

Healthcare Inspectorate Wales and Wales Audit Office joint review of quality governance arrangements at Cwm Taf Morgannwg University Health Board

Immediate improvement plan

Hospital: Prince Charles Hospital and Royal Glamorgan Hospital

Ward/department: Emergency departments

Visit date: 23 and 24 July 2019

As part of the Healthcare Inspectorate Wales (HIW) and Wales Audit Office (WAO) [joint review of quality governance arrangements at Cwm Taf Morgannwg University Health Board](#), we identified concerns relating to the emergency departments (ED) at the Royal Glamorgan and Prince Charles Hospitals following drop in sessions we held for surgical services and ED staff at both hospitals on 23 and 24 July 2019.

The table below includes any immediate concerns about patient safety identified during our work where we require the health board to tell us about the urgent actions they are taking.

Immediate improvement needed	Standard	Health board's narrative response
Staffing levels At both sites staff raised concerns about nurse and doctor staffing levels across the department, including for patients being managed on beds in corridors, paediatric areas, resus and night-time cover. Consistently, staff felt	Health and Care Standard 7.1 Workforce	We have no recruitment issues within the EDs in respect of nursing staff. During the winter period we roster additional nurses over and above the funded establishment as part of our winter plan to ensure there is always a nurse available for patients who are

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<p>that the agreed staffing levels were inadequate to safely manage the volume and acuity of work. Furthermore, we were told that even the agreed staffing levels were frequently not met or filled by staff without the necessary skill set or experience in emergency care. Staff also described working under what they feel is the equivalent to winter pressures without additional resource and no significant drop in demand over the summer months.</p>		<p>cared for in the corridor areas. As a result of unrelenting activity and capacity issues during the spring and summer this year, we have continued to block book these additional nurses for both departments ensuring there are staff for those patient who may spend time in the corridor. We will continue to monitor this on a daily basis.</p> <p>Skill mix is occasionally an issue when gaps occur due to late notice cancellations or sickness. Staff from other areas of the hospital are then redeployed to support the areas of greatest need. These staff are usually from the critical care areas of the hospital and generally support the resuscitation areas.</p> <p>The Health Board regularly reviews and aligns the staffing establishment within the departments based on the activity levels across the seven day period. During times of high minor's activity we have dedicated emergency practitioner and physiotherapy support in the minor injury areas. There is a review being undertaken at present in respect of emergency nurse practitioner levels across all three emergency departments this work should be presented in the next 2 months for consideration. An increase in this workforce will provide the opportunity to release additional general nursing and medical staff time to support the major's stream.</p> <p>Nurse rosters are prepared six weeks in advance and are reviewed by the senior nurse, any gaps in the rosters are then managed by the nurse bank via block booking arrangements.</p>

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		<p>Paediatric trained nursing resource within the departments is below the 2018 standard requirement. This has been a challenge for the departments, in order to address this the University Health Board is considering the option of funding places for our adult trained emergency nurse's to attend "Principles of Children's Emergency Care" module in Bristol as an interim solution.</p> <p>Medical staffing is more challenging, particularly on the Royal Glamorgan Hospital site due to the high reliance on agency staff. There have been some challenges with fill rate and reliability of staff and there are some occasions where medical gaps do appear on the weekly rota when rostered staff do not honour their commitment. Medical shortfalls are always escalated to the directorate team or on call manager and necessary action is taken to cover the area. Many of the locum staff are well known and work regular shifts within the organisation and work is being undertaken with the medical workforce team to ensure more robust and reliable processes are in place for booking of agency staff.</p>
<p>Patients in corridors</p> <p>A clear message from all staff was around the safety and dignity of managing patients in corridors. This has become, accepted practice within the Health Board, however, a lack of staff to care for patients safely, the amount of time patients spend in the corridor and the impact this has on meeting patient's nursing and personal</p>	<p>Health and Care Standard 3.1 Safe and Clinically Effective Care</p>	<p>As discussed, the former Cwm Taf UHB took a stance of zero tolerance to offload ambulance delays. This was in response to very poor Category 1 performance in the area. As a result the corridors are often used to accommodate patients during times of high demand. As a UHB we will review this approach over the coming months, but would not want to make a sudden decision to reverse this due to the consequences this</p>

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<p>care needs were all raised as concerns. We also learned that it has become common practice, due to pressures on capacity, not just to assess patients in the corridor but also to conduct examinations and administer treatments. In some cases, we were told that emergency areas such as specialised paediatric areas were being used to assist patients with toileting. This poses concerns around the safety, infection control and dignity for patients. Staff were also concerned that in practice there appeared to be no recognised limit to the number patients cared for on beds within corridors</p>	<p>Health and Care Standard 4.1 Dignified Care</p>	<p>would have across the unscheduled care system. As result of our discussion we have ensured that there are areas on both sites that will be held specifically for the care of patients who may be nursed in the corridor. These areas are utilised to ensure the dignity of patients who require clinical examination or personal care interventions.</p> <p>The corridors are utilised for those patients that are at least risk. Should a patient deteriorate whilst being cared for in the corridor they are immediately moved to a suitable area to ensure the correct equipment and monitoring facilities are available. The emergency department information system captures where patients are being cared for within the department and additional work has been commissioned to enable tracking of these patients, so that the UHB is fully sighted on the length of time patients spend in this area. All existing patients with a greater than 12 hour wait within the department (no matter where their location) have a review of the care received to ensure all care provided (including appropriate pressure area relief and personal needs) has been appropriate and timely.</p> <p>Any untoward events/incidents are reported via the Datix reporting system. An initial review of those incidents reported as delays within the emergency departments, has highlighted 78 patient safety incidents since April 2018 (13 month period) across Prince Charles and Royal Glamorgan sites. Six of these were reported as moderate harm, 1 severe and all of the remaining incidents were reported as low or no harm.</p>

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		<p>These are related to delays in general within the department and are not specifically related to corridor waits.</p> <p>In relation to complaints over the same 13 month period, there have been 5 complaints received across the two sites specifically related to corridor waits. All of which were received from the Prince Charles Hospital site. The UHB will continue to monitor these closely whilst improvements in overall flow within the departments is prioritised.</p>
<p>Acceptance of diverted ambulances</p> <p>Staff consistently raised concerns about the arrangements for accepting diverted ambulances from other areas. Staff described that even when the ED was full to capacity, they would still receive diverted ambulances despite trying to communicate this to senior managers. This resulted in unsafe care due to the numbers of acutely unwell patients compared to the number of staff available to care for them</p>	<p>Health and Care Standard 3.1 Safe and Clinically Effective Care</p> <p>Health and Care Standard 5.1 Timely Access</p>	<p>As a UHB we are constantly trying to balance the risks across the system which does require us to divert ambulances between sites. This decision is never taken lightly and is always based on a full understanding of the demand across all areas, including anticipated ambulance demand in the community setting. Sites are always fully briefed prior to any final divert decision. Diverts have been more prevalent over the past few months following the move of the obstetrics and gynaecology service to Prince Charles Hospital. Diverts to the Royal Glamorgan Hospital have been regularly planned to offset the increased pressure on the Prince Charles Hospital ED as a result of the service changes. Discussions are ongoing with the Welsh Ambulance Service NHS Trust to look at a more permanent boundary change to facilitate this activity balance in the longer term.</p> <p>Local escalation processes are utilised to ensure additional managerial and nursing support are available during periods of high activity to manage flow and mitigate risk through</p>

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		cancellation of elective activity or use of additional areas to create capacity. Both acute sites hold three site meetings a day to manage the flow and risk across the system
<p>Impact of service change</p> <p>There were a number of concerns raised regarding the impact of service changes, including uncertainty for the proposed changes to ED in Royal Glamorgan Hospital which compounded difficulties for consultant recruitment. Furthermore, there were concerns around the additional pressures on the ED at Prince Charles Hospital, without the provision of extra support or resource, due to increased demands on the existing stroke service and the move of consultant led obstetrics and gynaecology services from the Royal Glamorgan Hospital</p>	Health and Care Standard 7.1 Workforce	<p>During our recent executive discussions in respect to the paediatric and ED changes (South Wales Programme), we have acknowledged the need to define the date for completion of these changes so that staff have some certainty about the future of services at the Royal Glamorgan Hospital.</p> <p>Clarification of the timeline and what this will mean for staff and for the services of the future is essential, in maintaining staff confidence and engagement.</p> <p>Further details regarding the longer term changes to ED services across the organisation will commence shortly, there is a commitment to ensure full engagement of staff in these changes. Review and further development of the gynaecology pathways as a result of recent changes is ongoing and a key area of redesign for the directorate team.</p>
<p>Staff support</p> <p>It was clear that staff we spoke to are extremely dedicated and hardworking individuals who support each other as a team in a challenging working environment. However, staff morale was extremely low, with staff feeling there was little recognition from management about the extreme pressures they were working under. Several staff members told us they experienced high levels of anxiety</p>	Health and Care Standard 7.1 Workforce	Management presence within the departments has been limited over the past six months due to long term sickness. This will be resolved this week following the appointment of a new manager to the area. This will provide the opportunity to re-engage staff in twice daily huddles, which should improve communication and the ability for staff to raise concerns and have these concerns acted upon promptly. The importance of

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<p>about coming into work due to the pressures and concerns about patient safety they would encounter. Staff consistently told us that they have raised concerns with managers and whilst some felt that managers had listened to them, there was a lack of timely action being taken as a result. In terms of culture, staff also explained that they had been discouraged by senior managers from using Datix to report incidents relating to high numbers of patients cared for in corridors without sufficient staff to care for them safely. Overall, we were extremely concerned to hear that staff across both sites consistently describing that practice is unsafe, but felt they could do no more to escalate their concerns.</p>		<p>Datix reporting will also be reinforced so that staff feel confident in raising concerns.</p> <p>A recent pilot has commenced in the Royal Glamorgan Hospital, with the introduction of a wellbeing champion. This member of staff meets with colleagues within the emergency department on a monthly basis to discuss a variety of issues including staff concerns, work pressures and initiatives to improve the working environment. This pilot will be evaluated after a six month period with a view to rolling this initiative out across the other departments. File notes of discussions are made and action is taken to Datix any concerns raised and act upon issues appropriately.</p> <p>As a senior team we plan to re-introduce executive drop in sessions across the departments to facilitate staff engagement and opportunities to raise concerns directly. We will also commence "patient experience collaborative real time surveys" in both departments to ensure we are capturing and acting upon any patient concerns.</p> <p>In addition to the above, we are at present receiving support from the NHS Wales Delivery Unit as a result of our concerns in respect of activity levels and performance (particularly in Prince Charles Hospital). To date there have been no immediate concerns raised and we look forward to working with the Delivery Unit on a robust action plan to ensure the services we are providing are safe and effective.</p>

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print): Sharon Hopkins

Job role: Interim Chief Executive, Cwm Taf Morgannwg University Health Board

Date: 8 August 2019