

Royal Cornwall Hospitals NHS Trust

Royal Cornwall Hospital

Quality Report

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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.

Summary of findings

Letter from the Chief Inspector of Hospitals

We undertook this focused inspection to follow up on the concerns identified in a Section 29A Warning Notice served on the Trust in June 2015. The inspection in June 2015 was to follow up concerns found at the comprehensive inspection of the trust in January 2014.

The warning notice related to a failure to comply with Regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Staffing.

Compliance with the Section 29A Warning Notice was required by 7 October 2015. The inspection was conducted on 21 October 2015 and was unannounced.

Our inspection focused on the issues identified in the emergency department and the Higher Care Bay on Wellington ward, which were:

- In the main emergency department on occasions there was insufficient staff to provide a safe environment for patients. In the children's emergency area there was one nurse on duty, who was not always a registered sick children's nurse.
- The levels of sufficiently skilled staff, in the high care bay on Wellington ward (where patients who may require higher levels of care or requiring non-invasive ventilation were co-horted) were of concern where we observed occasions when non registered nursing staff were left for periods of time caring for patients requiring high levels of care.

Our key findings of the inspection carried out on 21 October 2015 were as follows:

- Staffing levels for Wellington ward Higher Care Bay had been increased. This meant there was 24 hour registered nurse presence on the Higher Care Bay at all times including when staff had to leave the bay to prepare medications or for their break.
- There were regular processes and audits in place to assess patient dependency and to ensure staffing levels and skill mix met the care and treatment needs of the patients in the Higher Care Bay.
- We found that nursing staffing levels in the emergency department (ED) had been increased, using an evidence-based model to inform numbers and skill mix for the main and children's emergency areas.
- Additional registered children's nurses had been appointed to ensure the ED had one on duty every shift.
- The whole hospital discussed staffing issues at the bed meetings, held three times a day.
- We found the concerns raised in the warning notice had been met.

Professor Sir Mike Richards
Chief Inspector of Hospitals

Summary of findings

Our judgements about each of the main services

Service

Urgent and emergency services

Rating Why have we given this rating?

Our findings were that the warning notice had been met. Nursing staffing levels for the emergency department (ED) had been increased following the inspection in June 2015. This meant there were now 14 registered nurses on a day shift and 11 on a night shift. Additionally, there was always a registered children's nurse on duty. There were regular reviews of staffing levels and skill mix, and these were discussed at the regular hospital-wide bed meetings to ensure adequate staffing levels were maintained to keep patients safe in the ED.

Medical care (including older people's care)

Our findings were that the warning notice had been met. Staffing levels for the Higher Care Bay had been increased following the inspection visit in June 2015. This meant there was 24 hour registered nurse presence on the Higher Care Bay at all times including when staff had to leave the bay to prepare medications or for their break. There were regular processes and audits in place to assess patient dependency and to ensure staffing levels and skill mix met the care and treatment needs of the patients in the Higher Care Bay.

Royal Cornwall Hospital

Detailed findings

Services we looked at

Urgent and emergency services; Medical care (including older people's care)

Detailed findings

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Background to Royal Cornwall Hospital

The Royal Cornwall Hospitals NHS Trust is the principal provider of acute care services in the county of Cornwall. The Trust is not a Foundation Trust and performance is monitored by the Trust Development Authority (TDA).

The Trust serves a population of around 450,000 people, a figure that can be doubled by holidaymakers during the busiest times of the year.

Cornwall ranks 110th out of 326 local authorities for deprivation (with 1st being the most deprived).

CQC inspection history

The findings of our inspection in January 2014 were:

Safe: We found the services at the trust were safe however some improvements were required.

Staffing levels had increased and while recruitment continued, bank and agency staff were employed to deal with shortages. Despite this, the staff working in medical and surgical wards at Royal Cornwall Hospital felt under pressure at times. This had been recognised and the trust was continuing to actively recruit staff.

The findings of our inspection in August 2015 were:

Urgent and emergency care services:

Safe: We found nursing staffing levels were frequently below the existing establishment of 12 on days and nine on nights. The existing establishment had been reviewed and found to be insufficient and unsafe; however, numbers had not been increased to the required 14 on days and 11 on nights. Staffing levels had not been increased when the department expanded from nine to 23 major illness beds.

At times nurses were caring for up to nine patients each and we observed some patients who did not receive the care they required as a result of the inadequate staffing.

Medical care (including care of the elderly)

Safe: We found nursing staffing levels and staff deployment in some medical areas did not protect people at all times. These areas included the Wellington ward Higher Care bay. While there were systems in place to measure patient need, the number and grade of staff required did not consistently match the staffing levels seen.

We served a Section 29A Warning Notice in October 2015 related to these findings.

Our inspection team

Our inspection team was led by:

Inspection Manager: Tracey Halladay, Care Quality Commission

The team included CQC inspectors, an emergency department nurse and a specialist respiratory nurse

Detailed findings

How we carried out this inspection

The inspection was unannounced and took place over one day on 21 October 2015. We visited the emergency department and the high care bay on Wellington respiratory ward.

We spoke with nursing and medical staff, support staff, the divisional management team, the director of nursing

and the chair of the board. We reviewed information provided by the trust prior to and by request during the inspection, we also spoke with the Trust Development Authority.

Facts and data about Royal Cornwall Hospital

The Royal Cornwall Hospitals NHS Trust is the principal provider of acute care services in the county of Cornwall. There are 750 beds at three sites: Royal Cornwall Hospital in Truro, St Michael's Hospital in Hayle and West Cornwall Hospital in Penzance.

The trust employs approximately 5,000 staff and has a budget of around £330 million.

In the year 2013-14 there were 105,122 inpatient admissions and 498,324 outpatient attendances. There were over 78,000 attendances at Accident and Emergency in 2014-15.

In the 2014 inpatient survey responses were received from 414 patients at Royal Cornwall Hospitals NHS Trust.

The trust scored about the same as others in A&E for being given enough information on their condition and treatment and for being given enough privacy when being examined or treated in A&E

Patients feeling that they waited the right amount of time on the waiting list to be admitted for procedures scored 7.4 out of 10 which was worse than other trusts. Patients scored the trust as 8.9 out of 10 for not having their admission date changed by the hospital which was about the same as other hospitals scored for this question.

In the 2014 A&E survey the trust scored better than average for patients not having to wait too long before being examined by a doctor or nurse. They also scored about the same as other trusts for feeling reassured by staff if distressed while in A&E and for not having a long wait to receive pain relief if requested.

Urgent and emergency services

Safe

Overall

Information about the service

The emergency department at Royal Cornwall Hospital in Truro is open 24 hours a day, seven days a week to provide an emergency service to the people of Cornwall and visitors to the area. It is the only emergency department in the county of Cornwall, supported by an urgent care department at the West Cornwall Hospital in Penzance, which is run by the same organisation.

The renovated emergency department was officially opened on 24 December 2013 and increased the number of treatment areas for major illness from nine to 23. The resuscitation area, which had not been renovated, consisted of three bays.

Nearly 79,000 patients attended the department last year (2014/15), averaging 216 per day. Of these, just over 6,800 were children. Weekly attendances varied between 1,198 and 1,955, with the summer months and school holiday periods seeing the biggest increases in numbers attending the department. During the first quarter of 2015/16, 15,462 patients attended the emergency department with weekly attendances varying between 1,050 and 1,278.

Patients were triaged when they arrived at the emergency department to ensure they reached the correct area for treatment (majors, minors or resuscitation).

The department had an eight-bedded clinical decision unit used for patients who needed ongoing observation or assessment before they were admitted to hospital, transferred or discharged.

There was a separate secure paediatric emergency area where children up to the age of 16 were assessed and treated. This area comprised a waiting room, two beds and a dedicated room for baby-feeding and nappy-changing.

Additionally, there were three cubicles used for the assessment and treatment of minor illness or injury. These could be used for both adults and children. Recent performance measures had shown the department had

experienced difficulties with achieving the 95% standard for patients to be admitted, transferred or discharged within four hours. In the first quarter of 2015/16 the department had achieved 91%.

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Urgent and emergency services

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Summary of findings

This was a focussed inspection to follow up the Section 29A warning notice issued after our visit in June 2015 where we found concerns with staffing in the Emergency Department. The particular concerns were:

- There were insufficient numbers of suitably qualified, competent, skilled and experienced staff deployed in order to consistently meet people's care and treatment needs.
- There was a failure to review and adapt staffing levels and skill mix in response to the changing needs of people using the service to ensure sufficient staff were deployed.
- There were insufficient numbers of suitably qualified staff on duty in the children's area of the department.

On 21 October 2015 We visited the Emergency department to see what improvements had been made.

Our findings were that the warning notice had been met. We found that nursing staffing levels in the emergency department (ED) had been increased, using an evidence-based model to inform numbers and skill mix for the main and children's emergency areas.

The skill mix review also led to additional senior nursing posts being put in place. Although recruitment was still ongoing, agency staff were being used to maintain safe staffing numbers. The whole hospital discussed staffing issues at the bed meetings, held three times a day.

Additional registered children's nurses had been appointed to ensure the ED had one on duty every shift.

Staff and managers told us they felt the department was safer and that they had more time to spend with patients.

Urgent and emergency services

Are urgent and emergency services safe?

Our findings were that the warning notice had been met. Nursing staffing levels for the emergency department (ED) had been increased following the inspection in June 2015. This meant there were now 14 registered nurses on a day shift and 11 on a night shift. Additionally, there was always a registered children's nurse on duty.

There were regular reviews of staffing levels and skill mix, and these were discussed at the regular hospital-wide bed meetings to ensure adequate staffing levels were maintained to keep patients safe in the ED. Overall, nursing staffing was found to have improved to meet the needs of patients and provide safe levels.

Nursing staffing

- Since our last inspection the trust had approved a business case to increase nursing staffing levels from 12 registered nurses on a day shift to 14, and from nine registered nurses on a night shift to 11. The Royal College of Nursing's Baseline Emergency Staffing Tool had been used to calculate the staffing numbers required for the department. As a result of the review a new leadership model for the department had also been agreed and recruitment to fill the posts had been completed. The new posts included three senior nurses, one clinical matron, two nurse consultants, four band seven nurses and one advanced nurse practitioner. Some staff had already started while others were due to start in the new posts in December 2015 and January 2016. The department hoped that with this strengthened structure staff would be better supported and therefore patient care would be safely managed.
- Recruitment was still ongoing to fill some registered nursing posts. Two recently qualified band five registered nurses had joined the ED and undertaken a four week supernumerary induction programme, working closely with the band seven practice development nurse. While recruitment continued, the ED was relying on agency and bank staff to fill vacant posts. There was a standard agency skill set requirement for bank and agency staff working in the emergency department. In the event that an emergency department skilled nurse was not available to fill a shift, another nurse without the ED skill set would be accepted to ensure safe staffing numbers. Wherever possible, working with the site coordination team, efforts were made to move nurses between departments to maximise skill sets in each area.
- In the first four weeks starting 31 August 2015 there were 21 days where a full establishment of nursing staff was not achieved through permanent staffing (75%). However, during the following four weeks starting 28 September 2015, this had reduced to seven days (25%) and to six days (21%) in the four weeks starting 26 October 2015. The vast majority of these shifts had only one vacancy, although a few did have two or more, and these were mostly able to be covered by agency and bank staff.
- Agency and bank staff were being 'block booked'; that is, the same nurse was being booked to work over several weeks. This ensured consistency in the ED and built stronger knowledge and working relationships, in support of patient care. One bank nurse we spoke with had been block booked until the end of December 2015 and was "enjoying working in ED". There was a clear expectation that reliance on agency nursing would steadily reduce as new staff were appointed.
- Three new healthcare assistants had been recently appointed to work across the department. These roles, as well as providing the ED with additional support staff, enabled the teams to complete patient observations and care rounds to meet patient's needs.
- The ED had introduced a new induction process and was developing a core competency document for nursing staff. One of the band seven nurses had been allocated 50% of their time to concentrate on practice development for the ED and was working on competency assessment booklets and completing induction programmes with new nursing staff.
- In June 2015 we found the department was not able to meet the required standard for ensuring registered children's nurses were available at all times. Since the inspection the department had recruited additional registered children's nurses to be able to provide the required one per shift. Included within the new establishment was a band seven leadership role to oversee the children's nurses. The children's nurses worked 12 hour shifts, matching those of the main department.
- Staff told us they felt the ED had improved greatly with the addition of extra staff. They told us that although there were still times they were under pressure as a

Urgent and emergency services

result of high demand, they no longer felt this was unsafe: “We are better staffed, which is improving patient care...” and “Staffing levels are now safe, and although at busy times we can struggle, it is so much easier.”

- Staffing across the whole hospital site was discussed at the daily bed meetings, held three times a day. We

attended the lunchtime bed meeting and heard staffing being discussed. Areas in need of additional staff were identified and a plan to ensure staffing was adequate was put in place. Staff were moved between departments to maintain safe staffing numbers, and the ED was included in this.

Medical care (including older people's care)

Safe

Overall

Information about the service

This inspection was focused on the Higher Care Bay on Wellington ward. Wellington ward is a 27 bedded respiratory medical ward providing care and treatment for patients with acute and chronic respiratory conditions. The ward has 4 bays and one Higher Care Bay which has 6 beds one of which is a side room. Patients admitted to the Higher Care Bay require additional care and support due to their respiratory condition which may be unstable. This can often include a type of non invasive ventilation to support their breathing. These patients are classed as level one (patients who are stable but require nursing support) or level two (patients who are unstable and at risk of deteriorating) care.

Summary of findings

This was a focussed inspection to follow up the Section 29A warning notice issued after our visit in June 2015 where we found concerns with staffing on the Wellington ward Higher Care Bay. The particular concerns were:

- Insufficient numbers of suitably qualified, competent, skilled and experienced persons deployed in order to consistently meet people's care and treatment needs.
- Staffing levels and skill mix were not reviewed continuously and adapted to the changing needs and circumstances of people using the Higher Care Bay, Wellington Ward.

On 21 October 2015 We visited the Higher Care Bay on Wellington ward, to see what improvements had been made.

Our findings were that the warning notice had been met. Improvements were seen in the staffing levels and skill mix on the Higher Care Bay. This meant patients were receiving safe and appropriate care and support.

Medical care (including older people's care)

Are medical care services safe?

Our findings were that the warning notice had been met. Staffing levels for the high care bay had been increased following the inspection visit in June 2015. This meant there was 24 hour registered nurse presence on the Higher Care Bay at all times including when staff had to leave the bay to prepare medications or for their break.

There were regular processes and audits in place to assess patient dependency and to ensure staffing levels and skill mix met the care and treatment needs of the patients in the Higher Care Bay

Nursing staffing

- On Wellington ward we spoke with the ward sister who told us there had been a review of the staffing levels and these had been improved since June 2015. The new establishment figures considered staffing levels for the Higher Care Bay in addition to staffing required across Wellington ward which had not previously been the case. The revised establishment figures for October 2015 showed an increase in the establishment staffing levels for both registered nurses and health care assistants. There were now three registered nurses on duty in the Higher Care Bay during the day and two overnight. This meant that when staff had to leave the bay to prepare medications or for their break there was always a registered nurse remaining in the bay. We observed registered nurses working in the Higher Care Bay during our visit. They were able to leave the bay to prepare medications and have a break where necessary whilst always leaving a registered nurse presence in the bay.
 - We saw duty rotas for August, September, October and the planned rota for November and December 2015 that showed increased registered nurse staffing levels were consistent. Two registered nurses who were working in the bay on the day of our visit told us staffing levels had improved. This meant they had more time to spend with the patients to ensure their care needs were met.
 - We were told recruitment was ongoing with three more registered nurses being offered jobs. The ward sister said she was working with the trusts education lead to find opportunities to speak to cohorts of student nurse from their own and other trusts to encourage nurses to consider respiratory nursing as an option.
- At this inspection the matron and ward sister explained the Association of UK University Hospitals (AUKUH) acuity and dependency rating tool scores that were used to determine the level of staff required each day. Use of the dependency rating tool meant there were two registered nurses to each patient in the Higher Care Bay. The acuity review was carried out daily at 3pm. On the day of the inspection there was range of patient dependency in the high care bay with one level 1a patient, two level 1b patients, one level two patient and one empty bed. The acuity score for that day had determined the need for three registered nurses to be on duty. We saw there were three registered nurses on duty during the day and three rostered for overnight.
 - The duty rotas showed there were still a number of shifts unfilled for August to December 2015, for registered nurses in the Higher Care Bay. The ward sister told us temporary staff were used to fill vacant shifts and these were registered nurses experienced in working on the Higher Care Bay. Agency staff had made up 27% of the staff on the Higher Care Bay the week prior to the inspection. We saw all temporary staff had to complete a local induction checklist when they worked for the trust. The sister told us they were working on a local induction programme for temporary staff working on Wellington ward and the Higher Care Bay which would cover specific skills and competence for the ward.
 - We were told the clinical site team sometimes moved registered nurses from the Higher Care Bay when they were short of staff elsewhere in the hospital, and this usually happened at night. This only happened when the bay was not full or there were no level 2 patients. Staff told us if patients were admitted to the Higher Care Bay the staff were not always returned to the bay. Staff said they would report any of these instances on the electronic incident reporting system. Staff told us the Staff Escalation Flowchart was available to them and they had been briefed on how to use it if they had any concerns about the staffing levels on the Higher Care Bay.
 - The Director of Nursing told us the clinical site team met regularly throughout the day and were in a 'state of readiness' regarding staffing requirements on the Higher Care Bay. He said they had to record reasons for moving staff from anywhere in the hospital with a view to ensuring safe staffing levels were met and patient safety

Medical care (including older people's care)

taken into account. He added the plan would always be to return staff to the Higher Care Bay if they should admit patients with dependency levels that required them.

- The ward sister told us that since June 2015 a patient safety briefing was carried out at 7am and 7pm each day during shift handover meetings. The safety brief included details about the assessed level of care each patient in the Higher Care Bay required. It also included staff prompts for improvement and safety issues and lessons learnt from previous incidents. We saw there was a completion guide for staff to ensure they completed the safety briefing document correctly. The completed safety briefing documents we saw regularly reminded staff that at least one registered nurse had to be present in the Higher Care Bay at all times.
- We were told the safer staffing audits for the Higher Care Bay were now measured independently of Wellington ward safer staffing audits. This meant the figures for the Higher Care Bay would in future be reflected in the Nursing and Midwifery Workforce review and be available to the trust board in the form of assurance reports.
- The ward sister told us once the staffing levels had been increased she began to concentrate on the skill mix of the staff on the Higher Care Bay. They told us most shifts on the Higher Care Bay were run by a band 6 or 7 registered nurse with a handful of shifts run by a band 5 registered nurse. She added all of the nurses that ran shifts in the Higher Care Bay had undertaken non invasive ventilation training (provision of ventilatory support through the patient's upper airway using a mask or similar device).
- The ward sister showed us and told us, about the respiratory nurse skills competency pathway. This detailed competencies required and desired for staff

working on Wellington ward and in the High Care Bay. The competency forms could be 'signed off' by the non invasive (NIV) outreach physiotherapist or the ward sister once they were satisfied with the registered nurse's level of competency. The ward sister kept a log of which competencies each registered nurse had achieved and when

- We were told about "Monday Skills Mash Up!" which had been introduced each Monday afternoon. This was described as an opportunity to increase staff skills by training tailored to meet the needs of the respiratory patient and their environment. The training sessions were run by respiratory specialist staff and included face to face teaching; ward sister led e-learning and practical sessions. The sessions lasted for an hour and were designed so staff could attend as part of their working day. Sessions would be repeated so that all staff had the opportunity to attend them. Staff we spoke with said they thought the sessions were a good idea and would benefit the ward as a whole.
- The ward sister and staff we spoke to were very enthusiastic about their work and were keen to develop their skills to ensure they provided the best and most up to date care. A staff questionnaire had been introduced for Wellington ward and the Higher Care Bay. It asked how staff felt about a variety of tasks they may be involved with during a shift and comments, thoughts and experiences of their shift. There was an opportunity to rate their shift between poor to great and give a reason for their rating. The questionnaires had only been introduced two weeks before the inspection and were due to be analysed after one month. Although there were no results to look at the ward sister said staff had been keen to complete the questionnaires and said they felt it was good to have their opinions heard.