Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Quality Check Summary

Emergency Department, Wrexham Maelor Hospital

Activity date: 10 and 26 November 2020

Publication date: 05 February 2021

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Copies of all reports, when published, will be available on our website or by contacting us:

In writing:

Communications Manager
Healthcare Inspectorate Wales
Welsh Government
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales

Website: www.hiw.org.uk

Digital ISBN 978-1-80082-829-2

Findings Record

Our Approach

Healthcare Inspectorate Wales (HIW) undertook a remote follow-up quality check of the Emergency Department (ED), Wrexham Maelor Hospital as part of its programme of assurance work.

HIW's quality checks form part of a new approach to assurance and are one of a number of ways in which it examines how healthcare services are meeting the Health and Care Standards 2015 (and other relevant regulations).

Quality checks capture a snapshot of the standards of care within healthcare settings. More information on our approach to assurance and inspection can be found here.

Summary

During the follow-up quality check, we considered how the service has responded to the recommendations made by HIW following its previous inspection to ensure they can continue to provide a safe, effective and patient centred service. The follow-up quality check was conducted remotely with no site visit taking place.

HIW last carried out an inspection of the Emergency Department at Wrexham Maelor Hospital on 06 and 07 August 2019. The purpose of this follow-up quality check was to check progress on the recommendations in the improvement plan issued as a result of concerns HIW had at the previous follow-up inspection. Within this report, the issues identified at the previous inspection which HIW required immediate action on, and other areas for improvement, together with the health board's responses are detailed..

We spoke to the Head of ED Nursing and the Ward Matron on two occasions, 10 November 2020 and 26 November 2020. They provided us with an understanding of their journey as a leadership team since the last HIW follow-up inspection. They told us of the efforts made to improve the culture and governance within the ED especially given the additional challenges posed by the COVID-19 global pandemic. We also reviewed documentary evidence which the health board provided, to support the actions taken following our concerns at the inspection of August 2019.

In addition, we asked the health board to provide a written explanation of how they are ensuring that the risk of infection is assessed and managed to keep patients, visitors and staff safe during the COVID-19 pandemic.

Patient Experience

During our inspection in August 2019, we identified patient experience issues which included poor communication of waiting times to patients, a lack of patient information available through the medium of Welsh and the need to monitor waiting times and the need to implement further strategies to improve patient flow through the department.

During the follow-up quality check, it was positive to see that the health board had implemented and sustained most of the improvements listed in their improvement plan following the last inspection. We advised that further improvements were required to ensure that waiting times are accurately communicated to patients. This is highlighted in the next section of the report and the improvement plan at the end of this report.

Improvements required following the last inspection

Areas for improvement we identified during the last inspection included the following:

- The health board must ensure that the Butterfly Scheme[1] is implemented consistently within the department.
- The health board must ensure that waiting times are accurately communicated.
- The health board must ensure that patient information is made available through the medium of Welsh.
- The health board must discourage staff from using abbreviations when speaking with patients and visitors.
- The health board must continue to monitor waiting times and implement further strategies to improve patient flow through the department.
- The health board must ensure that care plans are person centred.
- The health board must ensure that Deprivation of Liberty Safeguards (DoLS)[2] assessments are routinely conducted on patients presenting with conditions such as dementia, head injury or general confusion.

[1] The Butterfly Scheme aims to improve patient safety and wellbeing by teaching staff to offer a positive and appropriate response to people with memory impairment and allows patients with dementia, confusion or forgetfulness to request that response via a discreet butterfly symbol on their notes.

[2] DoLS are part of the Mental Capacity Act 2005. The safeguards aim to make sure that people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom.

What we found on follow-up

- We saw evidence of communication that had been circulated to ED staff following the inspection in August 2019. This included use of the Butterfly Scheme. We also saw that the safety huddle log sheet had been updated to ensure that shift leaders monitor compliance. New nursing documentation had been introduced which included the implementation of the Butterfly Scheme. We also reviewed an example of the Matrons weekly ward round audit dated 12 August to 21 October 2020 which reflected that assessments had been completed where necessary. Discussions with the Matron reflected confidence that the needs of patients with dementia are now being considered.

- We were told that waiting times would be updated hourly in the waiting area on the allocated white board and an internal voice system used to announce the waiting times on an hourly basis. This was to be monitored through frequent spot checks. We were informed the health board had explored the introduction of ticker screens to display waiting times in the department; however this had not been a viable option due to complex IT systems. During our interview with the Head of ED Nursing and Matron, assurance could not be given to us that the waiting times were consistently updated hourly. We were told it is currently updated between hourly and two hourly and the need to ensure it was completed hourly had been discussed at a recent managers meeting. We recommend that an audit is conducted to ensure compliance and patients receive accurate information on waiting times every hour.

- We were informed that all signage within the department is now bilingual. We saw evidence that a gap analysis of Welsh language speakers had been undertaken within the multi-disciplinary team workforce and an opportunity offered and promoted to staff to learn the Welsh language. New staff are also actively encouraged to join Welsh language training.

- We were told that all staff were reminded by letter and e-mail, and encouraged through daily safety briefs, to ensure that abbreviations are not used when communicating with patients and visitors. We were told and saw evidence in audit documentation of how this was monitored through daily matron spot checks and challenged as required.

- In relation to monitoring waiting times and implementing strategies to improve patient flow through the department, we were informed that, as part of the health board's Building Better Care improvement programme the composition of the medical workforce was reviewed to align better skill mix with demand. A business case for additional medical workforce was drafted for executive approval in November 2019 and an external review conducted for ED workforce in October, the feedback provided was to be included in the revised business case.

During our interviews with the Head of ED Nursing and Matron, we were also told of other actions taken to improve patient flow within the department. Due to the high risks of transmission associated with COVID-19 and the high numbers of patients attending the ED, a streaming nurse is situated at the front door of the department to control the patient flow. It was explained to us that since the first peak of the pandemic, the ED had received excellent support from other services within the health board which included paediatric services, ophthalmology and dental services. We were told that they were currently working with community services as part of their winter planning and looking at how they could stream and signpost patients effectively and safely to other services, eliminating the need for patients to wait unnecessarily within the ED. We were also told of how the ED consider it crucial to have strong links with GP and primary care. It was explained to us that some patients are signposted to the minor injuries unit (MIU) when appropriate. However, the MIU is located in Mold and it is not always possible for patients to go there due to the distance from Wrexham ED if patients rely on public transport. The Head of ED Nursing said that communication and engagement with area colleagues has improved since a new Managing Director has been employed to the role. Weekly meetings are held with area/community colleagues in community hospitals to improve patient flow.

During our interviews, we discussed that the Welsh Ambulance Trust (WAST) were still reporting significant delays at the hospital. We were told that this year was particularly challenging due to COVID-19 and the need for patients to socially distance. We were told of measures taken to improve the site response, and whilst they had not reached a point where they would like to be, they are working towards improving the process to ensure they can safely offload patients within given timeframes. The measures being considered included opening an urgent care centre to support the ED and treat patients who do not necessarily require emergency care. Consideration was also being given by the health board to a Welsh Government initiative whereby patients will be given appointments rather than waiting and overcrowding the ED. In addition, we were told that a local Rainbow hospital (field hospital) had been opened and was accepting patients to relieve some of the pressure from acute hospital sites. It was explained to us that due to an outbreak of hospital transmitted COVID-19, some hospital beds had been closed therefore increasing the pressure on patient flow within the ED. We were told that these initiatives to improve patient flow within ED were being pulled together before the onset of winter pressures so that patients would see the benefit and difference in care being provided. In addition, we were told that the health board have secured funding from Welsh Government for additional nurses in March 2021 to increase staff numbers. We were also told that an advanced nurse practitioner (ANP) has been employed in ED since August 2020 who has made a positive impact on the team and patient pathways.

During our interviews, we also explored how proactively ED staff consider patients waiting outside in ambulances, and the need to bring these patients

into the department as quickly as possible. We were told that staff work to offload, asses and triage patients as quickly as is possible once they arrive by ambulance. We were told that staff are aware of how to escalate quickly and that they need space to offload patients in consultation with a consultant. During our interviews we discussed whether testing patients for COVID-19 before they are moved on to other areas was presenting difficulties in terms of patient flow. We were told that, initially it had been challenging but recently it has become streamlined and the tests are now collected from the ED and taken for testing. We were told that test results come back at certain times of the day and staff know when it is safe for patients to be moved. We were told that the site has invested in pods to ensure the patient journey is safe and timely. The ED is now arranged in single rooms so contact becomes minimal whilst they wait on swab results.

We also discussed an incident whereby a parent had attended the ED with their child and made a decision to leave as they did not feel safe due to a lack of ability to socially distance. It was explained to us that social distancing within the waiting area is a particular concern as capacity is limited due to COVID-19. Only 18 patients are able to be in the waiting room at the same time. We were told that a standard operating procedure is being developed to look at how patients can be kept safe within the waiting area. This is an ongoing piece of work. The Head of ED Nursing said they were aware of the difficulties which may get worse with winter pressures and they are currently considering the configuration and how to ensure patients are kept safe. We were told that space within the outpatients' waiting area is used after 5pm weekdays and on weekends.

Whilst we recognise the improvements and efforts made to improve patient flow within ED, particularly during very challenging times given the pandemic, we recommend that the health board continue to monitor waiting times and implement the strategies described above and consider additional strategies as a matter of urgency to improve patient flow and patient safety in terms of social distancing throughout the department.

- We were told that in October 2020 the ED nursing documentation had been updated to ensure all patients have individualised care plans. We were told, and saw documentary evidence of weekly monitoring which is done by the matron to check on the compliance and quality of the care plans.

- We read documentation which reflected that the ED matrons had undergone DoLS signatory training and were able to perform the DoLS assessments. The Safeguarding Team had also held roadshows within the ED which focussed on DoLS during a safeguarding awareness week. Further education was provided for ED staff in 2019 and senior nursing staff were trained and educated to assess the mental capacity of patients on admission as required. We were told that additional mental health training had been provided in June 2020. This was ongoing to ensure the senior MDT staff are trained to assess mental capacity.

Delivery of Safe and Effective Care

During our inspection in August 2019, we identified issues relating to the delivery of safe and effective care which included patients not being issued with ID wrist band at an early stage of their care pathway; ensuring that controlled drugs were checked on a daily basis and resuscitation trolleys not being checked on a regular basis as per policy.

During the follow-up quality check, it was positive to see that the health board had implemented and sustained most of the improvements listed in the immediate assurances and improvement plan following the last inspection. However, further improvements were required which are highlighted in the next section of the report and the improvement plan at the end of this report.

The immediate assurances relating to the delivery of safe and effective care required during the last inspection

Areas for immediate improvement identified at last inspection were as follows:

- The health board must provide HIW with details of the action it will take, to ensure that patients who are waiting on trolleys in the corridor receive appropriate and timely care.
- The health board must provide HIW with details of the action it will take to ensure that suitable pressure relieving mattresses are readily available for use on trolleys within the ED.
- The health board must provide HIW with details of the action it will take to ensure that patients are issued with ID wrist bands at an early stage in their care pathway within the ED.

What we found on follow-up

We were pleased to find that the health board had implemented all of the areas for improvement listed in their action plan following the last inspection.

- Following the inspection in August 2019, the health board had implemented a number of actions to ensure that patients who were waiting on trolleys in the corridor received appropriate and timely care. This included the completion of a formal risk assessment for the use of the corridor for all patients and the development and implementation of a Standard Operating Procedure (SOP) to ensure there was a clear escalation process for all staff to ensure appropriate and timely care provision for patients. However, during our discussions with the Head of ED Nursing and the Matron we were informed that the corridor is no longer used for patients due to the risks associated with COVID-19. We were told that, whilst this risk has been closed on the health board's risk register, it will be revisited in the future.

- During our discussions we were informed that the health board have invested in pressure relieving hybrid mattresses which are now in use within the ED. We were also told that additional actions had also been taken which included reinforcing to staff the importance of appropriate skin checks at the time of a patients admission, and as required.

- In relation to the action taken by the health board to ensure that patients are issued with ID wrist bands at an early stage in their care pathway within the ED, we were told that electronic printers had been installed within the triage, majors and resuscitation areas to issue ID wrist bands. Weekly audits are performed to gain assurance with compliance. We reviewed the audit document from 12 August 2020 and 21 October 2020 which reflected 100% wrist band compliance had been achieved.

Improvements required following the last inspection

- The health board must ensure that the shower room on MAU is refurbished.

- The health board must ensure that food items are not stored with clinical equipment on both MAU and CDU.

- The health board must ensure that pressure area risk assessments are routinely undertaken and that suitable pressure relieving mattresses are available for use on trolleys.

- The health board must ensure that falls risk assessments are undertaken in a timely fashion.

- The health board must ensure that patients' eating and drinking needs are consistently assessed and nutrition and hydration monitoring charts are completed as required.

- The health board must ensure that controlled drugs are checked on a daily basis.

- The health board must ensure that staff sign controlled drug registers at point of checking and/or administration.

- The health board must ensure that Oxygen is only administered when formally prescribed.

- The health board must ensure that the door to the paediatric are is locked when staff are not in attendance.

- The health board must ensure that the resuscitation trolleys are checked on a regular basis as per policy.

- The health board must ensure that patients are assessed for pain relief and that the effectiveness of the effectiveness of the pain relief in reviewed and documented.

- The health board must ensure that trolleys containing patients' care notes are locked when not in use.

- The health board must ensure that computer screens are locked when staff are not in attendance.

What we found on follow-up

- We saw evidence to reflect that the shower room on MAU had been refurbished during early 2020.

- We were told that immediate corrective action had been taken to ensure food items were stored as per the health board's policy and the housekeepers had been reminded not to store food items with clinical equipment on both the MAU and CDU. This was monitored through a weekly audit carried out by the housekeepers. We reviewed an audit dated November 2019 which confirmed this had been monitored, however we requested evidence of a more recent audit to ensure that this was being monitored on an ongoing basis.

- We were informed that the ED has got new patient trollies and that hybrid mattresses had been obtained and were now in use. Further details of this is contained above, within the patience experience of this report.

- Following our inspection in August 2019, we saw evidence that staff had been reminded to ensure the falls risk assessment was completed in line with the health board's policy. We were told that by October 2020, new ED documentation had been effectively introduced and embedded to ensure individualised action plans were in place for each patient for prevention of falls. We saw evidence that this is monitored as a part of the ED matron's audit with 100% compliance between 12 August and 30 September 2020.

- We were told that the nutritional status of each patient is checked by health care support workers and registered general nurses to ensure patient's nutritional need are met and the action is monitored via ED Matron's audits. Evidence contained within the matron's audit document reflected 100% compliance between 12 August and 30 September 2020.

- We were told that designated staff were allocated to check Controlled Drugs on a daily basis to ensure there is a clear responsible and accountable person. This was monitored through the matron's weekly audit and we saw evidence of high levels of compliance.

- We were informed that, following our inspection in August 2019, all staff had been reminded to ensure the controlled drug registers are signed in line with the health board's policy. This is monitored weekly by the matron and the departmental Pharmacist also provides an independent audit. We saw evidence of a controlled drug audit performed by pharmacy on 16 October 2020. This reflected that not all areas had been recorded, signed and completed; however it did not reflect what action had been taken to address these issues. We asked the health board to provide additional evidence of what action plan had been agreed by the matron as a result of the lack of compliance and how those actions have been addressed.

- We saw evidence that an email reminder had been circulated to all ED medical staff to ensure that all oxygen being administered to patients is prescribed at the earliest opportunity. We were also told that the ED medical documentation is to be reviewed to ensure oxygen administration is prompted, and further assurance of compliance is to be gained via an oxygen audit. We reviewed the matron's weekly audit and saw that there were occasions when oxygen had not been prescribed to patients. This was during 19 August, (2 patients) 17 September (2 patients)and 30 September (3 patients). We asked the health board to provide evidence of an action plan and action taken following the audit.

- We were informed that the paediatric ED's door access is now restricted and always locked.

- We were told that following the HIW inspection in August 2019, the action plan was shared with all senior nurses to ensure that the resuscitation trolleys are checked on a regular basis as per policy. Designated staff were allocated to check on a daily basis to ensure there is a clear responsible and accountable person. This is monitored weekly by the matron. We also saw evidence of an audit being completed by the Resuscitation Department in June 2020 who reported noticeable improvement and daily accountability for checking the Resuscitation trollies from senior nurses. We saw evidence of daily checks being carried out throughout September and October 2020.

- We were told that ED triage nurses had been reminded of the importance of assessing all patients for pain at the time of triage. We saw evidence that all staff had been reminded of this in a letter dated November 2019. In addition, we were told that a welfare health care support worker (HCSW) was allocated to the patient waiting area to ensure the effectiveness of pain relief is assessed and documented on Symphony (electronic patient record), and/or in patient's clinical notes, and to escalate concerns to the registered nurse. This is monitored through the matron's weekly audit. We also saw documentation which reflected that two hourly welfare checks were completed on patients in the ED waiting room. The document reviewed reflected that all checks had been completed on 31 October 2020.

- We were told that the Head of ED Nursing had explored alternatives to storing patient notes out of public and patient areas, however no suitable solution had been found due to the infrastructure constraints. All staff had been reminded to ensure that patient notes are locked in the case note trollies. We were told this was being monitored via regular spot checks by the senior management.

- We saw evidence by way of an email to ED staff dated 27 November 2019 to remind them of the obligation to ensure patients data and personal information is protected to include that held on platforms such as Symphony and the health board portal which may be visible on computer screens. Staff had been reminded to ensure computer screens are locked when not in use.

The health board provided a written explanation of how they are ensuring that the risk of infection is assessed and managed to keep patients, visitors and staff safe during the COVID-19 pandemic. This was not explored further during interview due to time constraints. The health board said as follows:

Effective infection control improves the quality of care and outcomes for patients. Standard infection prevention measures are vital to ensure patients do not acquire a nosocomial infection. Prior to COVID-19, the measures put in place included ensuring that all staff have a level of understanding of clinical practice in relation to IPC. This included clinical procedures using Aseptic Non Touch Technique, high standards of hand hygiene, early detection of disease and isolation precautions, and waste management. We were told that practices are monitored and audited regularly and any concerns are immediately addressed. Since the COVID-19 pandemic, the health board said they have changed the way they operate within the ED in the following ways:

- Resuscitation made into cubicles to reduce risks presented by Aerosol Generating Procedures (AGP's) in a confined space. All ED and visiting staff have clear understanding of the process for AGPs.
- Front door streaming away from ED or into RED and GREEN patient and staff flows supported by standard operating procedures. Moved to Positive/Symptomatic and Asymptomatic flows in October 2020, supported by mobile screens and more latterly providing single patient treatment areas/rooms throughout the department (Starting 3 November 2020).
- Links with the infection prevention team to guide clinical practice in line with Public Health Wales.
- Patients are screened on arrival to the department.
- Ability to stream straight to Trauma & Orthopaedics and Paediatrics which reduced footfall in ED and offered more workforce hours.
- Increased use of PPE used by staff and patients. Additional storage facilities for stock and equipment.
- Development of crowding triggers reported to each meeting held to discuss availability of beds within the hospital.
- Flow through assessment and triage.
- Use of isolation rooms for positive and symptomatic patients.
- A room designated specifically for donning and doffing PPE.

- Guidance on managing patients in cardiac arrest (in line with Advanced Life Support guidelines)
- Ensuring all staff are fit[3] tested.

During our interviews we discussed infection control within the ED waiting area. We were told that there was always a staffing presence in the area, however we recognised that the waiting area is a public area and the environment can change in a very short space of time. It was explained to us that the waiting area is not in the appropriate state that it should be and consideration was being given to install new seating and dividers in the waiting area to ensure that patients are able to safely socially distance. We were also told that patient welfare checks were regularly undertaken, therefore a visual check of the area would be regularly completed. We were told that contact had been made with domestic support and consideration was being given to increase domestic cover. We were also told that there are cameras in the area which are monitored by the nurse in charge.

We discussed with the Head of ED Nursing and Matron a concern that had been raised to HIW regarding an infection control issue in the ED waiting area. This involved blood on the floor, vomit bowls left in the waiting area and medication left unattended. We recommend that a process is immediately introduced to ensure regular monitoring of the waiting area to ensure the environment is maintained and cleaned to a standard that facilitates infection prevention and control and minimises the risk of infection.

Quality of Management and Leadership

It was positive to learn of the journey of the ED a leadership team and the efforts made to improve the culture and governance within the department, especially given the additional challenges faced with the COVID-19 global pandemic.

Improvements required following the last inspection

- The health board must continue to monitor staff levels and skill mix within the department.
- The health board must ensure that all staff have access to training in order to ensure that they have the right skills and competencies.
- The health board must reflect on the less favourable staff responses to some of the questions in the HIW questionnaire and take action to address the issues highlighted.

What we found on follow-up

[3] The fit-test is a rigorous process which ensures health workers wear the right size mask, which does not leak.

- During discussions with the Head of ED Nursing and Matron it was highlighted that the HIW inspection in 2019 was positive and supportive and led the department down the path of reviewing the staff and culture within the department. We were told of a number of changes which included developmental days for Band 7 roles and providing opportunities for other ED staff to fulfil shift leader roles. The role of the shift leader within the ED is to work alongside the consultants and ensure that staff are looked after. We were told these changes had helped to shift the culture and improve staff engagement which underpins excellent patient care. In addition, opportunities had become available for Band 6 roles which led to the promotion of Band 5 staff. This had made a real difference as they have become clinical leaders within the department, ensuring that safety and quality care is provided to patients, and allowing Band 7 staff to work operationally. We were told that these changes had improved front line staff culture. We were also told that a review of staff skill mix had helped to shift the staff outlook. During the previous HIW inspection, the Head of ED Nursing discussed with the lead inspector the staff mix and the number of Band 5 vacancies within the department. Following a review of the skill mix, there are now seven full time equivalent Band 4 staff which has meant a significant reduction in reliance on agency staff. We were told that Band 4 staff now have the right peer support. We were also told the role of Practice Development Nurse has been introduced which concentrates on developing staff within the department and has had a positive impact.

  It was explained to us that the Matron has been in their role for just over a year. They told us they were clinically driven, and provided a wealth of clinical experience. Since being in the role the Matron said they had worked hard to develop good relationships with staff at all levels through being consistent in their approach, very present and visible within the department and having an open door policy. In addition, the Matron said they constantly re-iterated to staff what they are striving to achieve through safety briefings and good communication and developmental opportunities for staff. This has resulted in good working relationships being developed. We asked how this had translated into patient care and treatment and it was explained to us there had been an improvement in patient experience reported during time spent within the department. This had been demonstrated through letters, cards, and gifts of appreciation from patients. We were told there had also been a reduction in complaints.

  The Matron explained to us that the way they respond to clinical incidents is now very different and they are confident that when a patient goes into the resuscitation department, they will receive evidence driven clinical care. Staff also have an increased awareness of sepsis. We were told a streaming nurse is placed as an early point of contact the front door of the department and staff had embraced the change. We were told this was a very positive example of a culture change within the department with staff being more engaged and

escalating clinical care or safety issues more often and being listened to and supported.

- We were told that the appraisal rate and mandatory training compliance rate had improved since our inspection in 2019 which helps to ensure staff have the right skills and competencies. We also reviewed evidence which supported the improvement in compliance figures.

- During our interviews with the Head of ED Nursing and Matron, we were told that since the last staff survey, a number of changes had been implemented within the ED. They had listened to staff and acted on what could be done to make improvements for staff. It was explained to us that a number of positive steps had already been taken and the department were on the right journey towards where they would like to be. We were told that staff had felt that they did not always have adequate material, supplies and equipment to do their work. As a result, additional equipment and clinical supplies had been purchased. Staff also felt they were not always communicated with about recent errors and near misses and how to prevent them. We were informed that the Datix (incident reporting system) board is regularly updated around the themes and trends and we saw a document which reflected that themes are shared via a daily safety brief. We were told that a gratix board has also been introduced to ensure the good practice is also celebrated. In addition, we were told that an emergency care safety summit has been introduced to ensure staff are informed about the near misses and the preventative measures and to ensure effective learning from Datix reports.

  We were told a further staff survey had recently been conducted and comparative data from the staff survey carried out in 2019 showed a real change in the attitude of staff towards the department and displayed a culture shift with staff feeling supported. We were told the responses demonstrated the staff focus is now on safety and quality as opposed to targets. We were told that it is felt that good progress is being made on an MDT approach to the department, and operational managers are working towards a common goal. We reviewed an executive summary of the staff survey which had been carried out within the ED during September and October 2020. This reflected that the greatest improvements since the previous survey were that staff now looked forward to coming in to work, felt better able to cope with work pressures, believed that patient safety is the number one priority in the ED and recommended the ED as a place of work. The most positive responses for 2020 related to staff feeling more enthusiastic about their work and their ability to make improvements. The least positive responses for 2020 were in relation to how staff felt colleagues were coping with the effects of work pressures and whether staff had the tools and equipment needed to fulfil their role. It was positive to note that the health board were considering how to improve the areas of least satisfaction amongst staff by obtaining further information from staff and action taken as a result would be provided in a ‘you said – we did’ approach by allocating a board for display.

We were also told that an internal Ward Accreditation audit had recently been completed with positive results. We reviewed the feedback report dated 23 November 2020 which supported our discussions with the Head of ED Nursing and Matron. It was positive to note that, on the whole, improvements had been made throughout the ED.

We also discussed what had been instigated to gain assurance that patients were being safely cared for within the ED. We were told that weekly audits were being conducted by the Matron to include documents, ID wristbands, and medication given as prescribed. In addition, spot checks are carried out to include controlled drugs and resuscitation trolleys. In order for Band 6 nurses to feel part of the leadership team, we were told they have their own daily audit responsibility. They also look at similar areas to the Matron, but they also look at care given to patients over 24 hour periods and ensure appropriate care, medication and speciality reviews have been provided. The matron explained that weekly hand hygiene audits are carried out and clinical staff adhere to PPE guidelines. Staff are being developed and feel supported and work closely with the Practice Development Nurse and ensure that nurses have opportunities for development where required.

What next?

As a result of the findings from this quality check, 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.

Improvement plan

Setting: Wrexham Maelor Hospital

Ward/Department/Service: Emergency Department (ED) Follow-Up

Date of activity: 10 and 26 November 2020

The table below includes improvements identified during the Tier 1 Quality Check, where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Please note, all actions are expected to be complete within three months of the Quality Check and the final version of the Improvement Plan is to be submitted via Objective Connect once complete.

Reference Number	Improvement needed	Standard/ Regulation	Service Action	Responsible Officer	Timescale
1	The health board must ensure that waiting times are accurately communicated. We recommend that an audit is conducted to ensure patients receive accurate information on waiting times every hour.	4.2 Patient Information	The doctor waiting times to be updated 2 hourly in the waiting room on the allocated laminated board by reception staff. The option of ticker screens to display waiting times has been explored. However, this option has not been viable due to complex IT systems. The bidding has been submitted for internal voice system, which will ensure the live update on waiting times for all the patients	Directorate General Manager (Emergency Department)	31st January 2021

			within department. If approved, we would be able to inform live waiting times. The compliance with displaying the waiting time will be monitored by a regular audit.		
2	The health board must continue to monitor waiting times and implement the strategies described in the findings report and consider additional strategies as a matter of urgency to improve patient flow and patient safety in terms of social distancing through the department.	5.1 Timely Access	The waiting times will be monitored as above service action/s. The ED has appointed 4 substantive tier 4 doctors who will commence their posts in early 2021 and this will reduce our reliance on agency locum doctors leading to timely decision making to improve ED flow. ED has implemented a number of pathways to improve patient flow and patient safety in terms of social distancing through the department. These pathways are as follows; - Minor Injuries Service held in Fracture Clinic (Mon-Fri 0900-1700) - Paediatrics (Direct referral case by case 24/7)	Directorate General Manager (Emergency Department)	31st January 2021

			- Gynaecology (Direct referral case by case 24/7) - SiCAT/Phone First – (Streaming & appointment. 1300 & 1600) - Urgent Primary Care Centre (UPCC) – (Mon-Fri 0830 – 2100) The ED Management Team are also working closely with the Infection Prevention Team to explore the possibility of installing Perspex screens in the waiting area to maintain social distancing requirements are in place at all times.		
3	The health board must provide evidence of recent audits carried out to ensure that food items are not stored with clinical equipment on both MAU and CDU.	2.1 Managing risk and promoting health and safety	Ward Accreditation have previously completed checks on both the units and did not find this to be an issue. Immediate corrective action was completed to ensure food items were stored as per policy. Spot checks in place, however more formal audits will be completed moving forward to ensure provide further assurance. The above action is	Matron (Emergency Department)	Complete 31st January 2021

			being monitored through housekeeper's monthly audits.		
4	The health board must provide evidence of an action plan that had been put in place as a result of a controlled drug audit performed by pharmacy on 16 October 2020 which reflected that not all areas had been recorded, signed and completed. Evidence is also required of whether the action plan has been completed.	2.6 Medicines Management	All staff have been reminded to ensure the controlled drug registers are signed as per policy including Critical Care staff. All staff have been reminded to ensure that if the part doses have been given and the amount wasted should be recorded on CD registers regularly. The compliance of above actions will be monitored by a local action plan. The compliance of the action plan will be monitored by matron's audits and will be presented to local Clinical Governance Group. In addition, the departmental Pharmacist will provide an independent audit to gain additional assurance.	Matron (Emergency Department) Matron (Emergency Department) Matron (Emergency Department) Pharmacist (Emergency Department)	31st January 2021 31st January 2021 28th February 2021 31st March 2021
5	The health board must provide evidence of an action plan and the action taken following a matron's weekly audit where it was identified there had been occasions when oxygen had not been prescribed to patients.	2.6 Medicines Management	All the staff have reminded to ensure the oxygen is prescribed prior to administration with exception of emergencies.	Clinical Service Lead Emergency Department	31st January 2021

			If oxygen is administered in case of an emergency, then to be prescribed at the first opportunity The compliance of above actions will be monitored by a local action plan. The compliance of the action plan will be presented to the local Clinical Governance Group on a monthly basis until the assurance gained of 100% compliance.		
6	The health board must immediately introduce a process to ensure regular monitoring of the waiting area to ensure the environment is maintained and cleaned to a standard that facilitates infection prevention and control and minimises the risk of infection.	2.4 Infection Prevention and Control (IPC)	The domestic hours for Emergency Department to be reviewed to ensure there is an effective domestic cover to ensure Waiting Room is cleaned frequently to minimise the risk of infection especially Out of Hours **(Immediate action).** A regular (2 hourly) monitoring process to be introduced to gain assurance around cleanliness in the Waiting Room to a standard that facilitates robust infection prevention and control. The above action will be monitored via an audit performed by Hotel Services. We are working to ensure that we have	Matron (Emergency Department) Hotel Services Hotel Service	8th January 2021 31st January 2021 31st January 2021

			more domestic hours around high risk areas and touch points, moreover more regular cleaning after installation of PODs. The team are working with IPC colleagues in order to facilitate new cleaning standards		31st January 2021

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.

Name: Jasleen Kaur (Head of Nursing- Emergency Care)

Date: 13 January 2021

Important: Please note, evidence for actions 3, 4, 5 and 6 will be provided to HIW by 5 February 2021 if acceptable, as these actions remain in progress as per the timescale specified