



# Wye Valley NHS Trust

**Health Care and Wellbeing Scrutiny Committee**  
**Monday 29<sup>th</sup> July 2024**

**Care Quality Commission Inspection**  
**Emergency Department**

*A quality of care we would want for  
ourselves, our families and our friends*



Compassion • Accountability • Respect • Excellence

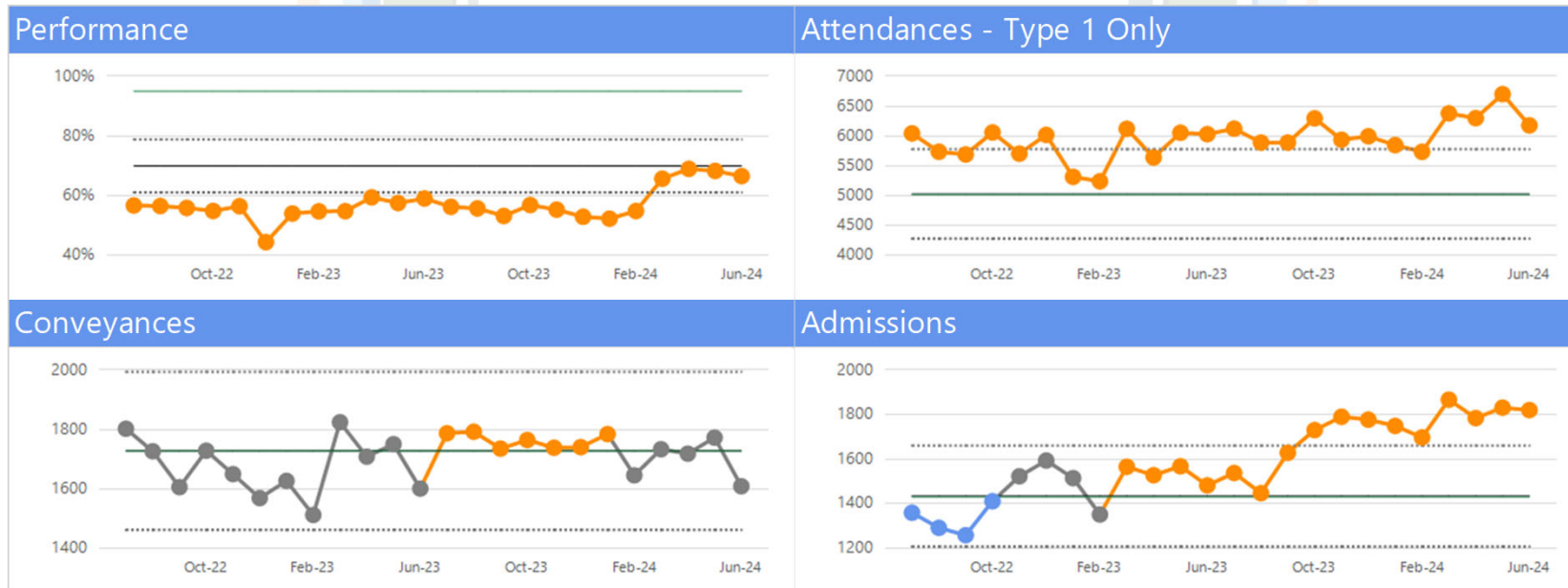
# Agenda

- Introduction – Jane Ives
- Emergency Department Activity/Performance – Jon Barnes
- Discharges/bed occupancy – Jon Barnes
- CQC visit/findings – Lucy Flanagan
- CQC - Operational immediate and ongoing response – Lucy Flanagan
- Strategic response

# Emergency Department

## Overview

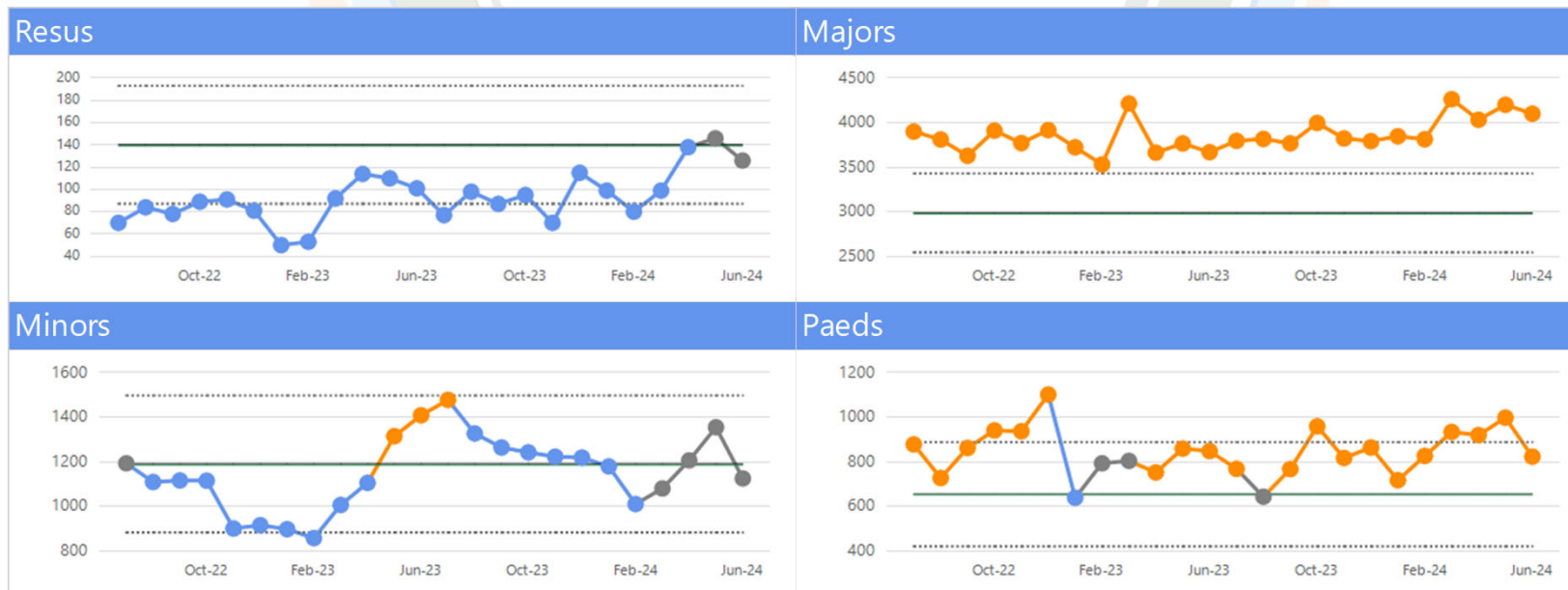
- Attendances at ED have increased and are above the pre-covid levels
- Ambulance conveyances have dropped - partly due to work that has been undertaken to put in place a community urgent response
- Emergency Admissions relates to all admissions (i.e. including SDEC)



# Emergency Department

## Care Groups

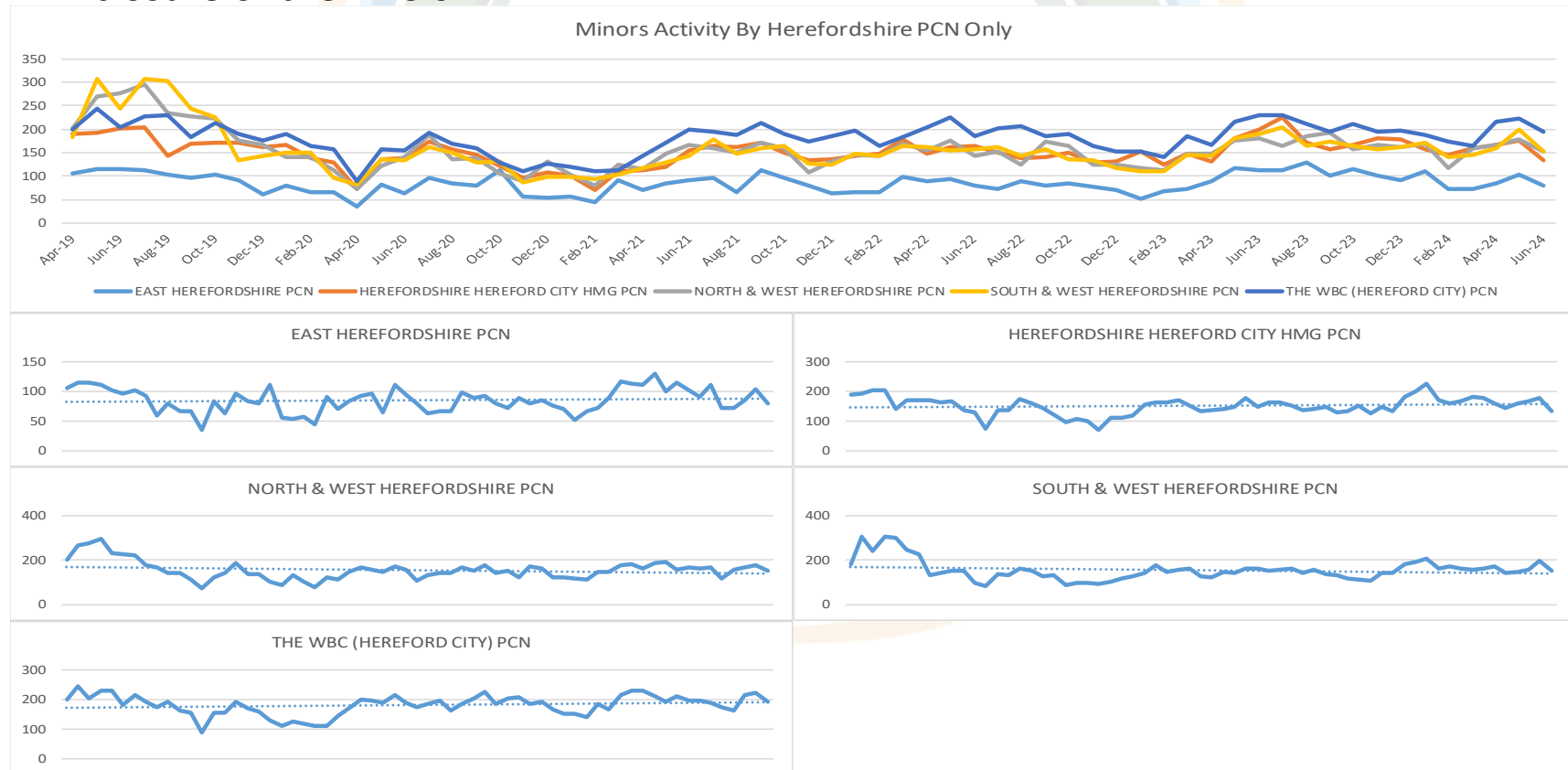
- The number of patients requiring resuscitation have remained reasonably stable but with some apparent growth over the last few months
- The volume of majors patients have increased over time.
- The volume of Minor patients have stayed reasonably stable
- Paediatric attendances remain broadly stable albeit with additional pressures over the winter period each year



# Emergency Department

## Minors By Herefordshire PCN

- There has been no change in minor activity at the acute hospital ED following the closure of the MIU's

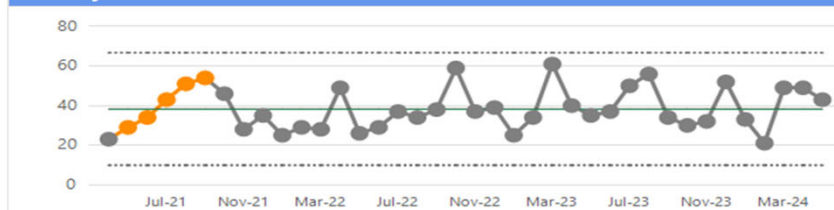


# Emergency Department

## Acuity

No clear patterns evident here –some growth in ‘standard’ acuity and some variation in ‘very urgent’ and ‘urgent’ but the total of the 2 showing steady rather than sharp growth.

Acuity: 1 - Immediate



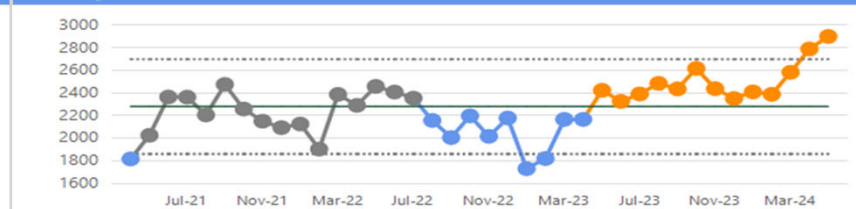
Acuity: 2 - Very Urgent



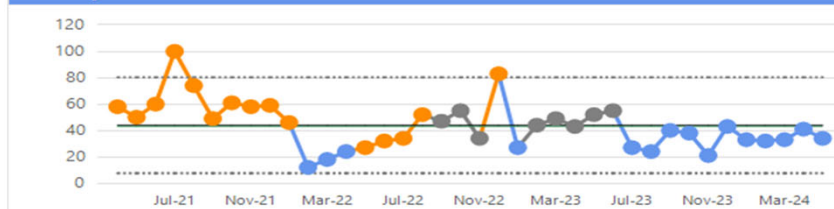
Acuity: 3 - Urgent



Acuity: 4 - Standard



Acuity: 5 - Low



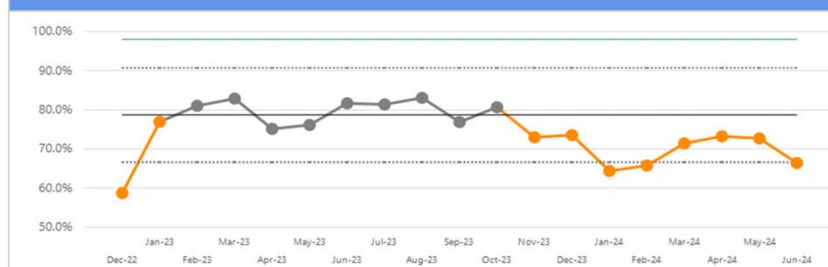


# Emergency Department

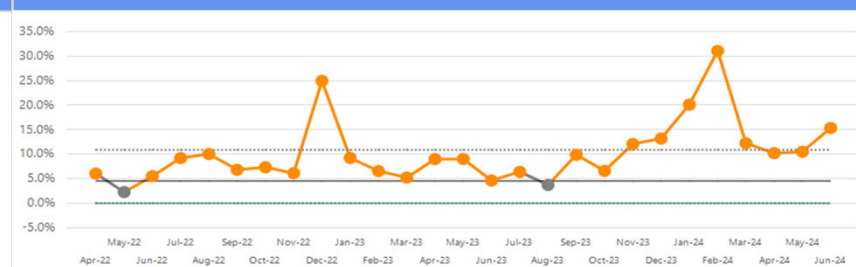
## Performance

- The increase in ambulance handover times (although still benchmarking well nationally) are due to the number of patients in the ED – this is best illustrated by the volume of patient awaiting an admission in ED as 8am.

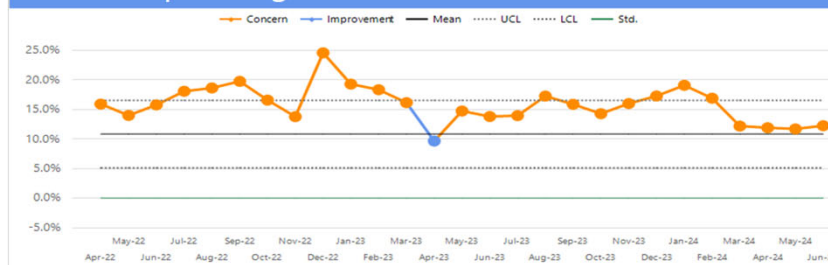
### Ambulance Handover Within 30 Minutes



### Ambulance Handover Within 60 Minutes



### Patients Spending More Than 12 Hours In ED

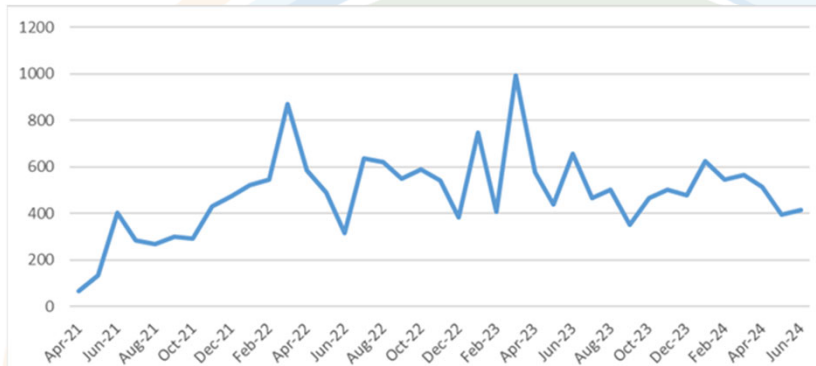


### Patients With A Decision To Admit At 8am

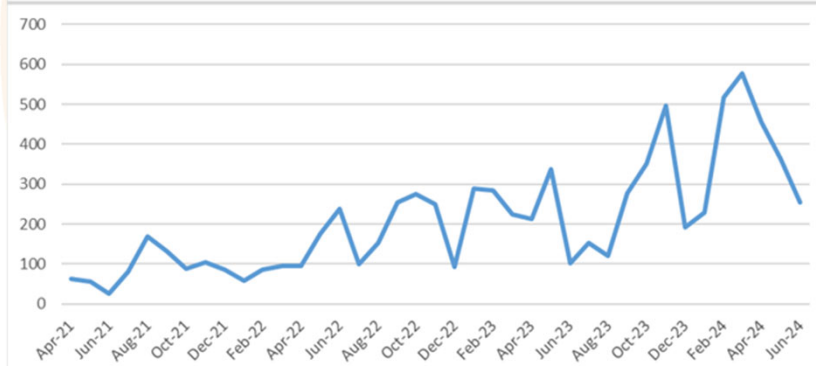


# Discharge Delays

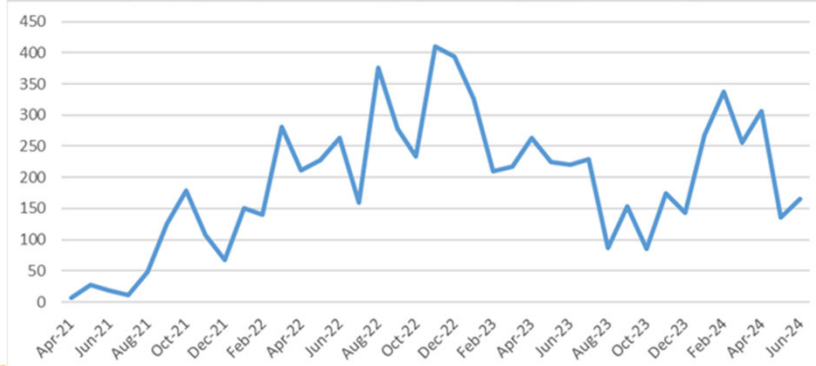
Pathway 1



Pathway 2



Pathway 3



These are figures for all delays - Herefordshire Powys and other English Counties

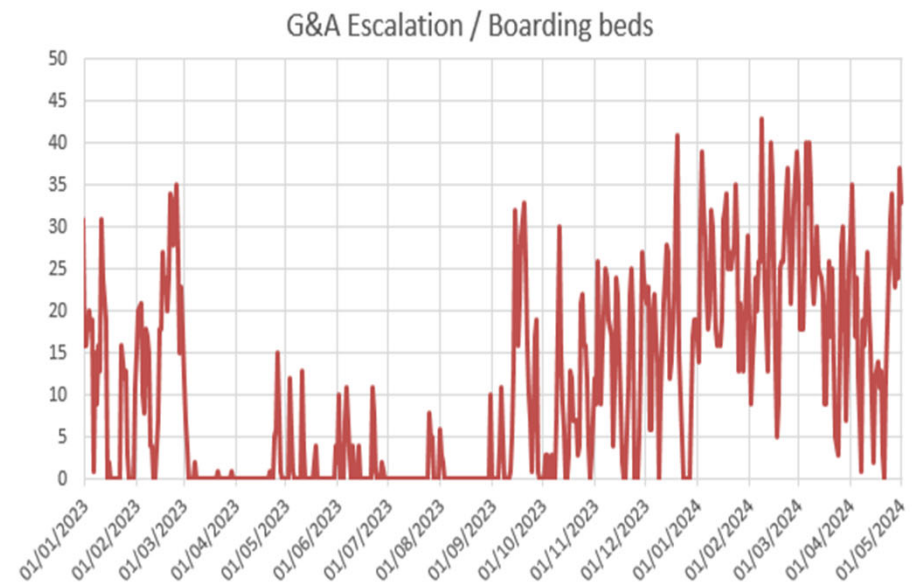
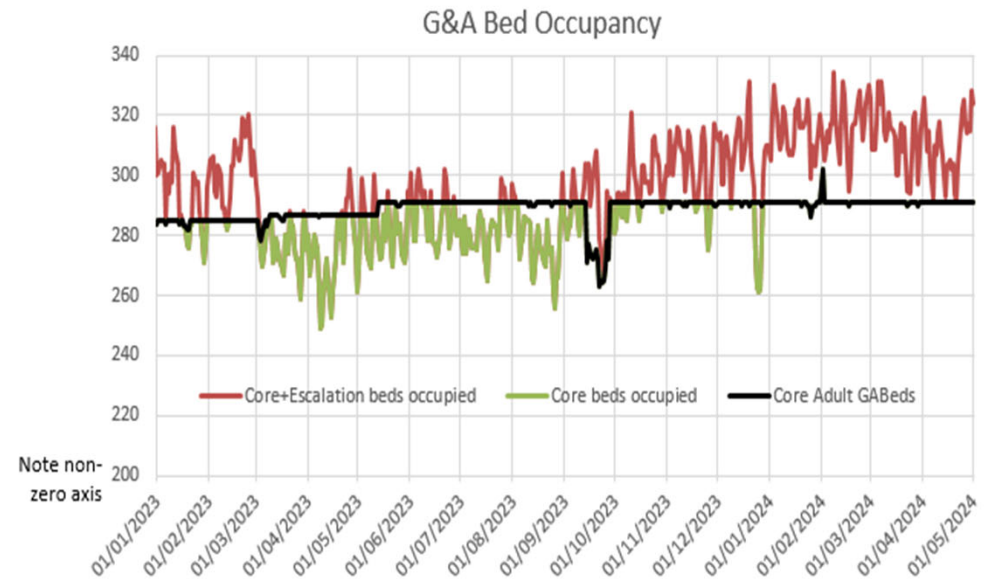
Herefordshire and Powys making up around 90% of the total and the split between the 2 circa 60/40 with Powys being the smaller part.

Powys represents 15% or workload over the Winter 23/24 circa 40% of the total delays



# Acute Bed Occupancy

- Over the last year the average beds used is roughly equal to beds available – i.e. 100% occupancy on average
- In the last 6 months escalation beds used 20-40 at any one time



# Care Quality Commission

- Unannounced/focussed / core service inspection/ emergency department only
- December 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> and 20<sup>th</sup>
- All five domains
  - Caring
  - Responsive
  - Safe
  - Effective
  - Well led

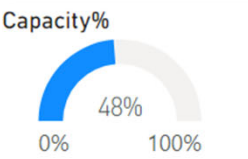
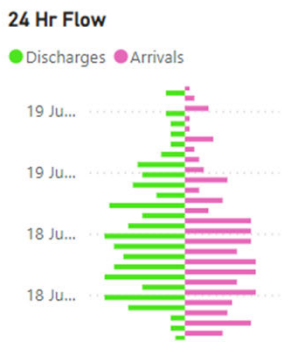
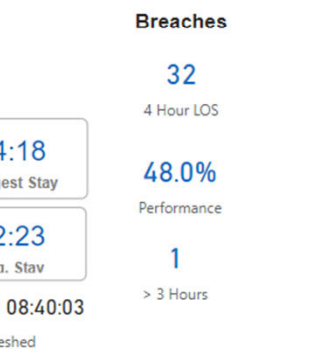
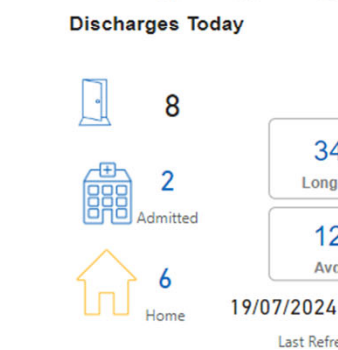
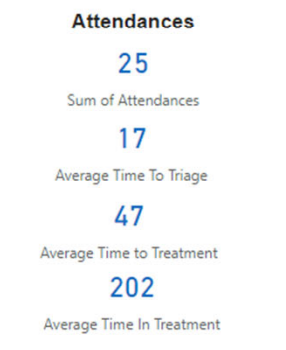
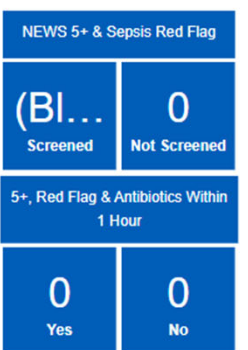
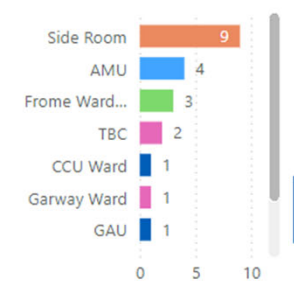
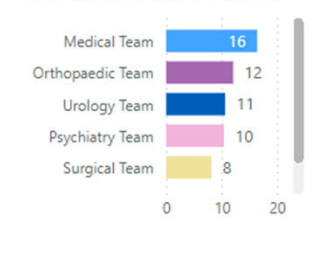
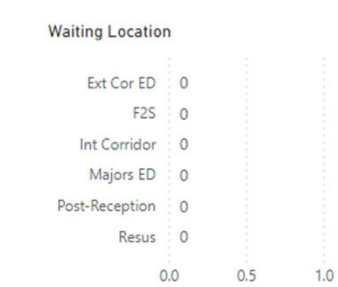
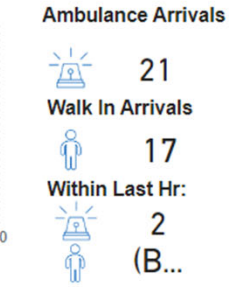
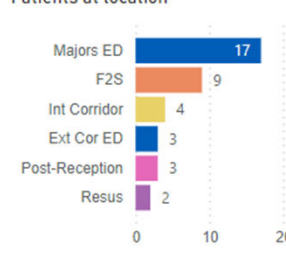
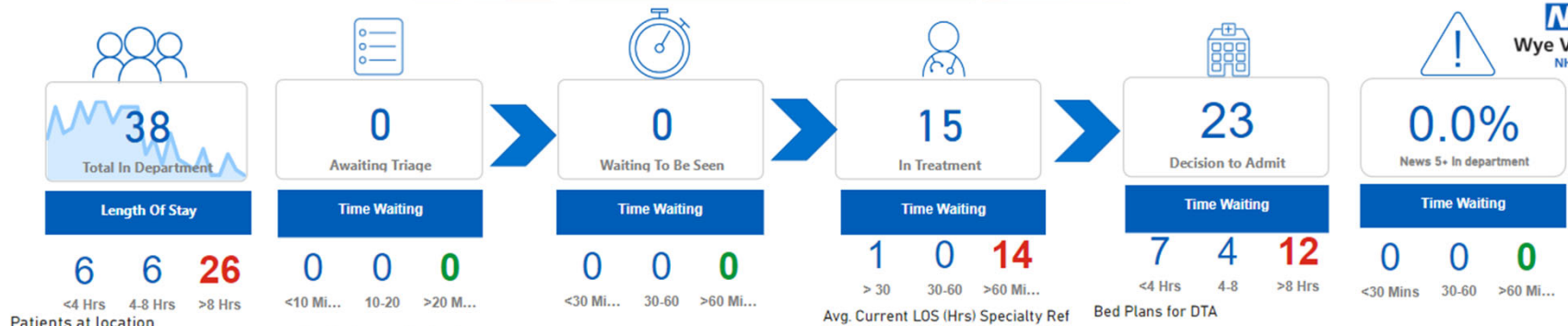
# CQC findings requiring urgent attention

- Nurses – child specific training
- Triage process
- Clinical observations
- Management of sepsis
- Oversight of waiting room/corridor/ fit to sit
- Medicines management (2 computer systems)
- Some environmental matters

# CQC safety Summit – Friday 8<sup>th</sup> December

- Revised staffing arrangements
- Enhanced paediatric support
- Revised Standard Operating Procedures for sepsis, triage and clinical observations
- Baseline audits for documentation, clinical observations, medication and sepsis
- Care provision for patients waiting for a bed
- Environmental and estate matters resolved
- Launch of the ED dashboard (in development for 12 months)

# ED Dashboard



# CQC ratings – Emergency Department

Inspection 2015						
Safe	Effective	Caring	Responsible	Well-led		Overall
Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement		Requires Improvement
Inspection 2016						
Safe	Effective	Caring	Responsive	Well-led		Overall
Requires Improvement	Good	Good	Requires Improvement	Good		Requires Improvement
Inspection 2020						
Safe	Effective	Caring	Responsive	Well-led		Overall
Good	Good	Good	Requires Improvement	Good		Good
Further inspection in December 2020 not a full service - no rating chance						
Inspection 2023						
Safe	Effective	Caring	Responsive	Well-led		Overall
Inadequate	Requires Improvement	Good	Requires Improvement	Requires Improvement		Requires Improvement




# CQC Report – what we did well

- Good infection prevention practices
- Staff worked well together as a team
- Patients treated with compassion and kindness
- Visible leadership
- Staff felt valued, respected and supported
- Commitment to improving services

# CQC Report – what we need to improve



## Action the service must take to improve:

- The provider must ensure it is assessing the risks to the health and safety of patients of receiving care or treatment and doing all that is reasonably practicable to mitigate any such risks through carrying out and documenting regular observations, clinically-led navigation of patients through the department provided by trained and experienced staff, managing patients medicines on time, assessing and responding to deteriorating patients and responding to any risks such as sepsis, pressure ulcers, falls or patients in pain. (Regulation 12 (2) (a)(b): Safe care and treatment).
  - The provider must ensure it has sufficient numbers of suitably qualified, competent, skilled and experienced staff who receive such appropriate training to carry out the duties they are employed to perform and ensure staff are trained to the right competency in safeguarding and life support. The provider must have sufficient medical staff to run the department safely and effectively including a paediatric emergency medicine consultant. (Regulation 18 (1) (2) (a): Staffing).
  - The provider must ensure it is assessing the risks to the health and safety of patients of receiving care or treatment and doing all that is reasonably practicable to mitigate any such risks through effective and safe care to patients needing ongoing treatment but unable to have timely access to a hospital bed. (Regulation 12 (2) (a)(b): Safe care and treatment).
  - The provider must ensure there are systems and processes to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activities. It must assess, monitor and mitigate the risks relating to the health, safety and welfare of patients and others who may be at risk which arise from the carrying on of the regulated activity. The service must have an effective governance system, risk profile and audit programme to be assured it is providing safe quality care and knows and addresses where it should improve. (Regulation 17 (1) (2) (a)(b): Good governance).
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# Where are we now

- Business case to Trust board for medical staffing
- Business case to Trust board for nurse staffing
- Senior nurse oversight – extended hours of cover
- Improved audit findings/ revised governance arrangements
- Live dashboard improving situational awareness
- Remains a significant priority – Next Deep Dive at Quality Committee in August 2024
- Revised Escalation process and associated quality/safety response
- Environmental and estates improvements planned for August/September

# Wider Strategy

- Virtual Ward
- Community Integrated Response Hub
- Improve access to GP out of hours
- Maximise Same Day Emergency Care
- Diagnostics
- Bed capacity and Winter 2024
- Discharge to assess