

Hospital Inspection Report (Unannounced)

Emergency Department Wrexham
Maelor Hospital, Betsi Cadwaladr
University Health Board

Inspection date: 08, 09 and 10 August 2022

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

Our purpose

To check that healthcare services are provided in a way which maximises the health and wellbeing of people

Our values

We place people at the heart of what we do.

We are:

- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and diversity through our work
- Proportionate - we are agile and we carry out our work where it matters most

Our goal

To be a trusted voice which influences and drives improvement in healthcare

Our priorities

- We will focus on the quality of healthcare provided to people and communities as they access, use and move between services.
- We will adapt our approach to ensure we are responsive to emerging risks to patient safety
- We will work collaboratively to drive system and service improvement within healthcare
- We will support and develop our workforce to enable them, and the organisation, to deliver our priorities.



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1. What we did

Full details on how we inspect the NHS and regulate independent healthcare providers in Wales can be found on our [website](#).

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of the Emergency Department (ED) at Wrexham Maelor Hospital, Betsi Cadwaladr University Health Board on 08, 09 and 10 August 2022.

Our team, for the inspection comprised of two HIW Inspectors, three clinical peer reviewers and one lay reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

Note the inspection findings relate to the point in time that the inspection was undertaken.

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our [website](#).

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Patients were generally happy with the care provided and the way that staff interacted with them. However, patients were critical of waiting times and, during the morning of 10 August 2022, we found that some patients had been waiting to be seen by a doctor for over 16 hours. This was mainly due to the high volume of patients attending the department and only two doctors on duty during the night. However, waiting times rapidly reduced to 5 hours 40 minutes during the course of the morning as more doctors came on duty.

Patients sometimes waited excessive time periods to be triaged and this presented a risk that serious conditions might not be picked up quickly.

The main waiting area within ED is small and was, at times during the course of the inspection, very crowded. Staff were doing everything they could to manage this situation by moving patients to other areas within the ED as needed. In addition, there was a lack of consulting /treatment rooms, which meant that specialist treatment rooms, such as the mental health and eye treatment room, were being used to accommodate and treat patients with more general care needs. We discussed this with the ED management team who told us that there were plans in place to increase the footprint of the department, which would result in the provision of additional consulting/treatment rooms and increased waiting area space. It was envisaged that these changes would improve the flow of patients through the department.

National guidelines for the treatment of specific presentations were followed, but not in all cases. This meant some patients did not receive the best possible care for their presenting conditions.

Staff did not always use the paediatric early warning scoring (PEWS) system.

The environment within the ED was clean and tidy with cleaning staff visible throughout the inspection. However, we found discarded cigarette butts directly outside the entrance into the department and also by the main hospital entrance. This is unsightly and does not give a good first impression to patients and visitors.

We saw staff speaking with patients and their relatives in a polite, professional and dignified manner.

Immediate assurances:

- No immediate assurances issues were highlighted during this inspection.

This is what we recommend the service can improve:

- Continue to explore strategies to reduce waiting times and patient flow through the hospital
- Move forward with the development plans to increase the footprint of the emergency department
- Ensure that all entrances into the hospital are kept clear of cigarette butts
- Provide up to date informing on waiting times
- Provide Information on how to raise a concern
- Improve the time patients waited for triage
- Ensure that national guidelines for conditions are followed at all times
- Ensure that all children presenting with acute illness receive a PEWS score and that this is acted on appropriately
- Ensure observations are undertaken at a frequency which will pick up any deterioration in a timely way.

This is what the service did well:

- Generally positive patient comments
- Positive staff engagement
- General maintenance
- Provision of food and drink
- Red Cross volunteers providing support to patients with food and drink.

Safe and Effective Care

Overall summary:

We found the main areas within the ED to be clean and tidy and that high throughput areas and touchpoints, including toilets and door handles, were being cleaned regularly and to a good standard. We also found that infection prevention and control measures were robust throughout the department.

We found that health and safety risks were appropriately managed within the department.

We found that the majority of patients were being appropriately assessed on arrival at the ED and that there were generally effective measures in place for assessing, monitoring, observing and escalating unwell or deteriorating patients. However, we noted two occasions when patients presenting with symptoms of sepsis should have been escalated in a more timely way. However, once escalated, both patients received appropriate and timely care.

There was a healthcare assistant based in the waiting room and one qualified nurse allocated to this area. Basic observations and checks on patients were being conducted and recorded on a regular basis. However, there were occasions when this was not at a frequency which would pick up deterioration in a timely way.

Some patients were waiting a long time to be triaged and to be seen by doctors at times. This presented a risk of further deterioration as time critical conditions would not be identified in a timely way.

Paediatric early warning scores were not always undertaken in line with national guidelines, and this presented a risk of deterioration not being identified.

In some cases, we found that national guidelines were not followed for specific presentations. For example, in the case of paracetamol overdoses, we found that patients did not always receive the blood tests they needed to ensure they were safe. This presented a risk of harm.

In other cases, key checks were delayed, such as electrocardiogram (ECG), for patients presenting with cardiac problems.

Nursing records did not always contain the detail required. However, there was a consistent approach to the completion of pressure damage risk and falls risk assessments and were recorded appropriately.

Immediate assurances:

- No immediate assurance issues were highlighted during this inspection.

This is what we recommend the service can improve:

- Triage times and timing of important interventions such as ECG
- Frequency and quality of observations and early warning scoring
- Escalation of patients presenting with symptoms of sepsis
- Adherence to national guidelines
- Nursing documentation
- Brief Resolved Unexplained Event protocol
- Paediatric nurse recruitment
- Ensure that there a paediatric trained nurse is present within the paediatric area at all times
- Blood gas reagent fridge temperature
- Recording of resuscitation trolley checks
- Ensure that the computer screen in paediatric is not overlooked by patients/relatives
- Staff breaks

- CCTV coverage outside the department.

This is what the service did well:

- Overview and observation of patients in waiting room
- Communication and escalation through regular safety meetings and huddles
- Infection prevention and control
- Concerted efforts to manage flow and improve ambulance offload times
- Staff training
- Staff rest area
- Medication management.

Quality of Management and Leadership

Overall summary:

We found good management and leadership within the department.

We found friendly, professional staff throughout the department who demonstrated a commitment to providing high quality care to patients. Staff were able to describe their roles and were knowledgeable about the care needs of patients they were responsible for.

There was a high reliance on agency staff at the time of the inspection. This was due, in the main, to staff sickness and staff having to isolate following a positive COVID-19 tests. However, we found that efforts were being made to secure the services of the same agency staff where possible to ensure continuity of care and familiarity with the department.

We were informed that the health board were actively recruiting nursing and medical staff. However, recruitment remained challenging within the national context of nurse/doctor shortages.

Senior ED managers were visible within the department and often worked within a clinical role in support of staff.

Immediate assurances:

- No immediate assurance issues were highlighted during this inspection.

This is what we recommend the service can improve:

- Continue efforts to recruit of staff.

This is what the service did well:

- Policies procedures
- Auditing and reporting
- 'Make it Safe' reviews

- Focus during safety meetings on what the ED needs to make safe.

Details of the concerns for patient's safety and the immediate improvements and remedial action required are provided in [Appendix B](#).

3. What we found

Quality of Patient Experience

Patient Feedback

HIW issued both paper and online questionnaires to obtain patient views on the Emergency Department at Wrexham Maelor Hospital. In total, we received 11 responses. Patients were generally happy with staff interaction and the care provided. However, patients were critical of waiting times. Patient comments included the following:

“Not informed re: waiting times. Told would be taken off list if I went home.”

“Advised to complain by a nurse as place lost from queue then another 3 hour wait.”

“Very direct - in a fair way.”

“Realise prioritisation takes place.”

“No understanding difficulties staff working under.”

Due to waiting time more staff.”

“More doctors and better communication between staff. Lack of information nobody told us it would be such a long wait - 17 hours.”

“Get more staff to reduce waiting time.”

Staying Healthy

Health Protection and Improvement

Information about sepsis was displayed in the reception area and within corridor areas.

Dignified care

Dignified care

We saw staff speaking with patients and their relatives in a polite, professional and dignified manner. Patients spoken with during the inspection told us that staff treated them with dignity and respect.

Although some patients were experiencing lengthy waits to be seen by a doctor, we found that efforts were being made to keep them comfortable and to maintain

their dignity. Patients were also offered food and drink at regular times throughout their stay in the department.

Patients' privacy was being maintained by the use of cubicles where examinations, treatment and personal care could be undertaken without the patients being overlooked by others.

We found areas of the department were well decorated and appropriate for their intended use. We were told that work was planned to re-decorate some of the cubicles within the department to make them more dementia friendly.

Overall, patients and carers spoken with were satisfied with the care received. Patients told us that they felt listened to by staff and were treated with dignity and respect.

Staff were seen to be discreet when speaking with patients, and patients told us that they felt their privacy was maintained. Reception staff were mindful of confidentiality when speaking with patients, making sure that they were not overheard by others in the waiting area.

Locks on patient toilets were all found to be in working order.

Communicating effectively

Throughout the inspection, we saw staff talking to patients and each other in a respectful manner.

We were also told that some staff working within the ED were bilingual (Welsh/English) and that translation services were available for patients who wished to communicate in other languages.

Patients told us that they felt listened to by staff and that staff took time to explain care and treatment processes.

Patient information

Waiting times were announced on an audio system. However, we found that these announcements were sporadic. We were told that the health board were arranging to have waiting times displayed on the TV monitor within the waiting area. **The health board must ensure that waiting times are communicated to patients.**

COVID-19 infection prevention and control posters were evident throughout the department advising patients and visitors on social distancing, face mask wearing and hand hygiene.

We saw posters within the minors area explaining what patients should expect in terms of the care pathway within the ED. However, we did not see similar posters in any other areas of the department.

The information was displayed in both Welsh and English.

Timely care

Timely Access

We found the ED waiting area to be overcrowded throughout the course of inspection. Despite this, the waiting area and other areas of the ED were found to be relatively calm.

Reception staff had received guidance and a list of 'red flag' presentations and symptoms which enabled them to identify high risk patients and alert the trained nurses so that such patients could be seen as a priority. However, we saw that there was a two hour delay in a patient presenting at reception with symptoms of sepsis being seen by a doctor. Once escalated, the patient received prompt assessment by a doctor and appropriated treatment. In the event, it turned out that the patient did not have sepsis. **The health board must continue with efforts to ensure that patients are triaged and escalated in a timely way.**

We found that there was a concerted effort to have patients triaged on ambulances and moved into the department as quickly as possible. A triage nurse and a health care support worker were delegated this task and the process seemed to be working efficiently during the inspection, with a maximum of four ambulances seen waiting outside the ED at any one time, with offload times on the morning of 10/08/22 of 2 hours 45 minutes maximum.

We saw delays of up to 16 hours for patients to be seen by a doctor on the morning of 10/08/22. This was said to be due to the high number of people attending the department and only two doctors available to treat patients overnight. However, by lunchtime on the same day, doctor waiting times had reduced to five hours and 40 minutes. **The health board must continue with efforts to ensure that patients are seen by doctors in a timely way.**

Individual care

Planning care to promote independence

We found that there were multidisciplinary care planning processes in place which took account of patients' views on how they wished to be cared for.

Through our conversations with staff and our observations, we confirmed that patients and/or their nominated representatives were involved in decisions about their care needs.

We saw that the Butterfly scheme was embedded in the assessment process. This meant that patients with dementia were being identified and received the additional support they required.

People's rights

We saw that staff were striving to provide care in a way that promoted and protected people's rights.

Appropriate mental capacity and liberty safeguards assessment were being undertaken and recorded.

Listening and learning from feedback

Patients and their representatives had opportunities to provide feedback on their experience of services provided, through face to face discussions with staff.

There were formal systems in place for managing complaints and there was a formal complaints procedure in place which was compliant with Putting Things Right. However, this was not prominently advertised within the department with only one poster on display. **The health board must ensure that information about how to make a complaint is prominently displayed within the department.**

All the patients spoken with during the inspection told us that they would complain to health board, or Welsh Government if they were unhappy with the care provided.

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety

We found that health and safety risks were appropriately managed within the department. This ensured that patients, members of the public and staff were protected from the risk of harm or injury.

There was a ligature risk assessment in place.

Security staff were based within the department. During discussions with the security staff we were told that the CCTV coverage outside of the department was

poor meaning that staff were unable to track the movements of vulnerable patients when they leave the department without receiving treatment. **The health board should ensure that the CCTV system is extended in order to cover the area outside the ED.**

A healthcare assistant, based in the waiting area, had responsibility for undertaking temperature checks on patients and visitors before they were allowed to enter the ED. The healthcare assistant was also responsible for undertaking and recording two hourly welfare checks on all patients in the waiting area offering food and drinks as necessary. These welfare checks were recorded.

Preventing pressure and tissue damage

We found that pressure damage risk assessments were being completed and recorded as required.

Pressure relieving equipment such as specialist mattresses were being used within the department.

Falls prevention

We found that falls risk assessments were being conducted and recorded as required.

The community resource team were also visible within the department assisting with mobility assessments in preparation for patient discharge.

Infection prevention and control

We found all areas within the ED to be clean and tidy. Cleaning staff were visible within the department throughout the course of the inspection and demonstrated pride in their work. We observed high throughput areas and touchpoints, including toilets and door handles, to be cleaned regularly and to a good standard.

Nutrition and hydration

We found that the nutrition and hydration needs of patients were being assessed and met within the department. This included patients who were being held on ambulances outside of the ED. Patients who required assistance with food and drink were seen to be supported by staff and the Red Cross volunteers.

Water dispenser and vending machines were also available in the waiting area.

Patients' fluid intake was being monitored and recorded as necessary.

Medicines management

We found medication management process to be generally safe and robust with medication administration charts completed correctly by the nursing staff. However,

we found that oxygen was being administered to some patients without being prescribed. **The health board must ensure that oxygen is administered only when prescribed.**

We found that the need for pain relief was being appropriately assessed and monitored.

Medication storage fridge temperatures were checked and recorded on a regular basis. However, we found that the temperature of the blood gas reagent fridge, located in the resus area, was not being recorded on a regular basis. **The health board must ensure that the blood gas reagent fridge temperatures are checked and recorded on a regular basis.**

There was a dedicated pharmacist within the department and pharmacy support was available out of hours if required. This included suitable arrangements for accessing medicines.

Safeguarding children and safeguarding adults at risk

There were written safeguarding policies and procedures in place and the majority of staff had undertaken appropriate training on this subject.

The staff we spoke with demonstrated a satisfactory knowledge of matters relating to safeguarding, deprivation of liberty safeguards and mental capacity.

Blood management

There were clear protocols in place for the management of blood transfusions.

Staff with responsibility for blood transfusion had received specific training and competency assessments.

Medical devices, equipment and diagnostic systems

We reviewed the arrangements for checking the emergency resuscitation trolleys within the department. An electronic system was used for staff to confirm and log regular checks. However, staff told us that the app used to log the checks did not always work. We noted that there was a back-up system in place, but we found a small number of gaps in these records. We were told that the ED matron was looking at ways of better managing the resus trolley checks and was currently trialling undertaking the checks at different times of the day and night to see what time there was less demand on staff and when staff were more likely to undertake the checks. **The health board must ensure that resuscitation trolley checks are accurately recorded.**

Effective care

Safe and clinically effective care

We found evidence of good nursing and medical leadership in the ED.

We spoke to a number of clinical staff across the department and all demonstrated a desire to provide patients with a good standard of care.

Nursing records did not always contain the detail required. **The health board must ensure that nursing records are detailed and accurate.**

During the on-site inspection, we found the arrangements for assessing, monitoring, observing and escalating unwell or deteriorating patients to be generally robust and effective, supported by the use of nationally recognised processes and assessment tools. However, the desk-top review of patient notes revealed that observations were not always undertaken at a frequency which will pick up any deterioration in a timely way and that national guidelines for the management of certain conditions were not followed at all times. In addition, PEWS scores were not being recorded in respect of all children presenting with acute illness. In addition, there was no Brief Resolved Unexplained Event (BRUE) protocol in place. **The health board must ensure that patient observations are undertaken and recorded regularly and that national guidelines are always followed.**

The health board must also ensure that PEWS scores are recorded in respect of all children presenting with acute illness.

The health board must implement a Brief Resolved Unexplained Event protocol.

Quality improvement, research and innovation

There are a number of plans in place to develop the service. These demonstrate a willingness to address issues and appear to have the support at the required level within the health board.

Information governance and communications technology

We found that the ED had implemented an electronic patient management and records system. Some staff commented positively on the system and we acknowledge the benefits that an electronic system can have. However, other staff members reported issues with the system and explained that they often had to maintain paper records which they then scanned into the system. Staff spoken with assured us that the scanning process was relatively quick and done as soon as possible after the paper records were completed. **The health board must ensure that the electronic records management system is working effectively.**

Patient information is kept on a password protected system with controlled level access. However, we found one occasion where a computer monitor screen within the paediatric area, which displayed patient information, been left on and in view of other patients and members of the public. **The health board must ensure that patient information is kept secure and confidential and that computer screens are not overlooked by members of the public.**

Record keeping

We looked at a total of six patient care notes, in detail, whilst on-site and another 15 off-site. As previously mentioned, we found that record keeping was generally good across most of the patient notes case tacked with some areas for improvement identified.

Quality of Management and Leadership

Governance, Leadership and Accountability

There was a clear structure in place to support the department's governance and management arrangements.

We found that there were well defined systems and processes in place to ensure a focus on continuously improving the services. This was, in part, achieved through a rolling programme of audit and an established governance structure which enabled nominated members of staff to meet regularly to discuss clinical outcomes associated with the delivery of patient care.

During discussions with staff, we were told that there were good informal, day to day staff supervision and support processes in place. We found that 90% of staff had received formal, documented performance and appraisal reviews.

Workforce

We found that there was generally sufficient staff on duty across the department. However, we were told that staff recruitment and retention was challenging and that the service was heavily reliant on agency and bank staff to meet the level of staffing. We were also told that the situation is made worse by the number of staff on sick leave. Efforts were being made to secure the same agency staff where possible to maintain continuity of care and ensure that the staff members were familiar with the environment. **The health board must continue with its efforts to recruit permanent staff.**

We saw that inside and outside staff rest areas were available. However, staff told us that, due to the workload pressures, they were often unable to take breaks

away from the clinical area. **The health board must ensure that staff are able to take regular breaks away from the clinical area.**

Staff mandatory training completion rates were good at 85%.

In addition to holding face to face discussions with staff, HIW issued an online survey to obtain staff views on the Emergency Department at Wrexham Maelor Hospital. In total, we received 20 responses.

Responses from staff were mixed, with around half of staff telling us that they were satisfied with the quality of care provided. Around three-quarters of respondents told us that they would recommend their organisation as a place to work.

Areas with the most positive responses included patient involvement in decisions about their care, effectiveness of infection prevention and control, and encouragement to report errors, near misses or incidents.

Areas attracting the least positive responses and most negative comments were appropriateness of the ED environment and facilities, staffing, poor management-staff relations, and perceived lack of involvement in change management or service improvement. Comments included:

“Not enough space to give safe patient care.”

“Limited space and staff.”

“Busy department with lack of space.”

“Always crowded. Too many patients in cubicles waiting for beds on the wards, so there are little or no cubicle spaces to see the incoming patients. We are always juggling patients and constantly asking for inpatient beds. Sometimes on a shift there would be very few ward moves.”

“Lots of newly qualified staff. A huge number of staff have left leaving a big issue with skill mix.”

“The ... team in Wrexham ED work tirelessly to ensure the patients get the best care possible. Due to staff sickness and new starters this is not always possible, but they always try their very hardest under very difficult conditions.”

“More doctors to be able to see patients quicker.”

Almost all staff members who completed the survey told us that they knew how to escalate when the department is close to capacity and that they knew how to report concerns about unsafe practice. However, a quarter of respondents told us that they did not know whether they would feel secure raising concerns. Additionally, around a third of the respondents told us that they were not confident that their concerns would be addressed. Comments included:

“As senior staff/ managers are aware the demand from the public is increasing and I feel front line staff are expected to take the brunt of the ‘grief’ from

people attending ED. It would be of great help if more senior managers could show attendance in the waiting room to explain the current wait for Drs, beds etc. or at least provide support to frontline staff in the waiting room.”

“The hospital management do not truly understand the challenges faced by our ED.”

The health board must review the less favourable staff comments and take steps to address the issues highlighted.

4. Next steps

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 how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

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](#).

Appendix A - Summary of concerns resolved during the inspection

The table below summarises 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
No immediate concerns were identified during this inspection.			

Appendix B - Immediate improvement plan

Service: Emergency Department, Wrexham Maelor Hospital

Date of inspection: 08-10 August 2022

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.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
No immediate assurance issues were identified during this inspection.				

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: 08-10 August 2022

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/ Regulation	Service action	Responsible officer	Timescale
The health board must ensure that waiting times are communicated to patients.	Standard 3.2 Communicating Effectively	Waiting time to see an Emergency Department (ED) clinician to be visibly available to patients in the waiting room in addition to audio updates. An update to the electronic screens is planned to support this. Both forms of communicating the waiting times are to be reviewed on a regular basis through the day and updated as required. This will be monitored by the Clinical Services Co-ordinator.	Lead Manager for Emergency Care (EC)	31 st March 2023 for IT System update
The health board must continue with efforts to ensure that patients are triaged and escalated in a timely way.	Standard 5.1 Timely Access	An increase to the senior workforce inclusive of Triage trained staff following investment into the pan BCU workforce review, with the	Head of Nursing (HoN) for EC	Completed November 2022

		<p>majority of vacancies now appointed into.</p> <p>Ongoing triage training continues to increase the skill set of junior members of the team following approximately 12 months of starting in the ED.</p> <p>Increasing in triage train the trainers to improve on the support available to the staff.</p> <p>A review of the staffing allocation ensures there are 2 triage trained staff available to work within the area.</p> <p>A streaming model at the front door of the ED has commenced and is in operation when staffing supports this. A workshop took place on 6th September 2022 to agree actions with all speciality leads that will support streaming from the ED.</p> <p>A Streaming SOP (Standard Operating Procedure) has been developed, which will be ratified at the ED Patient Safety and Quality Group on 26.01.23. The</p>		<p>This is ongoing process due to new starters in the ED and reviewing when they are eligible to commence training.</p> <p>Completed November 2022</p> <p>Full implementation of the streaming SOP by the end of March 2023</p>
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		<p>SOP will support a training programme for staff who will be allocated to this function when on duty. This in turn will support both the times patients are waiting for triage and the ability to escalate patients of concern.</p>		
<p>The health board must continue with efforts to ensure that patients are seen by doctors in a timely way.</p>		<p>Improvements in waiting times to see an ED Clinician have been made with efforts ongoing to ensure this is maintained and is consistent. This has been supported by improved cover on the clinical rota and an expansion of the ED footprint that provides more space to see patients, particularly for minors patients. Clinicians are allocated to each area of the ED to ensure there is adequate cover to see patients.</p> <p>Through the implementation of the Urgent Treatment Centre (UTC), which also encompasses the Urgent Primary Care Centre, there will be continued improvement in the time patients are waiting to see a clinician. This will be further supported by the</p>	<p>Deputy Clinical Director (CD) for EC, Directorate General Manager (DGM) for EC</p>	<p>This is an ongoing process and continues to be reviewed and monitored for opportunities to make further improvements. This will be further reviewed when Streaming has been implemented and embedded.</p> <p>Review April 2023</p>

		<p>implementation of a streaming model at the front door of the ED.</p> <p>A review of Medical rotas has been undertaken to ensure there is improved senior cover out of hours. The updated working patterns to support resilience in the rota out of hours will be implemented from February 2023. This is supported by the additional Medical Workforce commencing in the ED between November 2022 and March 2023, both at Consultant and Middle Grade level.</p> <p>The development of the Frailty model has also seen improvement in the management of appropriate patients with a Frailty Consultant and Consultant Therapist working daily in ED support admission avoidance where possible. Data is reviewed weekly via the Frailty dashboard.</p>		<p>February 2023</p> <p>Implemented October 2022</p>
The health board must ensure that information about how to make a complaint is prominently displayed within the department.	Standard 6.3 Listening and learning from Feedback	Posters are visible in the main waiting areas. ED have engaged with the Patient Liaison and Advisory Service who following	Matron for ED	KPI audits are available if required and have been

		<p>agreement now attend the ED every 2 weeks to take direct feedback from patients.</p> <p>Staff also handout patient feedback forms to patients.</p> <p>Signage will be further reviewed and additional signs will be displayed where required.</p>		<p>submitted separately to this document</p> <p>End of January 2023</p>
The health board should ensure that the CCTV system is extended in order to cover the area outside the ED.	Standard 2.1 Managing Risk and Promoting Health and Safety	The CCTV coverage was reviewed by the DGM (Directorate General Manager) for EC (Emergency Care) and can confirm that CCTV coverage now includes all areas outside of the ED. This will continue to be monitored via the ED Health and Safety review process.	DGM for EC	Completed December 2022
The health board must ensure that oxygen is administered only when prescribed.	Standard 2.6 Medicines Management	<p>Advanced Clinical Practitioner will undertake regular audits of the percentage of patients that have oxygen prescribed.</p> <p>Quality improvement project to be undertaken to measure the impact of training with staff and will have departmental pharmacist support.</p>	ED Consultant Nurse	<p>First audit completed December 2022.</p> <p>Project will be completed by July 2023, this will be a staged approach that will require training and will be assessed</p>

		Communication to all clinical staff to highlight the importance of prescribing oxygen. Also included as part of morning handover.		for impact in order to share learning. Completed January 2023
The health board must ensure that the blood gas reagent fridge temperatures are checked and recorded on a regular basis.		Daily monitoring of compliance which is collated and included in the monthly KPI report.	Matron for ED	September 2022
The health board must ensure that resuscitation trolley checks are accurately recorded.	Standard 2.9 Medical devices, Equipment and Diagnostic Systems	Daily monitoring of compliance which is collated and included in the monthly KPI report.	Matron for ED	December 2022
The health board must implement a Brief Resolved Unexplained Event protocol.	Standard 3.1 Safe and Effective care	This is being developed by Paediatrics and is currently at the consultation phase.	Clinical Director for Paediatrics	End of April 2023
The health board must ensure that nursing records are detailed and accurate.	Standard 3.5 Record Keeping	Documentation audit undertaken weekly by matron. Daily checks of records undertaken by the Nurse in Charge on each shift. Individual feedback is provided to staff where improvement is needed. Wider themes are shared via safety brief and	Matron for ED	This was in place at the time of the visit but was a relatively new process. Adherence to the process is reviewed monthly.

		<p>departmental and senior nurse meetings.</p> <p>From January 2023 there will be weekly feedback at the Band 7 & Matron meeting regarding audit findings.</p>		January 2023
<p>The health board must ensure that patient observations are undertaken and recorded regularly and that national guidelines are always followed.</p>		<p>Documentation audit undertaken weekly by matron.</p> <p>Daily checks of records undertaken by the Nurse in Charge on each shift.</p> <p>Individual feedback is provided to staff where improvement is needed. Wider themes are shared via safety brief and departmental and senior nurse meetings.</p> <p>From January 2023 there will be weekly feedback at the Band 7 & Matron meeting regarding audit findings.</p>	Matron for ED	<p>This was in place at the time of the visit but was a relatively new process. Adherence to the process is reviewed monthly.</p> <p>January 2023</p>
<p>The health board must ensure that PEWS scores are recorded in respect of all children presenting with acute illness.</p>		<p>Documentation audit undertaken weekly by matron which includes child presentations but not consistent with 25% of attendances reviewed. Moving</p>	Matron for ED	January 2023

		<p>forward to ensure that 25% of case notes reviewed by the matron are child presentations.</p> <p>From January 2023 there will be weekly feedback at the Band 7 & Matron meeting regarding audit findings.</p>		January 2023
The health board must ensure that the electronic records management system is working effectively.		<p>Issues are reported to the Symphony System Administrator who is located in the ED. Issues of significance are report to the Lead Manager for EC and the Matron for ED.</p> <p>Any required system developments are discussed at the Health Board Symphony User Group and implemented following agreement. Moving forward a regular survey will be undertaken with the ED staff to gather issues and views on the system that need to be addressed.</p>	Lead Manager for EC	First survey to be undertaken by the end of January 2023 and ongoing every 3 months
The health board must ensure that patient information is kept secure and confidential and that computer		Where non-compliance with Information Governance standards are observed these are dealt with at the team with feedback given to staff.	Lead Manager for EC	

<p>screens are not overlooked by members of the public.</p>		<p>Moving forwards daily spot checks of each area in the ED will be undertaken and documented to provide feedback to the Lead Manager so non-compliance with expected standards can be addressed.</p>		<p>To be in place by the end of January 2023</p>
<p>The health board must continue with its efforts to recruit permanent staff.</p>	<p>Standard 7.1 Workforce</p>	<p>Medical Staffing There have been challenges with appointing into vacant consultant posts on a permanent basis.</p> <p>Additional Locum Consultants have been appointed with a plan in place to support these individuals to complete CESR in order for them to take on a substantive position. A permanent consultant with expertise in the CESR process has been allocated time in his job plan to support colleagues through the process.</p> <p>Additional permanent middle grades have been appointed to provide further resilience to the rota out of hours along with predictability of rota patterns.</p>	<p>DGM for EC, HoN for EC, CD for EC</p>	<p>All recruited staff expected in post by May 2023</p>

		<p>Non-Medical Clinical Workforce (ACPS, PAs, ENPs) Additional investment into the non-medical workforce has been made with the appointment of a Consultant Nurse, 3 trainee ACPs, a Physician Associate and expansion of the ENP service.</p> <p>Nurse Staffing Continuing improvement to nursing establishment with a month on month reduction in vacancies and subsequent agency usage, for registered and non-registered staff.</p>		
<p>The health board must ensure that staff are able to take regular breaks away from the clinical area.</p>		<p>Clinicians are reminded at induction the importance of taking breaks to maintain well-being. The Emergency Physician in Charge will monitor that clinical staff are taking breaks.</p> <p>A standardised approach for the Nurse in Charge to work to will be developed in consultation with the band 7 team to ensure there is a unified approach for all staff have taken their breaks whilst on shift at suitable times.</p>	<p>Matron for ED, Deputy CD for EC</p>	<p>January 2023</p> <p>January 2023</p>

<p>The health board must review the less favourable staff comments and take steps to address the issues highlighted.</p>		<p>Support will be sought from the Stronger Together Team to survey the staff independently from the management team to identify areas of concern and gather views from staff on what support they feel is required from senior managers when dealing with departmental pressures.</p>	<p>DGM for EC, HoN for EC, CD for EC</p>	<p>April 2023</p>
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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): Lindsey Bloor

Job role: Directorate General Manager for Emergency Care

Date: 11.01.2023

