GIG CYMRU NHS WALES
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg University Health Board

CREU IECHYD CREATING HEALTH | GWELA GOFAL IMPROVING CARE | YSBRYDOLI POBL INSPIRING PEOPLE | CYNNAL EIN DYFODOL SUSTAINING OUR FUTURE

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Dyddiad/Date: 11 March 2025

D Regan
Assistant Coroner
The Old Court House
Court House Street
Pontypridd
CF37 1JW

Dear Mr Regan,

Thank you for your letter to the Health Board on 17th January 2025, and the attached Regulation 28 Report regarding the tragic case of Jackson Yeow. We acknowledge the serious concerns raised about patient care within the Emergency Department (ED) at Princess of Wales Hospital (POWH), particularly the use of corridor spaces for patient care, the impact on ambulance handovers, and broader hospital flow challenges.

We would like to reassure you that Cwm Taf Morgannwg University Health Board (CTMUHB) recognises the risks associated with these issues and is taking decisive action to address them.

(1) Care for patients in the emergency department is frequently provided in the corridor and other non-clinical spaces, which:
(a) Impedes efficient clinical assessment, causing clinicians to take longer performing tasks and rendering clinical care more difficult.

CTMUHB recognises that corridor care presents significant challenges to efficient clinical assessment and patient safety. We are actively working to reduce reliance on non-clinical spaces through investment in additional nursing staff, transformation programmes and improvements in patient flow, and the implementation of enhanced escalation processes.

A key element of our improvement strategy has been the full recruitment of additional nursing staff, including an increased number of senior nurses within the department. This

ensures that senior clinical oversight is available 24/7, with dedicated senior staff responsible for maintaining patient safety and ensuring timely clinical assessment, initiation of treatment and if required escalation of care.

The joint RCEM & Royal College of Nursing (RCN) Nursing Workforce Standards for Type 1 Emergency Departments (2020) clearly outlines the balanced workforce requirements for EDs, ensuring that there is the correct skill mix with appropriate knowledge and skills to provide safe, effective, high-quality emergency care in a timely and sustainable manner. This guidance is not solely based on the numbers required in accordance with staff-to-patient ratios within the ED but has a heavy focus on skill mix, experience, and 'banding' of the nurses required.

The RCN BEST Tool has been used to determine optimal staffing levels, ensuring the correct distribution of senior and junior nursing staff within the Emergency Department. These measures align with recent Health Inspectorate Wales (HIW) recommendations, which previously identified workforce gaps that required urgent action to improve patient safety.

Furthermore, the Welsh Emergency Medicine Workforce Census (2023) highlighted that current staffing shortfalls contribute to increased workload and clinician burnout, ultimately impacting patient care quality. The service's leadership team have a keen focus on the right staffing levels and have attracted significant investment into the ED workforce to ensure the safety and effectiveness of care delivery across Princess of Wales Hospital ED.

We are committed to ongoing improvement across our Emergency Departments and working towards the eradication of corridor care unless in extremis. As part of this work the leadership team are working in collaboration with the POW site based team to develop a capital programme to create a dedicated ambulatory bay. The scoping for this work has already happened and capital colleagues are working through feasibility, costing and timeframes for this work. This is a priority to reduce the reliance on non-clinical spaces and to improve patient experience within the ED.

Additionally, the STAMP (Strategic Transformation of Acute Medicine Programme) and OPTIMISE programmes have been introduced to improve patient flow across CTM. The Optimise programme utilises real-time digital tools, such as Red2Green and eWhiteboards, to ensure patients are placed in the right clinical area as quickly as possible. Early implementation of these initiatives across Royal Glamorgan and Prince Charles Hospital have significantly reduced patient delays and improved overall care efficiency and the next phase of roll out includes POW site.

(b) Impedes the ability of staff to recognise a patient's deteriorating condition.

Ensuring early recognition of patient deterioration is a priority. Any patient placed in an ambulatory area or chair is deemed appropriate to be cared reviewed regularly by senior staff. Those who require a major trolley space are escalated as a clinical priority. This information is captured via the enhancement our real-time documentation, safety huddles and information shared via Safe2Start meetings

The float nurse role has been strengthened to provide continuous monitoring of patients in non-clinical spaces. Additionally, DATIX incident reporting is used to capture any patient safety concerns, ensuring rapid escalation to the appropriate senior staff for immediate action. Any patient safety concerns are escalated immediately with prompt transfer of patients to a more clinically appropriate area. This is supported by a ring-fenced escalation space within the ED at POW. Once this space is breached this initiates a site based response to on-board patients into pre-identified areas across the site in order to balance risk.

(c) Increases patient morbidity through environmental factors compromising a patient's ability to sleep, hygiene, and nutrition.

Recognising the impact of environmental factors on patient wellbeing, the service is working with the POW ED team on a capital proposal to create a dedicated ambulatory area. This will provide a more appropriate environment for patients who do not require a trolley space but still need ongoing clinical care.

We have also implemented strategies to ensure patients in non-clinical spaces have access to adequate nutrition and hydration, with additional staffing to support basic care needs.

(d) May slow the process of ambulance handovers.

Corridor care can contribute to delays in ambulance handovers. To mitigate this, we have implemented:

- A fully recruited nursing workforce, reducing the reliance on agency staff and ensuring a consistent, well-trained team is available to manage ambulance arrivals efficiently and make dynamic risk-based decisions on ensuring timely handover of patients and release of ambulance resources.
- We have made significant improvements at POW on ambulance handover times over the past 18 months and we are committed to ongoing improvement in this area.
- A dedicated BRATZ assessment area, where patients are triaged quickly to allow for safe and efficient handovers.
- Ongoing work with Welsh Ambulance Service Trust (WAST) on optimum clinical patient pathways and the Discharge to Recover then Assess (D2RA) Hub, which has improved discharge planning and increased hospital capacity to accept new admissions .

(2) Care in corridors and other non-clinical spaces has been normalised, which in the opinion of the consultant who gave evidence is unsafe.

CTMUHB does not consider corridor care to be a safe or acceptable long-term solution. While we acknowledge that corridor care does exist due to extreme capacity pressures, patient safety remains paramount. Recognising this, CTMUHB is reinforcing patient monitoring within the ED through enhanced float nurse roles, strengthened Safe2Start meetings, and optimised escalation processes. These measures will ensure that patients receiving care in non-clinical areas remain under continuous assessment, mitigating risks associated with deterioration and delayed interventions. Our escalation process ensures that any patient who requires a major trolley space is prioritised, with clinical reviews taking place regularly.

(3) When conducted routinely, care in corridors and other non-clinical spaces reduces the capacity of the Emergency Department so that should acuity escalate, it is likely to cause delays to the release of ambulances.

To prevent corridor care from becoming routine, we in the process of implementing the Optimise programme, which prioritises effective patient flow.

Key components include:

- The use of digital tools that track patient progress in real-time, ensuring that bottlenecks are identified early.
- Implantation of the SAFER board rounds, ensuring all patients receive timely care and are not delayed unnecessarily.
- Increased discharge efficiency through collaborative working with community services by implementing the Discharge to Recover then Assess (D2RA) model, reducing the number of medically fit patients occupying acute hospital beds.

Following implementation of these models on both the POW site and across our two other acute sides have already improved ambulance offload times, with reduced overcrowding in the ED and improved patient experience.

(4) The underlying obstacle to improving flow through the hospital and relieving pressure on the Emergency Department is the significant number of patients who are medically fit to be discharged but whose discharge is delayed due to non-medical reasons.

To tackle delayed discharges, CTMUHB has implemented:

- The Discharge to Recover then Assess (D2RA) model, ensuring that patients who no longer require acute care are moved to the most appropriate setting as quickly as possible.
- We have also developed the Discharge Hub as a centralised resource for patient flow and community bed allocation.
- The Safe2Start meeting is now embedded pan CTM where twice a day the site is reviewed as a whole with real time demand and capacity being reviewed. Here clinical priorities are discussed and decisions are made in relation to patient flow, on boarding and balancing risk to ensure each area is safe to start.

We continue to work in collaboration with local authority partners to improve social care availability and prevent unnecessary delays.

Both the Optimise programme and STAMP programme have been instrumental in their early adoption in improving hospital flow by ensuring that discharge planning starts at the point of admission, reducing bed-blocking and allowing the ED to function more efficiently. We are committed to the roll out of this work pan CTM to continue these improvements.

I would like to provide assurance to you that this organisation takes very seriously the issues raised in this inquest and the subsequent Regulation 28. We appreciate the opportunity to provide this response and remain committed to ongoing improvement, patient safety, and working collaboratively with system partners. We would be very keen to meet and discuss any areas you would want further assurance or detail on and our future plans.

Yours sincerely,

[redacted]

[redacted]

Prif Weithredwr/Chief Executive