

CQC Action Plan – Emergency Department (ED)

	Recommendations following December 2020 inspection	Actions and progress	BRAG rating
EDMD01	The Trust must ensure patients are effectively monitored for deterioration and receive timely support to stay safe.	<ul style="list-style-type: none"> • Implementation, revision and monitoring of Quality and Safety Logbook. • Documentation audits with results and lessons learned, shared through governance structure. • Reverse triage in place to ensure the ability to create additional capacity during periods of surge. • Bristol Safety Checklist in place. This is being audited regularly and will be reviewed as part of weekly governance. • Band six development days underway 	On track

		<p>focusing on the identification and management of serious conditions.</p> <ul style="list-style-type: none">• Emergency Care Essentials course underway for all new ED nursing staff.• Delayed ambulance handover standard operating procedure (SOP) in place.• Submitted project initiation document for consideration following the proposal for an enhanced ambulance handover area (original circulated in April 2020).• Ambulance Area Co-ordinator Nurse reinstated to 24/7 from April to reduce delayed handovers through streaming and ensure prioritisation of patients in accessing emergency care.• Escalation SOP for ED staff in development to align with improved site operations and full capacity protocol implementation.• Improved access to walk-in patients by	
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		altering book in process from May	
EDMD02	The Trust must ensure patients have timely access to urgent and emergency care through improved flow in and out of the department.	<ul style="list-style-type: none"> • Acute Assessment Unit (AAU) model developed with mobilisation dates proposed. SOP and risk assessment already complete. • Ambulance Area Co-ordinator Nurse reinstated to 24/7 from April to reduce delayed handovers through streaming. • Escalation SOP for ED staff in development to align with improved site operations and full capacity protocol implementation. • Improved access to walk in patients by altering book in process from May. • Working with the Emergency Care Intensive Support Team to implement Patient First – reducing time from decision to admit, to admission. • Improving the percentage of patients 	On track

		<p>admitted within four hours.</p> <ul style="list-style-type: none"> SOP produced for the Lister Acute Assessment Unit. 	
EDMD03	<p>The Trust must ensure risks are adequately assessed and maintain good governance and oversight within the department to ensure patients are protected from potential harm.</p>	<ul style="list-style-type: none"> Weekly audits undertaken and reported on; these demonstrate improvement in compliance with risk assessments. Care Group governance meetings are running, with minutes and action logs completed. 	On track
EDMD04	<p>The Trust must ensure detailed and up to date records are kept in relation to provision of care and treatment, ensuring they are reflective of each patient's full clinical pathway, and include decisions taken in relation to the care and treatment provided.</p>	<ul style="list-style-type: none"> Thorough audits of documentation are now carried out weekly and monthly, along with spot checks, to ensure detailed records of patient care and treatment are maintained for urgent and emergency care patients; this includes nursing, falls and skin risk assessments. 	On track

EDMD05	The department must ensure there are always enough staff with the right qualifications, skills, training and experience to keep patients safe from avoidable harm and to provide the right care.	<ul style="list-style-type: none"> Following a review of staffing by the Chief Nursing and Quality Officer and her deputy, twilight shifts have been introduced to ensure no gaps in cover. These are currently covered by staff from the Trust's own staffing bank. 	On track
EDSD01	The Trust should continue working to improve COVID-19 testing and waiting times for results.	<ul style="list-style-type: none"> COVID-19 swab timings have now improved. A SOP has been produced which highlights the movement of patients from ED into assessment beds, reducing the time these patients spend in ED, and therefore reducing their exposure to any potential red pathway patients. A red pathway area was also created in ED to minimise the risk to non-COVID patients. 	On track

EDSD02	The Trust should review the environment, ensuring there are segregated routes within the department to reduce the risk of cross contamination.	<ul style="list-style-type: none">• As above, there are designated areas within ED.• Signage has been improved and volunteers are positioned to assist with wayfinding.	On track
EDSD03	The Trust should work with external mental health providers to improve waiting times for crisis beds and travel arrangements.	<ul style="list-style-type: none">• Escalation processes in place.• Introduction of a new SOP for mental health patients implemented Trust wide.	On track