



BACKGROUND

The Western Mail published an article on Thursday 14 April 2005 entitled 'Political storm over Welsh doctor's 'cry for help e-mail''. The article included a full transcript from the anonymous e-mail allegedly sent by a doctor who had worked in a number of A&E Departments across Wales. Cardiff and Vale NHS Trust was asked to provide a briefing note in response and this is as follows:

COMMENTS ON ALLEGATIONS MADE IN THE E-MAIL

- *"Wish to remain anonymous due to difficulties experienced by others who have spoken out on these issues."*

The Trust has actively engaged with all levels of staff from the Emergency Unit. Staff have met with Trust Executives, MPs, AMs and members of the Local Health Board. Staff have been encouraged to speak openly and honestly. They have also been free to give TV and press interviews without fear of reprisal or repercussion – this has been personally reinforced by the Chair and Chief Executive in their meetings with Emergency Unit staff.

Nurses who have given interviews on camera report that they do not feel that they have been in any way singled out or treated differently as a result of the actions that they took. We do not feel therefore that this applies to this Trust.

- *"Our Emergency departments are third world with patients waiting for more than 90 hours on hard trolleys for a bed on a regular basis."*

There are occasions when patients wait much longer than we feel is acceptable. This has been the focus of a lot of interest both within the Trust and outside of it. It is important to note that only a small number of patients wait anywhere near this length of time for ward beds. During the 2004/05 financial year the average waiting time for a bed was 12.28 hours. This unfortunately means that patients do sometimes wait significantly longer, often because they are waiting for beds on specific wards with particular expertise. Equally, many patients wait significantly less than this time for a bed. In the whole year, a total of 3 patients waited over 90 hours for a bed.

- *"In A&E nursing and medical staff regularly report patients over 90 years of age placed on a hard trolley for days on end."*

The waits for beds will affect all patients and will be dictated by clinical need as well as time waiting. This will mean that from time to time very elderly patients will wait on trolleys longer than we would wish. Approximately 40% of our adult emergency admissions are over 70 years of age. These patients often have complex needs and cannot be placed on inappropriate wards, therefore with recent bed shortages they will be managed in the Emergency Unit until a suitable bed can be found. The trolleys have mattresses in place which have pressure relieving properties and for patient considered as high risk an

additional pressure relieving mattress is also used. In the whole year, 1 patient over 90 years of age waited for over 90 hours for a bed.

- *“I have been forced to ask several patients in severe pain to sit on the floor in the corridor when we have even run out of chairs.”*

This has never been reported within the Trust.

- *“One day I was driven to tears when I overheard a nurse saying “I am so sorry, but I have to stop this other patient bleeding, so you will have to wee in the bed and I will help you when I can.”*

This would be a deplorable situation for staff and patient. This has never been reported within the Trust.

Our Unit is regularly expected to manage far more patients than it was designed to accommodate and when this occurs we do bring in extra nurses to help with the workload. Whenever possible we do not expect the regular nursing staff to manage the extra numbers, although there are occasions such as Bank Holidays when no additional staff can be provided by any of the agencies and as a result the work load for existing staff becomes very difficult.

- *“Emergency Department staff can no longer deal with circumstances where they have dying children in their arms and nowhere to put them.”*

This may refer to a recent and rare event where a baby was brought in by car without any notice. As a result the normal advance preparation of a resuscitation bay was not possible. The appropriate care was given as quickly as possible. This did not affect the clinical outcome of the case.

- *“We can no longer apologise to elderly ladies when exposing their breasts in order to perform lifesaving tests in a hospital corridor because there is no room elsewhere.”*

An incident has been reported where an urgent electrocardiograph needed to be performed on a patient on arrival at the Emergency Unit. As there was no immediate space available, the clinical decision was made to undertake the procedure there and then rather than put the patient at greater risk. This involves placing electrodes on the chest area but every effort would be made to maintain the patients dignity. The procedure would only be performed in this area where there is an urgent clinical need.

- *“Compare the University Hospital of Wales with its two consultants in Emergency Medicine to comparable units in England with nine or ten.”*

This is misleading as the UHW has a permanent establishment of 3 consultants. However, one has recently retired. We have advertised for locum cover.

The staffing level is well below a number of English Trusts who do have 9 or 10. The British Association of Emergency Medicine Guidelines recommends 10 to 12 consultants for a unit the size of Cardiff. The Board has agreed an additional £0.5m investment from internal savings which will increase consultant staffing to six and increase other staff levels also.

- *“Go to a department in England nowadays at night and senior doctors are immediately available. In Wales this is rarely the case and the outdated ‘on call’ system for more senior staff continues to fail patients.”*

At UHW there are not enough Specialist Registrar grades to provide round the clock cover. As a result the Trust has recruited Staff Grade doctors. These are non-training grade doctors, often working part-time. These doctors do not provide all night cover. As a result the Trust has only been able to provide middle grade cover until midnight or 2 am.

It is accurate to say that the most senior cover out of hours is provided through on-call arrangements. With only 3 consultant grade staff they provide cover in only the most extreme medical emergencies. It should be noted that there are currently only 2 consultants and they are both doing full daytime work then providing out of hours cover on a 1 in 2 basis.

- *“A group of GPs recently commented that they would ‘dread’ their children becoming seriously ill in the middle of the night.”*

The night cover has been a concern at the Trust for some time. The current middle grade doctors do not work night shifts but do work evening shifts. A review of the middle grade staffing establishment is currently taking place and the Trust is seeking to increase the numbers of training doctors. We are also reviewing the current staffing arrangements to ensure staff are deployed in the best way for patients. There are also paediatric staff available within the hospital to provide advice and support to Emergency Unit staff at night.

- *“In Wales we dream of a 4 hour target”*

The 4 hour target is in place in Wales. In the last quarter (Jan – Mar) 85% of A & E attenders were treated and discharged within the 4 hour target; the Trust’s performance had steadily improved before the recent extreme pressures on the Trust.

- *“In Wales there is no £100,000 incentive for finding beds for patients.”*

This is not a matter for the Trust. However our staff do not need financial incentives in trying to care as well as possible for patients.

- *“We have a weak, ineffective emergency collaborative, which since its inception has had no palpable effect at all on emergency services.”*

We are working closely with the Regional Office on developing these arrangements. Trusts have supported each other on a regular basis in recent months.

- *“Emergency departments in Wales currently have waiting times of greater than eight hours on weekends and evenings despite what the manipulated official figures say.”*

The Trust refutes any allegation that figures are manipulated. The waiting times figures are produced regularly and distributed to staff. A weekly meeting, attended by doctors, nurses and managers, takes place to discuss the data in an open and transparent way. It is true that patients wait more than 4 hours but only compliance against the 95% target is measured.

- *“Patients are forced, due to the confusing and incompetent system to see the wrong doctor at the wrong time in the wrong place.”*

There is evidence that this is happening. The WAG Emergency Care Collaborative has commissioned surveys of A & E attenders across trusts to identify the number of patients that are inappropriately attending.

The Trust has also had dialogue with the Local Health Boards regarding potential ways to improve primary care management of minor emergencies and urgent care.

- *“- Immediate expansion of consultant numbers.”*

See above.

- *“- An urgent review of the primary healthcare system to reverse the more than 10% increase in attendances.”*

The Trust would support any review of the current situation that would reduce inappropriate use of the Emergency Unit.

- *“ – The Assembly should provide chief executives with the resources to meet the 4 hour target.”*

At UHW the key change needed is a reduction in the number of delayed transfers of care as this is recognised as a major contributory factor to the A & E department pressure as the lack of beds prevents patients being transferred out of A & E.

SIMON JONES
Chair

HUGH ROSS
Chief Executive

18 April 2005