Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Follow-up Inspection (Unannounced)

Betsi Cadwaladr University Health Board: Wrexham Maelor Hospital, Emergency Department

Inspection date: 5 December 2017

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Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of healthcare in Wales

Our purpose

To check that people in Wales are receiving good care.

Our values

- **Patient-centred: we place patients, service users and public experience at the heart of what we do**
- **Integrity: we are open and honest in the way we operate**
- **Independent: we act and make objective judgements based on what we see**
- **Collaborative: we build effective partnerships internally and externally**
- **Professional: we act efficiently, effectively and proportionately in our approach.**

Our priorities

Through our work we aim to:

Provide assurance:	**Provide an independent view on the quality of care.**
Promote improvement:	**Encourage improvement through reporting and sharing of good practice.**
Influence policy and standards:	**Use what we find to influence policy, standards and practice.**

1. What we did

Healthcare Inspectorate Wales (HIW) completed an unannounced follow-up inspection of the Emergency Department at Wrexham Maelor Hospital within the Betsi Cadwaladr University Health Board on the 5 December 2017.

Our team, for the inspection comprised of one HIW Inspector, one clinical peer reviewer and one lay reviewer. The inspection was led by the HIW inspection manager.

Further details about how we conduct follow-up inspections can be found in Section 5.

2. Summary of our inspection

Overall, we found evidence that the service provided adequate safe and effective care. However, we also found evidence that the health board was not fully compliant with all Health and Care Standards in all areas.

This is what we found the service did well:

- Interactions between staff and patients were polite, dignified and courteous
- Patients privacy and dignity was maintained when receiving care and treatment
- Environment overall appeared hygienically clean and tidy
- Senior members of staff were visible and provided advice and support to junior members of staff.

This is what we recommend the service could improve:

- Ensure safe management of medicines
- Improve recruitment and retention of staff
- Critically evaluate and implement strategies to relocate patients from sitting in a corridor when awaiting a bed in the assessment unit
- Working relations with the out of hours GP services
- Provide safe, effective and consistent medical management of patients waiting to be admitted from an ambulance into the department.

3. What we found

Background of the service

HIW last inspected the Emergency Department of Wrexham Maelor Hospital on 30 September and 1 October 2014.

The key areas for improvement we identified included the following:

- Patient care
- Patient flow
- Managing risk
- Workforce
- Management and Leadership

The main purpose of this inspection was to follow-up on the above themes identified at the last inspection.

An immediate assurance was issued to the health board during this follow up inspection. It was identified that medicines were being inappropriately stored in an unsafe manner. Details of the immediate improvement plan can be found in Appendix B.

Quality of patient experience

We spoke with patients, their relatives, representatives and/or advocates (where appropriate) to ensure that the patients' perspective is at the centre of our approach to inspection.

The Emergency Department (ED), which incorporates a Clinical Decisions Unit (CDU), are extremely busy departments within Wrexham Maelor Hospital. For the majority of time the ED and CDU were working to capacity. Some patients had been waiting a considerable length of time to be admitted to wards within the hospital.

During our inspection we distributed HIW questionnaires to patients attending the Emergency Department to obtain their views on the standard of care they had received. In total, we received five completed questionnaires from patients in the department.

Feedback provided by patients in the questionnaires was positive towards the care and treatment provided by staff in the department; patients agreed that staff were kind and sensitive when carrying out care and treatment and agreed that staff provided care when they needed it.

Patient comments included the following:

> *"Staff brilliant, extremely busy"*
>
> *"Wonderful treatment by ambulance crew"*
>
> *"Once seen, treatment was excellent. It was the preliminary and waiting times which left much to be desired"*

Dignified care

Throughout our visit we viewed patients being treated with kindness and dignity. This was evident when patients were receiving personal care and treatment as we always observed privacy blinds being utilised to safeguard privacy and dignity. Integrations between staff and patients were professional. Many of the staff were Welsh speakers and this was noted as being very important to patients whose first language is Welsh.

In the questionnaires completed by staff, they were given a number of statements relating to patient care and were asked to rate how often they applied in their experience. Most of the staff that completed a questionnaire generally agreed that in the department, patients' privacy and dignity was maintained, that patient independence was always promoted and that patients and/or their relatives were involved in decisions about their care.

Communicating effectively

Feedback within questionnaires identified some patients had concerns about the lack of organisation and communication they experienced when waiting to be seen upon arrival. There were monitors located within the waiting area for patients which could potentially be used to provide information for patients on waiting times and national health campaigns, but they were all switched off. Senior staff highlighted that they had not been working for some considerable time, due to a software issue.

There was limited information available in the waiting area of the ED for patients on such things as health promotion and national health campaigns. Limited Welsh language information was available in the waiting areas compared to that of English resources such as posters and leaflets. We recommend the health board ensures that the Welsh language is promoted within its hospital sites and given the same level of attention as that of the English language.

A hearing aid loop system was available for people with hearing difficulties. We identified that some information available were Public Health England publications. We recommend that the health board review the leaflets in operation to ensure Welsh NHS / Public Health Wales documents are utilised as a primary resource.

Improvement needed

Evaluate and improve effective methods of communicating waiting times for patients.

Improve information resources for patients in the waiting area.

Evaluate leaflets used by the health board to ensure Welsh NHS / Public Health Wales resources are utilised as a primary source whenever available.

The Health board must improve and develop Welsh language resources available and ensure it receives the same level of attention as that of the English language.

Timely care

As previously noted the department was very busy, with patients having to wait some considerable time to be admitted to the necessary wards within the hospital. However we observed all patients waiting to be admitted being cared for and treated in a professional manner. There were no delays observed during the day of our visit in offloading patients from ambulances into the department.

Individual care

Planning care to promote independence

Overall we identified that patients records were completed to a satisfactory standard. Pressure area risk assessments were completed thoroughly and to a high standard. We did identify that pain assessments were not completed in a robust and comprehensive manner.

There was lots of relevant up to date information available throughout the department on the importance of the early recognition of sepsis. We observed staff caring for a confused patient in a calm and considerate manner, which promoted the patient's dignity.

Improvement needed

We recommend the health board remind all staff of the importance of undertaking pain assessments and repeating these assessments following intervention or providing analgesia.

Listening and learning from feedback

During our visit we identified that there was an electronic system in operation for patients to provide feedback on their experience of the ED. We were informed that this information was regularly reviewed and acted upon if appropriate. However we did not find any information on how to raise a concern

/ complaint in regards to the NHS in Wales 'Putting Things Right'[1]. We recommended that the complaints process for NHS patients needs to be displayed in conspicuous locations around the department and provide the necessary contact details for Betsi Cadwaladr University Health Board and the Community Health Council.

Improvement needed

The health board must ensure that information is freely available to all patients on 'Putting Things Right', the NHS Wales process for raising a concern / complaint.

[1] Putting Things Right is the integrated process for the raising, investigation of and learning from concerns. Concerns are issues identified from patient safety incidents, complaints and, in respect of Welsh NHS bodies, claims about services provided by Responsible in Wales.

Delivery of safe and effective care

We considered the extent to which services provide high quality, safe and reliable care centred on individual patients.

Overall, we observed patients being provided with effective care and treatment by a dedicated staff team that were working to the best of their abilities in difficult circumstances.

Significant deficiencies were identified in medication management which required the health board to undertake immediate action.

We identified potentially unsafe practice in relation to patients being inadequately supervised and having to sit on chairs in a corridor due to the unavailability of beds within the Clinical Decisions Unit.

Safe care

Our concerns regarding medication management were dealt with under our immediate assurance process. This meant that we wrote to the health board immediately following the inspection requiring that urgent remedial actions were taken. Details of the immediate improvements we identified are provided in Appendix B.

Managing risk and promoting health and safety

During our visit the CDU was full to capacity and as a consequence some patients had to sit outside of the unit on chairs in a corridor. Staff informed us that this was far from best practice but at the time they had no choice as there were no other beds available for them. We were informed by senior management staff that the patients who have to sit outside the unit are regularly monitored. However we identified that due to the busy nature of the department these patients were not supervised adequately. This practice was unsafe and placed patients at potential risk. We raised this issue with senior management staff during our feedback session and we were advised that the health board was aware of this risk and that they were looking at methods of addressing it. We recommend that the health board prioritise this aspect of care management as an area requiring urgent attention and improvement.

During our visit we discussed the care and management of patients experiencing delays in being offloaded from ambulances due to the unavailability of beds within the ED. We identified that there was inconsistent practice, whereby some medical staff would go out onto the ambulance to undertake assessments and commence treatment for patients, whilst others would not be willing to go out. We were advised that this inconsistency was due to individual medical practitioners preferences. We recommend that a formal protocol is implemented universally across the health board's EDs. This is to ensure standardised practice is performed consistently and not dependant upon individual medical practitioner's preferences.

As part of our inspection we reviewed the resuscitation trolley in use within the CDU. We identified that the trolley was well stocked and had sufficient equipment to deal with the initial stages of an emergency. We noted that it was the unit and health board's policy for the trolley to be checked daily. However, records viewed identified that this was not happening on a daily basis. Records highlighted gaps where the equipment and stock had not been checked. This was brought to the attention of the ED matron on the day of our visit.

Improvement needed

The health board to provide HIW with an action plan detailing how it intends to address the current practice whereby patients have to wait on chairs outside the CDU for care and treatment when beds are not available.

The health board to implement standardised protocols across all appropriate sites in regards to the consistent assessment and care of patients unable to be offloaded from ambulances due to the unavailability of beds within the hospitals.

The health board to ensure that emergency resuscitation trolleys are checked daily and staff document this accordingly.

Infection prevention and control

Throughout the ED we observed there were sufficient hand washing facilities available. There were ample hand sanitizers and personal protective equipment located predominantly around the clinical areas.

We observed staff working diligently to promote safe and effective infection prevention and control practices. Domestic/house keeping staff were observed to be undertaking their duties in a comprehensive and articulate manner. We did identify some areas requiring improvement. In particular a sluice room located in the Majors area was observed to have commodes with no

information present to determine whether or not they had been decontaminated after use. We also identified that there was a leak from the cistern and jugs appeared to be used to capture the water leaking. Dirty linen bags were overflowing and required emptying. We also identified wheel chairs being used that were ripped. All of the aforementioned issues require the health board to address in a safe and effective manner in order to promote and safeguard patients and staff from potential hospital acquired infections.

Improvement needed

All commodes to clearly identify that they have been decontaminated following use

Leaking cistern requires fixing

Linen bins to be emptied in timely manner

All wheelchairs in use to be fit for purpose

Nutrition and hydration

We were informed that patients are provided with the necessary dietary requirements during their stay at the ED. We were informed that three hot meals are provided for appropriate patients. A small kitchenette facility was available and in use throughout out visit providing hot food and drinks for patients.

Medicines management

During our inspection we evaluated the safe management of medicines within the ED and CDU. Overall, standards were not acceptable and as a consequence an immediate improvement letter was issued to the health board, details of which can be found at Appendix B.

We identified that insulin and analgesia were being stored inappropriately in a cupboard which was not locked. We brought these matters to the immediate attention of the matron who rectified these areas promptly. HIW needed to be satisfied that appropriate action had been taken. We issued an immediate improvement letter to the health board in order to promote safe practices within the health board.

In addition to these deficiencies we identified that medication stored in a fridge was not safe and kept secure. This is because the fridge was not being locked when not in use. An attempt was made to find the key which locked the fridge

but these attempts were unsuccessful. As a consequence an attempt was made to replace the lock on the fridge but this concluded with the fridge being condemned.

We reviewed a sample of medication administration records and we found that these were completed to a satisfactory standard with all relevant required information being present. We did however identify that some patients receiving oxygen, which must be prescribed, did not have this formally prescribed within their records.

Improvement needed

The health board must ensure that all fridges containing medication throughout the health board sites are locked when not in direct usage by staff.

The health board must ensure that oxygen be prescribed appropriately within patients records and inputted on the patients medication administration records.

Effective care

Safe and clinically effective care

We evaluated the current system whereby patients who have non life threatening injuries / illnesses are discharged to the care of the GP out of hours (OOH) service, which is in operation at the department. We identified that a protocol was in operation which identified a set of patients which could be safely managed by the OOH service. Unfortunately this was not operating effectively. A triage nurse was responsible for assessing patients and deciding (in accordance with an agreed protocol) whether these patients could be referred to the OOH service for further treatment. This being the case the triage nurse was expected to provide a comprehensive verbal handover to a GP in the OOH service. This resulted in the nurse being taken away from triaging other patients who may be waiting. This potentially delayed patients with significant injuries / illnesses from receiving timely assessment.

We were informed of a new innovation that the department was planning in regards to the creation of a dementia friendly room. Plans were underway to develop a room that would provide a pleasant environment for patients with dementia. The hope for this new innovation would be to make their visit to the department a less stressful event.

Improvement needed

The health board to evaluate the current systems for referring patients to the OOH service and take action as necessary to promote the timely assessment of other patients at the triage phase.

Record keeping

Overall we identified patients records were completed to a satisfactory standard. However we did identify that some medical personnel were not completing inputs in a methodical and robust manner. We identified numerous examples of recording in patients' records without the inclusion of a time.

Improvement needed

The health board to remind staff to include times of inputs in patients' records and introduce appropriate strategies to monitor this area of record keeping ensuring robust and comprehensive practice.

Quality of management and leadership

We considered how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also considered how services review and monitor their own performance against the Health and Care Standards.

Senior nurses and the department matron were working diligently in order to promote the safe and effective care and treatment of patients attending the department.

The department were experiencing high levels of staff vacancies and as a consequence this necessitated the considerable reliance on agency staff.

Governance, leadership and accountability

During our inspection visit, we talked to a number of staff working in different roles, and all staff spoke positively about the leadership provided by the department sisters and matron. Staff felt comfortable raising any concerns / issues with senior staff. They identified that their concerns would be acted upon in a constructive and timely manner.

We identified during our discussions with senior members of staff that the ED was carrying 7.2 whole time equivalent nursing vacancies. We were informed that there were other vacancies which were due to maternity leave. We were also advised that there were vacancies within the medical staffing establishment. As a consequence the department had become heavily dependent on the utilisation of agency nursing staff to cover rotas. A clear example of this was in relation to the night shift of the 4 December 2017. It was identified that the usual qualified nursing established for night shift was 12 qualified nurses. For this one particular night there were six agency nursing staff used to provide the necessary staffing cover. This has a considerable impact on the permanent members of staff as it increases their workloads as they have extra responsibilities for certain components of patient care and treatment. For example, only permanent staff were able to obtain medication from the electronic medication system. This issue was reinforced by the responses received in the staff questionnaires completed. Staff indicated that they weren't always able to meet all the conflicting demands on their time at

work, and told us that there are only sometimes, or never, enough staff at the organisation to do their job properly. In addition, staff were asked in the questionnaires whether they agreed or disagreed that in general, that their job was good for their health. Staff overwhelmingly disagreed with this statement. Staff told us in the questionnaires how their job has had a negative impact on their health and well-being; one staff member said:

> *"I often feel like due to increased pressure and demand on staff and the department that I go home stressed or feel upset in work."*

The health board must critically analyse this area of staffing management and introduce effective measures in order to recruit permanent staff and promote staff wellbeing.

Staff were asked questions in the questionnaire about their immediate manager, and the feedback received was very positive. All staff members agreed that their manager encourages teamwork and that their manager could always be counted on to help them with a difficult task at work. Almost all staff members told us in the questionnaires that their manager always gives clear feedback on their work, always asks for their opinion before decisions were made that affect their work, and that their manager was always supportive in a personal crisis. Staff provided the following feedback in the questionnaires about their managers and about teamwork in the Emergency Department:

> *"The matron is very supportive and wants the best for her staff and the department. She is approachable and always looks out for her staff"*

> *"The Emergency Department team works extremely well together. Very supportive with each other and all grades contribute to each shift"*

Most staff members reported that they usually knew who the senior managers were in the organisation. Six of the nine staff members that completed a questionnaire thought that senior managers were only sometimes committed to patient care. Staff felt that communication was sometimes effective between senior management and staff, but felt that senior managers didn't always involve staff in important decisions, or act on staff feedback.

The majority of staff agreed that their organisation encourages them to report errors, near misses or incidents, and agreed that when they are reported, the organisation would take action to ensure that they do not happen again.

Staff generally agreed that the organisation treats staff who are involved in an error, near miss or incident fairly, and that the organisation treats any error, near miss or incident that is reported, confidentially.

Most of the staff that completed a questionnaire felt that their organisation acted fairly with regard to career progression or promotion, regardless of ethnic background, gender, religion, sexual orientation, disability or age.

Improvement needed

The health board must provide HIW with an action plan clearly evaluating how it intends to address staffing shortfalls within the ED of Wrexham Maelor hospital.

Staff and resources

Workforce

During our staff indicated that they had undertaken a wide range of training or learning and development while at the hospital. Most staff had recently completed fire safety, infection control, Mental Capacity Act and Deprivation of Liberty Safeguards and dementia/delirium training during the last 12 months. One staff member commented:

"Training is pretty good in this area"

Most staff that completed a questionnaire said that the training or learning and development they complete help them to do their job more effectively.

Seven of the nine staff members that completed a questionnaire said that they have had an appraisal, annual review or development review of their work in the last 12 months. Where training, learning or development needs were identified in these meetings; staff told us in the questionnaires that their manager supported them to achieve these needs.

Discussions with staff identified they knew what was expected of them and were confident in the range of responsibilities and tasks that they were required to complete. Staff informed the inspection team that they are enabled to access training appropriate to their scope of practice. Nursing staff were supported to complete their revalidation with the Nursing and Midwifery Council by the practice.

Improvement needed

The health board must ensure all staff receive timely annual appraisals.

4. What next?

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas

The improvement plans should:

- Clearly state when and how the findings identified will be addressed, including timescales
- Ensure actions taken in response to the issues identified are specific, measureable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

The improvement plan, once agreed, will be published on HIW's website.

5. How we conduct follow-up inspections

Follow-up inspections can be announced or unannounced. We will always seek to conduct unannounced inspections because this allows us to see services in the way they usually operate. The service does not receive any advance warning of an unannounced inspection. In some circumstances, we will decide to undertake an announced inspection, meaning that the service will be given up to 12 weeks' notice of the inspection.

The purpose of our follow-up inspections is to see what improvements the service has made since our last inspection.

Our follow-up inspections will focus on the specific areas for improvement we identified at the last inspection. This means we will only focus on the Health and Care Standards 2015 relevant to these areas.

During our follow-up inspections we will consider relevant aspects of:

- Quality of patient experience
- Delivery of safe and effective care
- Management and leadership

Feedback is made available to service representatives at the end of the inspection, in a way which supports learning, development and improvement at both operational and strategic levels. We will also highlight any outstanding areas of improvement that need to be made.

Further detail about how HIW inspects the NHS can be found on our website.

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
Immediate concerns identified on this inspection and were addressed utilising the Immediate Improvement Plan process (Appendix B)			

Appendix B – Immediate improvement plan

Service: Emergency Department, Wrexham Maelor Hospital

Date of inspection: 5 December 2017

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
Finding The inspection team considered the arrangements for medicines management within the ED. During the inspection we discovered that medication was not being stored appropriately and securely within the department. It was identified that insulin and analgesia were stored inappropriately in a cupboard which was not locked. Improvement needed The health board is required to provide HIW with details of the action taken to ensure that	Standard 2.6	Emergency Departments All three emergency departments have appropriate facilities for the secure storage of hospital medicines. Action 1: Staff immediately reminded that patient's own medicines must be placed in a locked cupboard	Matron WM ED	Immediate Complete

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
medicines are safely stored in the ED and on other wards and departments across the health board. Consideration must be given to following Patient Safety Notices: PSN 015 / July 2015 The storage of medicines: Refrigerators PSN 030 / April 2016 The safe storage of medicines: Cupboards		Action 2: Weekly spot check audit on compliance for a further month in Wrexham Maelor ED Action 3: All ward /departments reminded through daily safety huddles and ward safety briefs for the next week of the requirements for the correct procedure the management of patient own medication. Action 4: Matrons spot check each ward / department within 48 hours to ensure that staff are aware of the correct procedure and that the procedural requirements of PSN 15 and PSN 030 are met. Action 5: Project Plan to address structural requirements (e.g. lighting and temperature) identified following comprehensive medicines storage walkabouts in October and November across all sites to be	Head of Nursing Unscheduled Care Assistant Directors of Nursing Assistant Directors of Nursing Chief Pharmacist Director of Estates	Immediate for ED & by Complete 4 weeks by 5th January Immediate Complete by 18/12/17 Immediate Complete by 18/12/17 Complete plan by end Jan for presentation at Feb EMG

Immediate improvement needed	Standard	Service action	Responsible officer	Timescale
		completed.		

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative:

Name (print):

Job role:

Date:

Appendix C – Improvement plan

Service: Emergency Department, Wrexham Maelor Hospital

Date of inspection: 5 December 2017

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard	Service action	Responsible officer	Timescale
Quality of the patient experience				
Evaluate and improve effective methods of communicating waiting times for patients. Improve information resources for patients in the waiting area. Evaluate leaflets in utilisation within the health board to ensure Welsh NHS / Public Health Wales resources are utilised as a primary source whenever available. The health board must improve and develop Welsh language resources available and ensures it receives the same level of attention as that of the English language.	3.2 Communicating effectively	December 2017 Head of Nursing for Medicine met with ED Matron on 20th December 2018 Evaluation of existing patient has information taken place January 2018 Meeting with Matron for ED on 17.1.18 and arrangements to be made for all Information posters to be translated into Welsh	Directorate General Manager/Head of Nursing	End March 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		March 2018 Visitor Waiting Time Information Screens have now been placed on order. Deputy DGM for Medicine in conjunction with Band 6 ED staff member to undertake patient survey to elicit what information patients would like to see on the system.		
We recommend the health board remind all staff of the importance of undertaking pain assessments and repeating these assessments following intervention or analgesia.	6.1 Planning Care to promote independence	Revised vital signs observation charts to be implemented following awareness training – pain monitoring form part of the overall patient assessment	Head of Nursing/Matrons	Mid February 2018
The health board must ensure that information is freely available to all patients on the NHS Wales process for raising a concern / complaint 'Putting Things Right'.	6.3 Listening and Learning from feedback	Patient Feedback Kiosk Available in ED entrance/exit 5 PTR Information Posters have been placed around the Department PTR Information Leaflets have been	ED Matron	Complete

Improvement needed	Standard	Service action	Responsible officer	Timescale
		provided to ED in both Welsh and English and information on making a complaint to the Health Board has been compiled and currently being translated into Welsh (requested turn date 26.1.18).		
Delivery of safe and effective care				
The health board to provide HIW with an action plan detailing how it intends to address the current practice whereby patients have to wait on chairs outside the CDU for care and treatment when beds are not available. The health board to implement standardised protocols across all appropriate sites in regards to the standardised consistent assessment and care of patients unable to be offloaded from ambulances due to the unavailability of beds within the hospitals. The health board to ensure that emergency resuscitation trolleys are checked daily and staff document this accordingly.	2.1 Managing risk and promoting health and safety	Business case in draft in respect of accommodating GP admissions in Medical Assessment Unit Local Escalation Action Process (LEAP) document used across BCUHB to provide ability to 'surge' patients to place in holding areas during times of extreme pressure. Audit in place to monitor compliance and accurate checking of trolleys Weekly audit of crash trolley checking in	Hospital Director/Directorate General manager Head of Nursing/ED	March 2018 Audit in place (Weekly)

Improvement needed	Standard	Service action	Responsible officer	Timescale
		WXM ED has demonstrated improvement – however inconsistencies on occasion with daily checks. Maintenance of checking compliance weekly. BCUHB CPR policy (please see below) states frequency of checks and responsibilities of staff. The Resuscitation Team complete audits across BCUHB to ensure compliance of trolley checks, if area none compliant audits frequency is increased.	Matron Resuscitation Team	Ongoing
All commodes to clearly identify that they have been decontaminated following use. Linen bins to be emptied in timely manner. All wheelchairs in use to be fit for purpose.	2.4 Infection Prevention and Control (IPC) and Decontamination	Cleaning schedule for monitoring the sluice by House keeper to be put in place on a daily basis New Cleaning Standards policy launched January 2018 being embedded into practice. Head of nursing met with ED matron on 20th December 2017 clearly outlining expectations and standards Review of Portering Wheelchair	Head of Nursing/ED Matron	Feb 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
		Cleaning Procedure Undertaken. Amendment of Procedure to be made by 31.1.18 to include: • Checking for damage • Removing from use immediately • Labelling 'do not use' and stating the damage • Where to store • Who to report damage to Feb 2018: Update on this process requested		
Leaking cistern requires fixing.		Emergency Department Matron has reported fault to estates in December / January 2018 (remedial repairs). Cistern is working but on time has a repeated fault and estates reviewing with regarding to full replacement.	Head of Nursing	Feb 2018
The health board must ensure that all fridges containing medication throughout the health	2.6 Medicines	Fridges with integral locks on order for	Head of	March 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
board sites are locked when not in direct usage by staff. Health board must ensure that oxygen be prescribed appropriately within patients records and inputted on the patients medication administration records	Management	minors and majors area In the interim re-location to resus area Prescribing is appropriate in clinical areas – Oxygen prescribing on cas. card (which is an appropriate mechanism) where there is a decision to admit the patient, the inpatient treatment sheet will be utilised for patients – ACTION agenda item for the ED Governance meeting in Feb 2018 Audit of compliance with PSN 015 and PSN 030 in progress across East Secondary care in patient areas Weekly review of medication stored within the department utilising approved BCU medicines management safe storage audit tool Hospital Board wide review of medication storage facilities including fridges undertaken and new standards introduced.	Nursing/Matron Director of Pharmacy	March 2018
The health board to evaluate the current	3.1 Safe and	Meeting planned system and process to	Matron	March 2018

Improvement needed	Standard	Service action	Responsible officer	Timescale
systems for referring patients to the OOH service and take action as necessary to promote the timely assessment of other patients at the triage phase	Clinically Effective care	be redesigned with the view that Out of Hours staff will collect and transfer patients to appropriate area. Monthly meeting to be put in place between ED matron and OOH matron Update needed	ED/Matron Out of Hours	
The health board to remind staff to include times of inputs in patients' records and introduce appropriate strategies to monitor this area of record keeping ensuring robust and comprehensive practice.	3.5 Record keeping	Documentation audit to be completed (Monthly) to establish baseline with communication and improvement - to continue until standard improved, then move to 6 monthly	Head of Nursing/Matron	Feb 2018
Quality of management and leadership				
The health board must provide HIW with an action plan clearly evaluating how it intends to address staffing shortfalls within the ED of Wrexham Maelor hospital.	Governance, Leadership and Accountability	This is actually 7.2 WTE registered nurse vacancies others are maternity leave Bespoke Wrexham Maelor recruitment and retention advertising campaign acute site. Retention strategy includes: • Preceptorship programme • IV and pump agency training for	Head of Nursing/Matron	Progressing

Improvement needed	Standard	Service action	Responsible officer	Timescale
		agency RN (To include ANTT) • Undergraduate interviews undertaken twice yearly to appoint specific requests for ED appointments • Task and finish group held on fortnightly basis • Reconfiguring and completing establishment review to appoint specific roles with prepared advert for ENP in Emergency Department Recruitment and retention plan (WMH) attached		
The health board must ensure all staff receive timely annual appraisals.	7.1 Workforce	Compliance with PADR currently 67% within the Emergency Department. Programme in place for completion of PADR	ED Matron	End March 2018

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Mrs. Julie Ann Smith

Job role: Assistant Director of Nursing (Wrexham Maelor Hospital)

Date: 2nd February 2018