

Appendix 1: summary of concerns about urgent care

Theme: admission pathway			
Concern	Source	Trust's response	Suggestions for additional assurances
Delays in handover time from ambulance crews to the Emergency Department team.	CQC report	Protocols have been agreed with the Ambulance Trust for patient handover and care of people in Emergency Department corridors in exceptional circumstances. Significant improvements have been made to the triage process, with dedicated space and resources, and triage time has significantly improved.	<i>How many and what proportion of patients are being triaged within the 15 minute target? How many and what proportion of patients is handed over within 30 minutes of arrival by ambulance?</i>
Providing care for people in Emergency Department corridors in the absence of current protocols.	Report to the Health and Well-being Board on 12 May 2015 and CQC report	Emergency Department capacity at Worcester Royal has been increased by 12 cubicles and the Clinical Decision Unit (CDU), Medical Admissions Unit (MAU), and emergency admission wards reconfigured. The routine use of non-cubicle space as for patient care will be eliminated.	<i>Are any patients being cared for in Emergency Department corridors?</i>
Routing of emergency admissions through the Emergency Departments rather than using medical and surgical assessment units.	Report to the Health and Well-being Board on 12 May 2015	Assessment units for patients within the main hospital have been reinstated so that GP emergency admissions can bypass the Emergency Department.	<i>How many and what proportion of patients are admitted through the assessment units vs Emergency Departments? Are local GPs confident in the assessment units?</i>
People being admitted to hospital without assessment from a senior clinician, and medical staff not sufficiently engaged in the pathway of care.	Report to the Health and Well-being Board on 12 May 2015	Senior clinical review of all admissions within 12 hours will be introduced.	<i>How many and what proportion of all emergency admissions have a senior clinical review within 12 hours?</i>
Lack of clarity about the respective roles and responsibilities of Emergency Department and ward teams, and inadequate handover procedures. No formal "in-reach" from specialities to the Emergency Departments	Report to the Health and Well-being Board on 12 May 2015 and CQC report	Emergency pathways of care for Medicine, Surgery (general and some specialty), and Gynaecology are being developed to reduce the workload on the Emergency Departments.	<i>What is the progress of development of these pathways?</i>

Theme: clinical safety in Emergency Departments			
Concern	Source	Trust's response	Suggestions for additional assurances
Children not routinely screened for safeguarding concerns.	CQC report		<i>What is being done to address this?</i>
Paediatric patients at risk because of inadequate measures in place in relation to their security.	CQC report	Procedures have been introduced for maintaining the security of the Emergency Department and paediatric areas.	<i>Are these procedures fully operational? Is there any residual security risk?</i>
High reliance on locum senior medical staff.	CQC report		<i>Are there any plans to recruit additional substantive senior medical staff?</i>
One consultant on site after 5pm covering both sites, including trauma calls.	CQC report		<i>Are there any plans to increase out of hours senior medical cover?</i>
Shortfall in nursing staff numbers.	CQC report	Staffing numbers are monitored every day both retrospectively and prospectively. Additional non-clinical staff have started work to support the clinical teams.	<i>How does the Trust predict the number of nursing staff required on each shift? How many and what proportion of shifts are properly filled?</i>
There were occasions when the Emergency Departments were "Overwhelmed", however the escalation process could not always been carried out because there were no more staff available.	CQC report	Escalation policies are being developed to support staffing when the Emergency Department is busy.	<i>Are these escalation policies completed? How are staff redeployed when the Emergency Departments are overwhelmed?</i>
Clinical risk assessments not always completed for each patient and observations not always recorded in patient notes.	CQC report	Additional checks and audits of patient care are in place.	<i>How does the Trust measure whether clinical risk assessments have been completed and recorded? What are the results?</i>
Patients not always appropriately monitored.	CQC report	Additional checks and audits of patient care are in place.	<i>How does the Trust measure whether patients are properly monitored? What are the results?</i>
Delays in administering medication,			<i>What is being done to address</i>

including pain relief			<i>this?</i>
Patients not offered fluids			<i>What is being done to address this?</i>
Lack of quality controls for basic clinical procedures.	Report to the Health and Well-being Board on 12 May 2015		<i>What is being done to address this?</i>
Not all staff followed infection control procedures.	CQC report		<i>What is being done to address this?</i>
Lack of systems to accurately track people onto the wards. The white boards used to track patients did not always reflect where they actually were.	Report to the Health and Well-being Board on 12 May 2015 and CQC report		<i>What is being done to address this?</i>
Computer terminal screens were not always locked and confidential patient details were on display.	CQC report		<i>What is being done to address this?</i>

Theme: environment (relates to the Worcester Royal Emergency Department)			
Concern	Source	Trust's response	Suggestions for additional assurances
Systems for the management, storage, administration, disposal and recording of medication, including controlled drugs and oxygen, were not robust.	CQC report		<i>What is being done to address this?</i>
Staff had not documented daily equipment testing for the resuscitation trolley. Single use items had expired.	CQC report		<i>What is being done to address this?</i>
Some equipment was dirty or broken.	CQC report		<i>What is being done to address this?</i>
Clinical "sharps" boxes were left open and unsecured in patient areas.	CQC report		<i>What is being done to address this?</i>
A fire door was damaged.	CQC report		<i>What is being done to address</i>

			<i>this?</i>
Doors had been wedged open in contravention of Trust policy.	CQC report		<i>What is being done to address this?</i>

Theme: discharges			
Concern	Source	Trust's response	Suggestions for additional assurances
Poor discharge lounges.	Report to the Health and Well-being Board on 12 May 2015	A fully functioning discharge lounge will be established.	<i>When will this be complete? What capacity will it have?</i>
Unsafe transfers – people being discharged before they are medically stable and/or without proper handover to community services			<i>What has been done to explore this? Is there any evidence that this remains a problem?</i>

Theme: governance			
Incidents are not always reported.	CQC report		<i>What is being done to address this?</i>
Dissemination of learning is informal, through teaching sessions for junior doctors.	CQC report		<i>What is being done to address this?</i>
Recommendations and improvement plans not being properly implemented.		A comprehensive improvement plan is now in place	<i>What does this cover? Is there clinical sign up? How does the Trust monitor progress?</i>
Limited perceived support at executive level for the Emergency Departments.	CQC report		<i>What is being done to address this?</i>