

Follow-up review: Temporary Closure of the Ysbyty Cwm Cynon Minor Injuries Unit – Cwm Taf Morgannwg University Health Board

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Contents

Introduction	4
Objectives and scope of our work	4
Key findings	4
Appendix 1 – Audit methods	9

Introduction

- 1 In September 2021, the Health Board decided to temporarily close the Minor Injuries Unit (the MIU) at Ysbyty Cwm Cynon (YCC) due to concerns relating to the fragility of the service and competency-based training compliance. The Health Board subsequently reopened the MIU, albeit on a phased basis, in May 2022.
- 2 In November 2021, we decided to undertake a high-level review to examine the issues surrounding the temporary closure of the MIU at YCC. We found that the closure of the MIU could have been avoided if action had been taken sooner to strengthen managerial oversight of the unit as well as to address the concerns raised in 2018-19 around staff training and qualifications. We also found that the closure of the MIU increased footfall to an already pressured Emergency Department, and that no assessment of the impact on patients had been undertaken. Whilst the Health Board's arrangements to communicate the temporary closure to stakeholders and to redeploy staff were effective, we found gaps in reporting to the Quality and Safety Committee, particularly around the potential harm to patients.
- 3 We made four recommendations for improvement, focussed on:
 - Reviewing managerial oversight arrangements of remotely operating services.
 - Improving oversight of competency-based training arrangements at the MIU and across the wider organisation.
 - Improving performance appraisal compliance rates.
 - Enhancing Quality and Safety Committee oversight and ensuring lessons learnt.

Objectives and scope our work

- 4 The objective of our follow-up review has been to examine whether the Health Board has addressed the recommendations arising from our 2021 review.
- 5 The methods we used to deliver our work are summarised in **Appendix 1**.

Key findings

- 6 Overall, we found that **the Health Board has made good progress in addressing our recommendations, particularly in relation to strengthening managerial oversight of remotely operating services, improving competency-based training arrangements, and increasing performance appraisal rates. However, it still has further work to do around learning and applying the lessons arising from the temporary closure of the Minor Injuries Unit.**
- 7 The findings that support our overall conclusion are summarised below per recommendation:

Recommendation 1 - Reviewing managerial oversight arrangements of remotely operating services

- 8 We considered whether the Health Board has reviewed the managerial oversight arrangements of services which are staffed by the Health Board but operate remotely to ensure they are sufficiently robust and effective. We also considered whether the findings of the review have been reported to the Quality and Safety Committee to provide the required assurances.
- 9 We found that the Health Board has **strengthened its arrangements for providing managerial oversight of remotely operating services, including the Minor Injury Units in Ysbyty Cwm Cynon and Ysbyty Cwm Rhondda.**
- 10 Since our initial review, the Health Board has introduced a new operating model, consisting of Care Groups¹, through an organisational change process. As part of this process, all services delivered remotely outside of the Health Board's three acute sites (Prince Charles Hospital, Princess of Wales Hospital, and Royal Glamorgan Hospital) were reviewed and incorporated into the relevant Care Group structure.
- 11 The YCC MIU, along with the Ysbyty Cwm Rhondda MIU, are now part of the Unscheduled Care Group. The Health Board has agreed a clear scope of practice and standard operating procedure for its MIUs, which set out managerial oversight arrangements. We have seen evidence of the Care Group maintaining appropriate oversight of MIU activity and issues, with regular reporting from the MIUs to the Care Group's Quality and Safety Committee.
- 12 As the review of the remotely operating services was part of the organisational change process, this was reported directly to the Board rather than the Quality and Safety Committee. However, since the implementation of the new operating model, we have observed the Quality and Safety Committee providing good oversight of the quality and safety of the services provided by the Care Groups.
- 13 **We therefore consider Recommendation 1 as implemented.**

Recommendation 2 - Improving oversight of competency-based training arrangements at the MIU and across the wider organisation

- 14 We considered whether the Health Board has reviewed its competency-based training arrangements (at the MIU and across the wider organisation) to ensure:
- effective policies and procedures are in place to support staff to complete all relevant competency-based training in a timely manner;

¹ There are six care groups in total: Planned Care Group; Unscheduled Care Group; Children and Families Care Group; Diagnostics, Therapies and Specialities Care Group; Mental Health and Learning Disabilities Care Group; and Primary and Community Care Group.

- competencies requiring assessment are assessed by qualified assessors in a timely manner;
- evidence of competency-based training completed by staff is recorded appropriately; and
- competency-based training completion rates are monitored and reviewed on a regular basis by the relevant management teams.

We also considered whether the findings of the review were reported to the Quality and Safety Committee to provide the required assurances.

- 15 We found that the **Health Board has taken positive steps to improve its arrangements for competency-based training, with specific arrangements now in place to support Emergency Nurse Practitioners to complete the relevant competency-based training.**
- 16 Whilst the Health Board does not have a specific policy in place relating to competency-based training, it is committed to ensuring that competency-based training is up to date for all relevant staff. Role specific competency-based training is explored as part of an individual's annual Performance Appraisal and Development Review (PADR). If a gap is identified that could potentially impact service delivery, the senior nurse for that area would highlight this in the Care Group workforce meeting and appropriate targeted intervention would be put in place.
- 17 The Health Board has appointed a full-time Senior Nurse for Professional Education, who is also an Agored Cymru² approved assessor. The Senior Nurse for Professional Education is responsible for the governance of the education and training of Emergency Department nurses. Each Emergency Nurse Practitioner³ is aligned to a medical clinical supervisor alongside the Senior Nurse for Professional Education. This is a positive development, as these assessors are in short supply across Wales. The Senior Nurse for Professional Education is currently supporting the YCC MIU and Emergency Department at Prince Charles Hospital. The Health Board has put a plan in place for the Senior Nurse for Professional Education to support the Practice Development Nurses across other Emergency Departments and the Ysbyty Cwm Rhondda MIU over the next few months.
- 18 Professionally trained staff, such as doctors or nurses, are required to undertake and evidence relevant continuing professional development as part of their on-going registration with their respective professional bodies. However, as with other

² Agored Cymru is an education provider that creates nationally recognised, quality assured qualifications and units across a diverse range of subjects in Wales. It delivers the Level 7 Diploma in the Autonomous Management of Minor Injuries, which all Emergency Nurse Practitioners are required to complete.

³ Emergency Nurse Practitioners are registered nurses who have completed further training in the management of minor injuries and who practice without consultant supervision to see, treat, and discharge patients.

Health Boards, there is no computer system in place for them to record this. As a result, the Health Board continues to rely on manual records.

- 19 Within the Unscheduled Care Group, mandatory training compliance is discussed at a bi-monthly Care Group meeting led by the Nurse Directors for unscheduled care and planned care.
- 20 Whilst all of this is positive, there has been no formal reporting on these matters to the Quality and Safety Committee or the People and Culture Committee. We would encourage the Health Board, therefore, to provide an update on these matters to the relevant committee at the earliest possible opportunity to ensure it receives the necessary assurance.
- 21 **We therefore consider Recommendation 2 as implemented.**

Recommendation 3 - Improving performance appraisal compliance rates

- 22 We considered whether the Health Board has agreed a range of appropriate actions to improve compliance rates across the organisation.
- 23 We found that **most staff within the MIU have up-to-date performance appraisals. However, the Health Board's overall PADR compliance rate, whilst improving, remains below the target level of 85%.**
- 24 All but two staff⁴ within the MIU have an up-to-date performance appraisal, which is a significant improvement since our initial review.
- 25 The Health Board has revised its approach to PADRs, recognising their importance on staff development, performance, and well-being. The new approach – known as the 'Your Conversation' process – also places an emphasis on the importance of values and behaviours. As a result, the Health Board has seen an increase in PADR compliance, achieving a 64.4% completion rate in May 2024 compared to 59.4% in June 2023. However, the Health Board, like other Health Boards in Wales, continues to experience challenges in achieving the PADR compliance target of 85% across all staff groups.
- 26 **We therefore consider Recommendation 3 as implemented.**

Recommendation 4 - Enhancing Quality and Safety Committee oversight and ensuring lessons learnt

- 27 We considered whether the Health Board has provided an update report to the Quality and Safety Committee outlining the lessons learned, and confirmation of any outcomes from its work on assessing potential patient harm.
- 28 We found that **whilst no patients came to harm, the Health Board is yet to capture and apply the learning from the temporary closure of the MIU.**

⁴ One is currently on maternity leave, and one is on a long-term absence.

- 29 The Health Board has confirmed there were no reported incidents of patients coming to harm following the temporary closure of the MIU. However, it recognises that further work is needed to capture and apply the learning from the temporary closure. Disappointingly, the Health Board did not undertake a listening and learning exercise at the time of the temporary closure, and three years have now passed. However, the Health Board plans to carry out a listening and learning exercise within the next six months to bring staff and the local community together to explore opportunities to learn from the temporary closure. The event will be supported by Llais Cymru⁵, and the outcomes will be reported to the Quality and Safety Committee.
- 30 **We therefore consider Recommendation 4 as ongoing.**

⁵ Llais Cymru is an independent statutory organisation which represents the interests of patients and the public in the National Health Service.

Appendix 1

Audit methods

Exhibit 2 set out the audit methods we used to deliver this work. Our evidence is limited to the information drawn from the methods below.

Exhibit 2: audit methods

Element of audit approach	Description
Documents	<p>We reviewed a range of documents, including:</p> <ul style="list-style-type: none">• Minutes, agendas, terms of reference and papers from Board and relevant committees and groups, including the Quality and Safety Committee and the People and Culture Committee.• A self-assessment document completed by the Health Board setting out progress against the previous recommendations;• Reports on operating model implementation;• Audit recommendations tracker; and• Job descriptions for relevant staff
Interviews	<p>We interviewed the following Senior Officers:</p> <ul style="list-style-type: none">• Advanced and Consultant Practice Development Manager HEIW; and• Director of Corporate Governance.



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