS) to observe patients and detect deterioration. We looked at 12 sets of patient records including paediatric records. We found NEWS scores were recorded well. However, for two sets of paediatric records we reviewed out of five, the Paediatric Early Warning (PEWS) scores, we found, one was not recorded and the second although completed was on the incorrect chart, so the incorrect PEWS had been calculated. The trust

audited NEWS and we found overall there was good compliance. The rest of the records had full completed assessments, apart from one record, whereby the falls assessment had not been completed. However, the trust did not conduct any PEWS audits in ED. The trust told us; an audit of PEWS was about to be implemented to align with practice across all sites.

We found all patients in majors were monitored on an hourly basis. Sepsis was monitored within the hour of the patient's arrival. There was a think sepsis box which staff had to complete. We found there was no criteria to describe a positively screened patient and two staff members did not provide a clear description of what triggers they would look for. The trust was in the process of adapting the assessment form. The trust sent a report of a Septicaemia investigation conducted in February 2020. The findings showed overall sepsis care was good in the cohort. Care was timely with an average time to an ED clinician review being 13 minutes, although improvements could be made in the timely administration of antibiotics. We also reviewed staff training and saw most staff had received and were in date with sepsis training, which involved the sepsis 6 bundle, safety checklists intravenous medication and administration and trust policy.

We saw patients' pain was assessed on an hourly basis by using a pain score to determine the patient's level of pain and acted upon if the scores were high.

Falls risk assessments and other high impact risk assessments such as infection control issues, tissue viability consideration, confusion, dementia and delirium were assessed.

There was good feedback from staff on the surgical assessment unit which patients could have a straight referral to. This unit worked well.

The service had 24-hour access to mental health liaison and specialist mental health support. There was a detailed mental health triage risk assessment documentation for staff to complete. This gave risk and observational guidance and suggested actions. There were two to three psychiatric liaison nurses based within the department who worked for a mental health trust. They had honoury contracts at the hospital to subscribe to the electronic system from their site, so were able to access all the patients records and details.

The head of nursing or matron conducted spot checks of the safety checklist, by reviewing at random at least five patient records to check if the safety checklist elements were completed. Non-compliance was addressed immediately with the staff caring for the patient. Results showed there had been a slight dip with the results during the lockdown months of December 2020 to February 2021. Since March 2021 the results had improved and reached 88% in April 2021.

Staffing

Nurse staffing

The service had enough nursing staff and support staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix, and gave bank and agency staff a full induction.

The trust had recently conducted a successful recruitment campaign and had recruited over 22 additional nursing staff. During the inspection staff told us the level and availability of staff had improved. As such the vacancy rate in April 2021 approximately matched that of the trusts target of 10%. This was an improvement since the month of May 2020 when the vacancy rate was 16.12% and peaked in October 2020 at 23.4%. Since the start of the pandemic the department had

recruited 22 new internationally educated nurses, four new qualified nurses and 13 new health care assistants. They had supported 12 redeployed staff, promoted 11 nurses to Band 6 and recruited one paediatric senior sister. They had promoted two staff from Band 6 to band 7 and recruited one new matron and one new lead nurse. They had supported three Band 6 to step up to band 7 for the 'front door' model trial.

Managers regularly reviewed and adjusted staffing levels. There had been three nursing establishment reviews within the year. Staffing levels were discussed three times a day during the huddles and therefore allocation and level of staffing could be planned, and actions taken quickly to help with busy periods.

There had been an overall reduction in the use of agency staff over the past six months from 5% in December 2020 to 2% in May 2021.

Due to emergency department now being part of the medical care group, staffing from medical areas could be utilised within the department and this was highlighted as being positive by staff.

On the day of our inspection, the department was adequately staffed. We saw approval given for a bank nurse to be allocated to the night shift. The system for approval of use of bank and agency staff had been devolved from the director of nursing to the matron and ward manager. This system allowed for better and immediate action to be taken to allocate staff.

Staff revalidation was up to date. The heads of nursing were sent revalidation and registration data for all staff on a monthly basis for review. The trust confirmed that the electronic staff record (ESR) for the emergency department had been reviewed by the workforce team and that everyone working within the department had a current or within date and valid nursing registration for nurses and a current in date and valid General Medical Council registration for doctors.

Medical staffing

The service had enough medical staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care and treatment. Managers regularly reviewed staffing levels and skill mix and gave locum staff a full induction.

There had been an establishment uplift since April 2020 of six foundation year 2 doctors, six junior clinical fellows and three senior middle grade posts which had helped improve medical staffing within the unit. We were told this had helped bring waiting times down and there was enough medical staff to cope with surge. The vacancy rate approximately matched the trusts target of 10% this was an improvement from May 2020 when the vacancy rate was 28.8%

No medical agency staff had been required or used between the months of December 2020 to March 2021.

There was a senior doctor in charge for the night shifts from 11.30 to 08.00. One consultant was present until midnight, supplemented by standardised consultant on call service. More doctors started in the afternoon from 14.00 onwards for the busier periods. Roster start times had been staggered to cope with the busier periods and to ensure there was a suitable mix of different skilled doctors on duty throughout the day and night.

There was a range of differently skilled and experienced middle grade, junior doctors and trainees. The emergency physician in charge (EPiC) provided clear leadership and supported the team.

Urgent and emergency services

There was a weekly bank/agency staff meeting to discuss rotas and the use of agency and bank staff. The clinical director was responsible for booking the consultants.

We reviewed the induction programmes for medical staff. This consisted of corporate and local induction. Each local induction was tailored for each speciality. We reviewed the ED consultant local induction which consisted of local orientation and a six-month checklist which included objective setting and performance assessments signed off by the clinical director and divisional manager.

Medicines

The service used systems and processes to safely store medicines.

Staff followed systems and processes when safely storing medicines. This was an improvement since our last inspection in November 2019. The hospital had created two medicine storage rooms within the emergency department which were securely locked, and access was via a keypad. All medicines were stored safely within these rooms.

Medicines rooms had been reviewed and all medications were now clearly labelled in drawers and cupboards to make finding them easier. Some medicines storage had been removed and centralised to improve oversight. We saw regular auditing of safe storage of medication was undertaken routinely and actions taken if any concerns identified.

Is the service caring?

Good ↑

Compassionate care

Staff treated patients with compassion and kindness, respected their privacy and dignity, and took account of their individual needs.

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 way. We spoke with five patients who said staff were kind and considerate to their needs, even though they recognised they were extremely busy. We saw staff respond to patients when called and this was done in a calm and reassuring manner. Part of the three hourly assessment criteria was to make sure patients had received refreshments and we saw refreshments being offered to patients during our observations. This was an improvement since our last inspection.

The matron conducted walk rounds and spot checks to ensure patients had all they needed and enabled senior leadership team to act on findings immediately and provided feedback to staff caring for the patients.

The Friends and Family Test summary themes for February 2021 showed 91% of patients said they had good emotional support and 97% said they had enough to drink. The themes were great care, friendly and cheerful staff, very professional and helpful.

Is the service responsive?

Requires Improvement ↑

Urgent and emergency services

Access and flow

People could not always access the service when they needed it and received the right care promptly.

Although the department had a structured approach to patient flow, capacity demands sometimes meant patients did not receive timely treatment. There were patient flow coordinators in post to ensure patient flow and help onward movement. There were able to escalate capacity issues with waiting.

National performance data showed 83% of patients were seen within four hours or less from May 2020 to April 2021. Over the same period trust performance was consistently lower than the England average and 95% target. Data we reviewed from the trust over a longer period of time and pre-pandemic, demonstrated a step improvement in the four-hour target performance, although this was still lower than the England average and target of 95%.

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 met the standard for nine months over the 12-month period from April 2020 to March 2021.During the three months that the standard was not met, arrival to treatment times were only slightly higher than the standard by between two to four minutes.

From May 2020 to April 2021 the trust's monthly percentage of patients waiting more than four hours from the decision to admit until being admitted was consistently worse than the England average specifically over the three-month period from November 2020 to January 2021. After January 2021 waiting times improved but remained higher than the England average.

We saw from the trusts General Medicine Integrated Performance report of April 2021, Type 1 attendances had risen from the previous month by 274. Type 1 refers to major emergency departments that provide a consultant-led 24-hour service with full facilities for resuscitating patients. Although the Type 1 attendances had increased, the trusts Type 1 position had improved by 0.70%.

Patients who breached four-hour emergency standards as a result of a speciality delay had increased during the months of November 2020 to February 2021, during the second wave of the pandemic, but the trust had seen an improvement from the month of March 2021 onwards.

Patient flow was monitored throughout the day in the morning huddles and patient flow meetings. The meeting discussed actions to tackle the capacity flow and involved discussions with other departments.

Staff informed us that problematic clinical pathways included paediatrics, orthopaedics and mental health. The trust worked closely with the local mental health NHS trust and psychiatric liaison nurses were on site to support patients. However, is was acknowledged that patients had to wait too long to access the appropriate therapeutic services. There were six 12-hour breaches reported in April 2021, as a result of mental health pathway delays. At the time of our inspection the trust were closely working with the mental health trust and local authorities to devise a better solution for this pathway. We saw from the Integrated Performance Review Panel monitoring actions of April 2021, the trust were in discussions with external partners on a joint working model and were due to meet to discuss full demand and capacity including safe staffing and realistic expectations. This was still ongoing at the time of our inspection.

Work was being done to improve the clinical journey for paediatric patients including fast track pathways and scoping of options to build a separate paediatric assessment unit (PAU). A permanent PAU standard operating procedure (SOP) was being written to replace the COVID-19 time, ward-based PAU SOP, which was in place to separate red and green flow.

The mitigation currently was not enough, but the department was in the process of developing a business case and waiting for funds to have a more thorough PAU pathway. At the time of our inspection there was no indication of when this would be implemented.

A meeting to discuss and resolve the current orthopaedic pathway issues and responsiveness of the orthopaedic service was taking place in June 2021. We were told attendees would include the general manager and clinical director for the ED and the clinical director for orthopaedics. We have been told the aim is to have greater team working through establishment of regular joint ED and orthopaedic teaching sessions and to establish direct contact numbers for an on-call team. A clear escalation process was to be developed so the operational team were aware if there was no response within 60 minutes. The trust was also planning to discuss same day emergency care (SDEC) pathways and scope to increase utilisation of surgical assessment unit (SAU) for orthopaedic presentations.

During the pandemic the clinical decision unit (CDU) became repurposed and was converted to an ED majors area from the 24th March 2020. As the situation had eased this gave the trust the opportunity to look at redefining CDU processes. The service is still getting longer stays but there is more seating and chair space which has made improvements to patient flow.

Bromley has a growing and aging population, which is the largest population of older people of all the London Boroughs, with an expected increase of 42% by 2035. To meet this demand the trust was in the process of opening an acute frailty assessment unit. This was due to be opened in July 2021. The unit would establish an acute frailty service comprising of a multi-disciplinary team and implementation of the acute frailty pathway, which included a 10 bay unit, in-reach into ED, CDU and the acute medical unit and frailty hot clinics. The established pathway aligned with national standards for frailty same day emergency care (SDEC) with seven-day cover and fitted into the OneBromely strategy for a system wide integrated service. It was anticipated there would be a 20% reduction in average time spent in ED for patients with frailty with a corresponding reduction in ED 4 hour standard breaches. The unit had been designed to be dementia friendly.

Is the service well-led?

Requires Improvement  

Leadership

Leaders had the skills and abilities to run the service. They understood and managed the priorities and issues the service faced. They were visible and approachable in the service for patients and staff. They supported staff to develop their skills and take on more senior roles.

The leadership had strengthened since our last inspection. There was now a site chief executive officer (CEO) who was part of the trusts wider executive team. There was a hospital executive team with a site director of nursing, director of operations, medical director, director of finance and director of workforce. The emergency department (ED) was now part of the general medical care group, which consisted of acute medicine and the general medicine ward. Within each care group there was a clinical director, head of nursing (HON) and general manager. Each care group was subdivided. The department had their own matron, lead nurse and clinical lead and they reported to the senior team. This had been a big change since the last inspection. Some of these managers were fairly new to post.

Staff spoke highly of the senior leadership team particularly the CEO. Staff said they were accessible and knowledgeable about the service and felt the CEO was championing their needs. Staff said the department seemed to be taking action on issues that had previously not been addressed but acknowledged there was still some way to go.

Nursing and medical staff provided good feedback on the matron and clinical director of the department. Overall they felt confident in their leadership.

Leaders we spoke with understood the challenges with quality and sustainability and were able to identify the actions required to tackle them. The managers acknowledged the department was still on a journey of improvement and the past year of the pandemic had delayed some of their actions.

Culture

Most staff felt respected, supported and valued. They were focused on the needs of patients receiving care. The service had an open culture where patients, their families and staff could raise concerns without fear.

The trust was invested in the wellbeing of their staff, especially in light of the sustained pressure staff had faced and were still experiencing due to the pandemic. There was recognition that the wellbeing and morale of staff was impacted due to the past year and a period of recovery was required to help boost morale and staff welfare and to encourage post traumatic growth with more engaged teams and individuals.

In April 2021 the trust launched its staff recovery programme consisting of five elements; training for managers, recognition, reflection, reflect and reset conversations and mental health self-assessment. This recovery programme was still in its infancy at the time of our inspection.

The trust carried out a trust-wide Culture survey in 2020. 44 staff members from across the emergency department responded. The department identified that staff identified communications as the lowest scoring element of the survey, whilst recognition and values scores the highest.

With that in mind the leaders within the department had focused on the wellbeing of staff and had introduced well-being champions from medical, nursing and clerical staff groups, which included regular in-house and trust led train the trainers. There was freedom to speak up champions again from medical and nursing staff groups with trust led training remotely and in person. They had visited the department to speak with staff.

There were mental health first aid champions consisting of a group of 12 staff across the emergency department and managers had been offered the trust's REACT mental health training (NHS training) for managers and leaders as part of the wider staff recovery programme. The training took the form of a workshop that empowered managers and leaders to have 'psychologically savvy conversations' with their team.

We reviewed the staff survey for ED September 2020, whereby staff were asked three open ended questions, 88 staff responded. Question one asked staff the three things they were most proud of and the overwhelming response was good teamwork. The second question asked staff, three things which frustrated them. The response was mixed ranging from overcrowding to small staff room. The last question asked staff what they would like to see change. Again, the response was mixed and ranged from space, staff room to more staff. Since the survey the managers have been working through the results and have been able to make some quick changes, such as staff are now able to use a lager staff room within the medicine care group. There was recognition that some changes would take time to implement.

Schwartz round training was being undertaken and monthly departmental sessions were being set up. Schwartz rounds provide an opportunity for staff from all disciplines across a healthcare organisation to reflect on the emotional aspects of their work.

Wellbeing resources were now available in a new bigger shared rest area within the department. Staff had access to the main trust wellbeing hub on site.

Regular weekly wellbeing emails and information was posted on the wellbeing board which provided information around self-help, employee assistance programme and other materials e.g. 'action for happiness'. There was a monthly emergency department newsletter which provided wellbeing advice and other information on the department.

The team had worked with an organisation to develop a big survey of London hospitals and the department had contributed heavily through a mixed mode of e-surveys and face-to-face interviews. The team were part of the steering committee to see how wellbeing could be moved forward regionally and had helped towards securing a grant for more support to embed initiatives.

Other local initiatives included food vouchers, yoga sessions, massage sessions, team building exercises like sharing food recipes, WhatsApp groups, and a therapy dog.

There was a good team spirit observed throughout the inspection. Staff were respectful to each other and treated each other with kindness. Overall, the culture was open and non-hierarchical.

The managers of the department were supported to tackle behavioural issues and the department had recently introduced star of the week in recognition of staff.

The department had held a senior team away day on 9 June 2021 which had a focus on wellbeing, areas for improvement and the vision for the future.

There was relationship building with out of department teams. The matron and clinical lead had met with other departments within the hospital to discuss any issues between specialities and the emergency department. There was further ongoing work with orthopaedics, and ambulance services. Safeguarding, infection control, tissue viability and other services were invited to department team days to give sessions on their areas and how department can improve care.

Management of risk, issues and performance

Mostly leaders and teams used systems to manage performance effectively. They identified and escalated relevant risks and issues and identified actions to reduce their impact. They had plans to cope with unexpected events.

There was a clearer governance structure in place. The systems to manage assurance and performance had strengthened since our last inspection, although there was recognition that there was still work to be done. The past year of the pandemic had meant full focus on managing the risk of COVID-19 and therefore we were told that certain plans had been put on hold or needed more time to be embedded into the service.

Urgent and emergency services

There was a general medicine integrated performance report which looked at quality, performance, workplace and finance. This gave an oversight of how the department was performing, risks and the actions required to improve. With this report was an action tracker which showed agreed actions, deadlines, person responsible and progress on the action. For example, we saw updated actions for the frailty pathway for April 2021 and were able to confirm the progression of the pathway during our inspection.

There were regular structured governance meetings to discuss performance and risks in the shape of monthly clinical governance meetings and risk review governance meetings. The department now shared governance meetings with the general medicine department and this meant there was more integrated shared learning and decision making. The clinical governance meetings had a structured agenda of: incidents, trends, complaints, audits, mortality, Coroner's inquest, infection prevention control and risk register.

The risk register was reviewed on a monthly basis during the risk review governance meeting. Each specific care group were able to submit risks, and these were discussed during the meeting. We reviewed the risk register for the department and found the risks were updated with mitigating actions on a regular basis. The high red risks on the emergency department (ED) risk register had been fed into the general medicine risk register, so there was oversight from within the care group.

There was a monthly incident review meeting held which looked at incidents on all levels from serious to no harm. Each manager had accountability and oversight for managing the risks dependant on level. However, we saw in April 2021 there were 218 adult incidents and 19 paediatric incidents open longer than 10 days. The clinical governance meeting minutes of March 2021 reported there were issues with the lack of management time for senior nursing team to complete incidents on the system. Although there had been an increase in management days this had not resolved the issue at the time.

Some internal audits had been suspended due to the second wave of the pandemic. For example, audits of the mental health assessment compliance had been suspended for the months of January 2021 to March 2021. The safety checklist monitoring and monthly results showed a slight dip in compliance during the second wave for the months of January 2021 to March 2021 but had improved from April 2021. We were told routine audits were now being reinstated.

For deaths that have occurred within the emergency department, mortality and morbidity data was discussed and documented as part of the clinical governance for the department and reported to the trust mortality monitoring committee. A list of all inpatient deaths was shared with clinical directors within each care group. Each speciality had a mortality lead who organised local mortality and morbidity (M&M) meetings as part of their local governance arrangements. The care groups then reported to the trust mortality monitoring committee twice a year using a structured presentation template with prompts to derive learning from reviews of deaths. Due to COVID-19, the mortality review process was paused. However, the trust mortality lead conducted a detailed analysis of COVID-19 deaths, which showed survival was markedly better in the second wave.

Areas for improvement

We took enforcement action against the trust in the form of a requirement notice because there was a breach of the legal requirements. In summary the reasons we issued this notice were:

MUSTS

Urgent and emergency services

- The trust must ensure that the waiting area is managed effectively to ensure social distancing. (Regulation 17)
- The trust must ensure that paediatric early warning scores audits are routinely undertaken so there is oversight they are being completed correctly. (Regulation 17)

SHOULDS

- The trust should continue to improve patient flow through the department with continued focus on the paediatric, orthopaedic and mental health pathways.
- The trust should ensure that urgent and emergency services meet the national standard patient waiting times for treatment and arrangements to admit, treat and discharge patients.
- The trust should ensure staff are given adequate time to complete incidents in a timely manner.
- The trust should ensure medical staff do not rely on nursing staff to complete their safeguarding referrals.
- The trust should ensure audits that were suspended during COVID-19 are reinstated for quality monitoring and oversight.

Our inspection team

The team that inspected the service comprised a CQC lead inspector, and specialist advisor. The inspection team was overseen by Nicola Wise, Head of Hospital Inspection.

This section is primarily information for the provider

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
Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 17 HSCA (RA) Regulations 2014 Good governance