

Hospital Inspection Report (Unannounced)

Emergency Unit, Glangwili General
Hospital,
Hywel Dda University Health Board

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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:

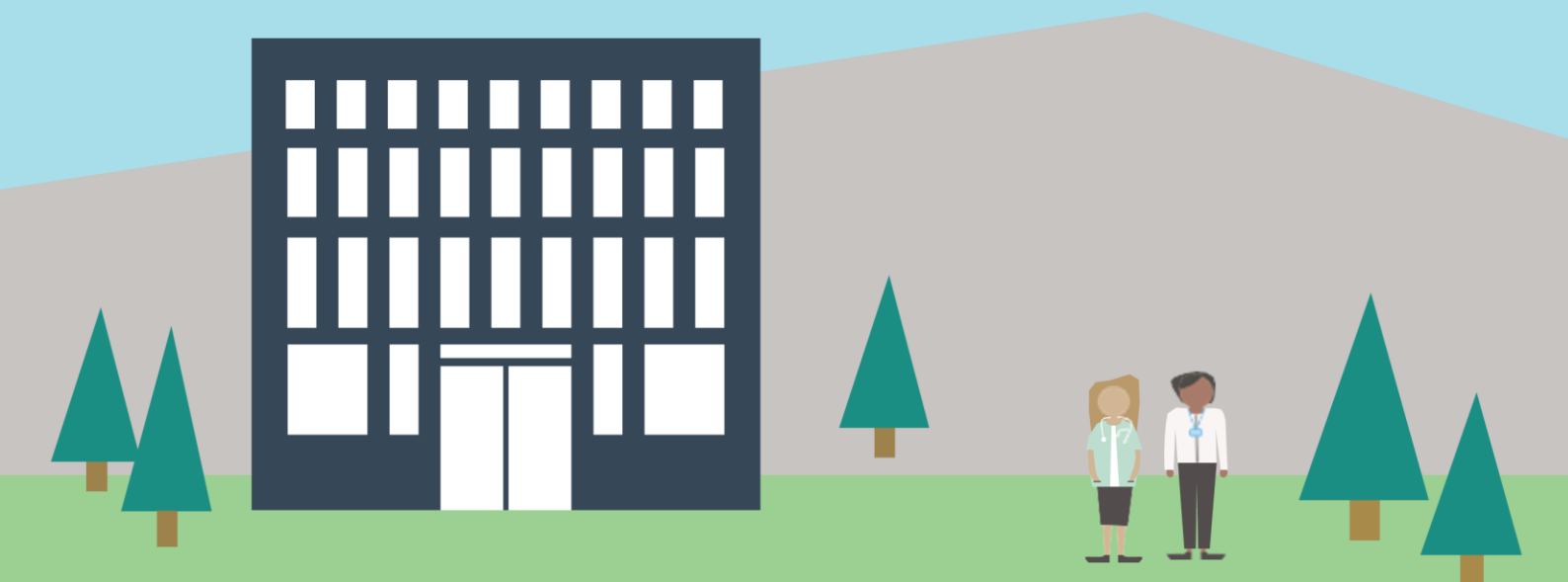
- Independent - we are impartial, deciding what work we do and where we do it
- Objective - we are reasoned, fair and evidence driven
- Decisive - we make clear judgements and take action to improve poor standards and highlight the good practice we find
- Inclusive - we value and encourage equality and 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 Unit at Glangwili General Hospital, Hywel Dda University Health Board on 05, 06 and 07 December 2022.

Our team for the inspection comprised of three HIW Senior Healthcare Inspectors and three clinical peer reviewers. 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:

The feedback we received from patients and carers indicated they were generally satisfied with the service they had received at the Emergency Unit.

Their experiences, however, were negatively affected by the length of time some patients were required to wait to be seen or admitted to a ward, the lack of updates on their care and treatment and the environment of the unit.

Significant challenges with maintaining patient flow through the hospital meant patients were required to wait in the unit for longer periods than they should expect. Overcrowding and a lack of facilities in the unit impacted negatively on staff being able to maintain patients' privacy and dignity.

While there was a Paediatric Care and Assessment Unit (PACU), there were still delays in children being seen. This meant children were sometimes required to wait in the main waiting area, which was unsuitable for them.

This is what we recommend the service can improve:

- The health board must take suitable action to promote the comfort of patients, especially where patients are required to wait for extended periods
- The health board must take suitable action to protect patient confidentiality
- The health board must take suitable action to ensure staff provide patients with regular updates about their care and treatment.

This is what the service did well:

- We saw staff treating patients with respect, courtesy and politeness at all times
- We saw efforts were made to deliver the 'Active Offer'.

Delivery of Safe and Effective Care

Overall summary:

We found staff worked extremely hard to provide patients with safe and effective care at a time when the service was under considerable pressure.

We did identify a number of improvements were needed, some of which required immediate action by the health board to promote patient safety.

Immediate assurances:

- We found storerooms were not secured to prevent unauthorised access. This may have presented a risk to patients or other persons gaining access to these rooms and those in the vicinity of these rooms
- We found overcrowding in the unit due to significant pressure on the service. This impacted negatively on patients' privacy, dignity and comfort. It also posed a potential infection control risk
- We found checks of resuscitation equipment trolleys were not always being recorded. Therefore, we were not assured checks were being conducted to confirm the necessary equipment was available in the event of an emergency
- Within the sample of records we reviewed, there was not always evidence of patients in the waiting room being reviewed after being seen by the Triage Nurse. Therefore, we were not assured patients in the main waiting room were being regularly reassessed
- Within the sample of records we reviewed, sepsis screening was not always completed. Therefore, we were not assured sepsis screening was being consistently performed
- We found when PACU did not have capacity to see children presenting to the unit, they were required to wait in the main waiting room of the unit, which was not a suitable environment for children. Therefore, we were not assured suitable arrangements are in place to promote the safety and wellbeing of children.

In addition to the above immediate assurances, this is what we recommend the service can improve:

- The health board must take suitable action to ensure appropriate arrangements are in place to accommodate patients presenting with mental health needs and waiting to be assessed
- The health board must take suitable action to promote effective handwashing by staff working in/visiting the unit
- The health board must take suitable action to ensure staff record when oxygen therapy is administered
- The health board must take suitable action to respond to staff concerns about the provision of monitoring equipment
- The health board must take suitable action to ensure audit activity is fully completed.

This is what the service did well:

- We found staff had assessed patients for their risk of developing pressure damage and saw evidence of ongoing monitoring of patients' skin state and pressure relieving equipment being effectively used
- We saw effective arrangements were in place to assess and monitor patients waiting in ambulances to maintain patient safety
- Generally, we saw medicines were safely managed in the unit
- We saw arrangements were in place for the safe administration of blood products
- We saw good examples of 'safety netting' advice given to patients or their carers
- We saw patient records were easy to navigate, handwritten entries were legible and logically set out.

Quality of Management and Leadership

Overall summary:

A suitable management structure was in place and clear lines of reporting and accountability were described and demonstrated.

Staff responses made within the HIW questionnaire were mixed. Generally, staff responses were positive regarding their immediate line managers, that the hospital encourages teamwork, that patient care is the health board's top priority and the health board takes positive action on health and wellbeing.

However, less favourable responses were received regarding senior managers acting on feedback, addressing issues escalated by staff and staffing levels in the unit.

The health board had a comprehensive mandatory training programme, however we identified staff training compliance needed to be improved.

This is what we recommend the service can improve:

- The health board must take suitable action to ensure staff are aware of the escalation on call arrangements and to provide regular updates on the action taken during periods of escalation
- The health board must take suitable action to improve staff compliance with mandatory training
- The health board must take suitable action to respond to the less favourable comments made by staff during the course of our inspection.

This is what the service did well:

- Staff told us the health board takes positive action on health and wellbeing

- Staff felt their training or development had helped them do their jobs more effectively and safely.

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

During the inspection we used paper and online questionnaires to obtain views and feedback from patients and carers. A total of 15 were completed. Not all respondents completed the questionnaire to the end.

Respondents indicated they were generally satisfied with the service provided at the Emergency Unit, with just under three-quarters (11/15) of them rating the service as 'very good' or 'good'.

Comments included the following:

“Top notch service carried out under extremely difficult circumstances. Needs more beds made available.”

“Staff were excellent, but they were rushed off their feet and disgruntled ...”

“I went in as an emergency not with any optimism. However the hospital established what treatment I needed after tests. I am very satisfied.”

“The receptionist was lovely and helpful.”

“Staff are amazing and dedicated. They take such care with patients.”

We asked what could be done to improve the service the unit provides. Comments included the following:

“By not cramming ... patients into a small room and making them sleep on chairs or the floor.”

“More comfortable seating. After 24 hours your bottom is sore. Vomit cleaned up in less than 3.5 hours would be better.”

“Excessive wait times for bed and very little communication in the mean time.”

“More staff, more beds.”

Staying Healthy

Health Protection and Improvement

Generally, we saw there was a lack of health promotion material available within the unit. However, there was information displayed on how to stop smoking. In addition, smoking was not permitted within the hospital or the hospital grounds, which was in accordance with current legislation. The health board should ensure suitable health promotion information is available to patients.

We saw information displayed within the unit for both staff and patients on the precautions in place to help reduce the spread of COVID-19.

Dignified care

Dignified care

We saw staff treating patients with respect, courtesy and politeness. Those patients we spoke with also confirmed staff had been kind to them.

During the inspection, the unit was operating above capacity. We saw patients were waiting in 'surge' areas. These were generally exposed areas within the unit immediately next to the staff desk and outside other patients' rooms. This impacted negatively on patient privacy and dignity and also presented challenges to staff in maintaining patient confidentiality.

We were told staff made considerable efforts to promote patient privacy and dignity by using portable screens and moving patients into nearby rooms when delivering personal care.

The majority of respondents (14/15) who completed a questionnaire agreed staff had treated them with dignity and respect. In addition, the majority (14/15) felt measures had been taken to protect their privacy.

Most respondents (12/14) who answered the question in the questionnaire agreed they had access to toilet and washroom facilities whilst waiting in the waiting room.

During the inspection we used online questionnaires to obtain feedback and views from staff working in the unit. A total of 89 were completed.

Nearly two thirds of staff (50/79) who answered the question disagreed patients' privacy and dignity are maintained in the unit.

While some patients in the 'surge' areas were on trolleys, others were in high backed chairs. We saw patients in these areas had been waiting overnight and were told those in chairs had experienced difficulty sleeping as they were uncomfortable.

We also saw patients had been waiting in the main waiting room overnight. The chairs in the waiting room were made of plastic and were fixed in position. This made them uncomfortable for patients who were required to wait for extended periods.

Some patients we spoke with within the 'surge' areas and the waiting room had been offered pillows and blankets to help make them more comfortable, but this was not always the case.

The above arrangements meant patients were also exposed to general noise within the department. A patient we spoke with described this caused them difficulty in sleeping.

We reviewed the care records of 15 patients. This sample included 10 adults and 5 children. While we found patients had received analgesia for pain relief, where indicated, most of the records we reviewed did not show staff had re-assessed patients' pain. Therefore, there was little evidence to show whether patients' pain was being effectively managed.

Communicating effectively

We found staff were aware of the need to be discreet in their communications involving patients' personal information. Where patients were waiting in cubicles, conversations could be conducted in private. However, as patients were waiting in 'surge' areas, this presented challenges for staff in maintaining patient confidentiality.

A Patient Status at a Glance (PSAG) Board was located within the unit and we saw this was updated regularly by staff. While the board was located away from the main waiting room, it was clearly visible to patients and their carers waiting in the 'surge' areas. In addition regular staff meetings were held near the PSAG Board, which meant patients in these areas could overhear conversations.

We found staff speaking to patients about their care and treatment using appropriate language and confirming they understood what they were told.

We saw efforts were made to deliver the 'Active Offer'. We saw bilingual signage, in both English and Welsh, displayed within the unit and the hospital. We also saw staff wearing badges and lanyards to show patients they were Welsh speakers. In

addition, we saw staff speaking to patients and their carers in Welsh according to their needs or preferences.

When asked whether they are Welsh speakers, just under half of the staff (29/66) who answered this question in the questionnaire indicated they are. Most of the staff (23/29) told us patients are asked to state their preferred language and they actively use Welsh in everyday conversations.

Patient information

We saw signage clearly displayed outside to help patients identify the Emergency Unit. We also saw clear signage displayed in both Welsh and English to help patients and visitors find the unit and other wards and departments within the hospital.

There was no information displayed for patients to help them understand their 'journey' through the unit.

Two thirds of respondents (8/12) who answered the question within the questionnaire agreed they had been given enough information to help them understand their healthcare. Similarly, over two thirds of staff (54/79) who answered the question agreed sufficient information is provided to patients.

However, patients we spoke with told us they had not been given further updates about their care and treatment after initially being seen by medical or nursing staff in the unit.

Timely care

Timely Access

We found that patients did not always receive care and treatment in a timely way.

On arrival, we saw the unit was extremely busy and operating above capacity. All cubicles/areas were being used and patients were also being accommodated in designated 'surge' areas. We also saw patients waiting in both the waiting room and in ambulances.

We were told the escalation level for the hospital was at Level 4 - Red. This level of escalation remained for the duration of our inspection.

On the second day of our inspection, we were told the average ambulance 'off load' time for the 24 hours prior was 6-8 hours. While patients were waiting in ambulances for longer than should be expected, we saw suitable arrangements were in place to assess and monitor their condition to maintain patient safety. We

saw there was good communication between the ambulance liaison nurses and the paramedics in this regard.

We were told there were significant challenges with maintaining patient flow through the hospital. This put pressure on the unit to provide timely care to patients and meant patients were waiting in the unit for longer than should be expected. At one point during the inspection, we were told there were 19 patients who had been waiting in the unit for over 24 hours to be admitted to a ward. We were told one patient had been waiting 82 hours.

We saw meetings taking place throughout the day, to regularly report and monitor capacity within the hospital, to identify wards to admit patients who were waiting in the unit. However, despite efforts, patient flow presented challenges to staff providing timely care throughout our inspection.

During our inspection, we were told there were 97 patients within the hospital who were either waiting for further assessment by members of the multi-disciplinary team to facilitate a safe discharge home or waiting for a suitable package of care or care home placement to be arranged. At the same time, we were told there were 38 patients in the unit waiting to be admitted to a ward.

The unit operated a triage system. The expectation is patients are triaged within 15 minutes of arrival. During the course of the inspection there were times when patients were triaged within a timely manner. However, patients generally waited longer. This meant patients did not always receive timely care.

We saw children were waiting in the main waiting room. Senior staff described the aim was for paediatric patients to be seen promptly in the hospital's PACU. However, this was not always the case and we were told paediatric patients sometimes were required to wait all night before being reviewed by PACU staff.

We were also told there were sometimes lengthy wait times for patients to be seen by specialist medical or surgical teams following referral by unit staff.

Most respondents (8/13) who answered the question in the questionnaire told us they had waited more than 30 minutes to be assessed by healthcare staff. The remaining respondents told us they had either been seen immediately (2/13) or within 30 minutes (3/13).

When asked how long in total patients had waited in the unit before receiving treatment or referred on, responses varied. Of the 14 respondents who answered the question in the questionnaire, 6 told us they had waited less than 2 hours, 4 told us they had waited over two hours but less than 4 hours, 1 waited over 4

hours but less than 8 hours, 1 told us they had waited over 8 hours but less than 12 hours and 2 told us they had waited over 12 hours.

Individual care

Planning care to promote independence

We were told initiatives were in place to help staff identify and deliver care to patients with particular or special needs. We saw an example of this during our inspection.

We saw some patients using walking aids so they could mobilise independently around the unit. However, staff told us that due to staffing and workload pressures, they did not have sufficient time to encourage and assist patients to mobilise as often as they would like.

The unit is designed for short term stays. However, during the course of our inspection, we found that patients remained in the unit over 24 hours and sometimes longer. We saw the unit had one toilet and no bathing/shower facilities, which was inadequate when patients were waiting for long periods of time. We were told patients were encouraged to be independent, however the lack of available facilities hindered patients in this regard.

People's rights

Staff told us there were no restrictions on visiting times within the unit. During the course of our inspection, we saw patients in the unit and the main waiting room were accompanied by their relatives according to their wishes. We were also told patients could be assisted by their relatives or carers where appropriate.

The majority of respondents (11/13) who answered the question in the questionnaire agreed they had been involved as much as they wanted to be in decisions about their care. However, some (2/13) disagreed. In addition, the majority of respondents (13/15) who completed a questionnaire agreed staff had listened to them, while some (2/15) disagreed.

Similarly, the majority of staff (73/79) who answered the question agreed patients and/or their relatives are involved in decisions about their care.

The majority of respondents (13/14) told us they had not faced discrimination when accessing or using the service provided at the unit. However, one respondent indicated they had faced discrimination on grounds of disability.

We saw a designated room was available for use by patients to meet their relatives in private. This room also provided a private area where relatives of critically ill or

deceased patients could wait. In addition, a designated viewing room was located near to the room that bereaved relatives could use. However, we saw that this had cardboard boxes that were being stored on a cupboard, which was not appropriate and did not promote dignified care.

We found staff considered the patients' individual spiritual and cultural needs.

The main waiting room was used by all patients self-presenting to the unit. We saw there was no separate area for paediatric patients to wait or receive treatment. Senior staff described the aim was for paediatric patients to be referred promptly to the hospital's PACU. However, this was not always the case and paediatric patients sometimes were required to wait in the main waiting room, which was unsuitable for children to wait for long periods.

Listening and learning from feedback

We saw information for patients was clearly displayed in the main waiting room on how they may provide feedback about their experiences of visiting the unit. However, there was no information displayed on learning or any improvements made by the unit as a result of feedback received.

Senior staff confirmed the health board's complaints procedure was in keeping with Putting Things Right. We saw information was clearly displayed in the main waiting room for patients on how they may raise a concern about their care or treatment.

Senior staff described support for patients on how to raise a concern was available via the hospital's Patient Advice and Liaison Service (PALS).

Senior staff described a suitable system for recording concerns and a process for investigating and responding to concerns. It was evident concerns were not always being responded to within the timescales set out within Putting Things Right. Senior staff were aware of this, and we were told they were attending weekly meetings with the hospital's complaints team to monitor the progress of managing complaints. This was with the aim to make improvements in this regard.

Senior staff confirmed feedback was shared with staff through a variety of means, including team meetings and electronic communication.

When asked whether patient feedback is collected, just under half the staff (37/77) who answered the question told us feedback is collected. However, the remaining staff either told us feedback was not collected (9/77) or they did not know (31/77).

Over half the staff (40/77) who answered the question told us they receive updates on patient feedback, while the remaining staff either told us they did not (27/77) or they did not know (10/77). Over half the staff (42/76) who answered the question told us they did not know whether feedback from patients is used to make informed decisions within the unit

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety

We saw there was level access to the Emergency Unit via the main entrance. This made the unit accessible to patients so they could enter the waiting room and reception desk safely. We also saw suitable parking was available nearby.

Generally, we saw the waiting room was clear of clutter and trip hazards. However, the unit was cluttered with equipment making access using wheelchairs or trolleys difficult.

When asked whether there was adequate seating in the waiting area, half of the respondents (7/14) agreed. The remaining respondents either disagreed (6/14) or this was not applicable to them.

During our inspection we found the doors to the oxygen cylinder storeroom, main storeroom and the waste storeroom located in the corridor adjacent to the ambulance entrance were unlocked. We highlighted this to the nurse in charge who confirmed these doors should be locked. While a member of staff was allocated to work in this area, they may not be able to provide constant supervision due to the need for them to attend to patients arriving at the unit by ambulance.

Our findings meant HIW was not assured these areas were suitably secured against unauthorised access, which may have presented a risk to patients or other persons gaining access to these rooms and those in the vicinity of these rooms.

We also observed a number of patients to be waiting in the main waiting area of the unit. We confirmed with staff that some of these patients had been triaged by the Triage Nurse and were waiting for further assessment by medical staff.

We saw monitor screens were located in the unit so that staff could observe patients in the waiting room. However, staff told us they were sometimes too busy to check these monitors.

We reviewed a sample of 15 patient care records, this sample included the records of both child and adult patients. We found that patients were not always having repeat observations recorded after being seen by the Triage Nurse. Staff also confirmed there were occasions when, due to the pressures within the unit, repeat observations were not always performed. In addition, the room used for triage was

located away from the main waiting room. This presented challenges for the Triage Nurse to observe patients waiting in the waiting room.

Our findings meant HIW was not assured patients in the main waiting room were being regularly reassessed following initial triage and before being seen by medical staff, which may have posed a risk to their safety and wellbeing.

Most respondents (8/14) who answered the question told us staff and not checked on them whilst they were waiting. The remaining respondents told us either staff had (3/14) or this was not applicable to them.

We saw children were attending the unit accompanied by their parents/carers. We were told arrangements would be to refer children to be seen in the hospital's PACU, however where PACU did not have capacity, children would be required to wait in the main waiting room for the unit.

While there was signage displayed to a designated waiting area for children, we were told this no longer existed and the area had been repurposed. We were told there was no separate facilities where children could wait to be seen and so were required to wait in the main waiting room together with adult patients. This may have posed a risk to children's safety and wellbeing while waiting to be seen by staff in the unit or in PACU.

There were also no facilities for children to play or resources to provide distraction while children were waiting.

We also identified an example where a child had been assessed by staff in the unit and referred for further investigations in PACU, but due to a side room not being available, the child was required to wait overnight in the main waiting room.

Our findings meant HIW was not assured suitable arrangements were in place to promote the safety and wellbeing of children who are required to wait in the main waiting room.

We saw that patients were being accommodated in Room 7 and 8. We were told this area was used for patients who were unsuitable to remain in the main waiting area in the interests of safety. We saw patients in this area were receiving intravenous infusions. We also saw patients being accommodated in 'surge' areas within the unit, the majority being located next to the central staff work area.

Staff described Room 7 and 8 can accommodate up to four patients, however they also described the number of patients may exceed this when the department is busy. During the course of our inspection the number of patients increased, reaching eight at times. This meant patients were in very close proximity to each other, which impacted negatively on their privacy, dignity and comfort. It also

posed a potential infection control risk. It also made access to this room by staff and patients/carers difficult with chairs and equipment posing a trip hazard.

Our discussions with staff indicated there was no agreed protocol/standard operating procedure to provide guidance on the maximum number of patients that may be safely accommodated at any one time.

Our findings meant HIW was not assured suitable arrangements were in place to promote the safety, privacy, dignity and comfort of patients accommodated in Room 7 and 8 and the 'surge' areas.

We required the health board to take immediate action regarding the above matters. This was dealt with under HIW's immediate assurance process and is referred to in Appendix B of this report.

There was no designated room that could be used to accommodate patients presenting to the unit with mental health needs and waiting to be assessed. Staff described the room used by relatives would be used for this purpose, which may not always be appropriate.

Less than a third of staff (23/79) who answered the question in the questionnaire felt facilities within the unit are appropriate for them to carry out their specific tasks and very few (13/79) thought the environment is appropriate in ensuring patients receive the care they require.

Senior staff described a suitable system for dealing with incidents within the unit. We were told staff are encouraged to report incidents via the health board's electronic reporting system, however time pressures were described as a barrier to staff being able to always report incidents. Senior staff provided documentation showing the processes for reporting, recording, investigating, and sharing learning from incidents.

Most staff (54/67) who answered the question in the questionnaire agreed they are encouraged to report errors, near misses or incidents and most (50/67) felt staff involved are treated fairly. About two thirds of staff (43/65) who answered the question felt the organisation takes action in response to incidents to ensure they do not happen again. About half the staff (33/65) who answered the question agreed there are given feedback about changes made in response to incidents.

Preventing pressure and tissue damage

We reviewed the records of 10 adult patients who had either been seen in the unit or who were waiting in ambulances.

We saw most patients had been assessed, which included an appropriate assessment of their skin, for their risk of developing pressure damage, where

required. We also saw those patients who had been assessed had an appropriate written care plan in place and saw evidence of frequent repositioning. In addition, we also saw evidence of ongoing monitoring of patients' skin where required.

A designated nurse was responsible for monitoring those patients waiting in ambulances. A display board was in use to indicate the times when patients required a repeat set of observations and their skin state to be checked. We identified this as noteworthy practice to promote patient safety and comfort.

During the course of the inspection, we saw appropriate pressure relieving equipment, such as mattresses, were in use for those patients assessed as requiring them.

Falls prevention

From the sample of patient records we reviewed, one patient was attending the unit as a result of a fall. While a formal risk assessment had not been completed as part of the nursing assessment, we did see evidence that the risk of falls was considered as part of the medical assessment.

Where patients are identified as at risk of falls, we were told staff could make referrals to a specialist falls service. Physiotherapy and Occupational Therapy input was also available to the unit through the hospital's Transfer of Care, Advice Liaison Service (TOCALs).

Infection prevention and control

We saw the unit environment was generally clean on the days of our inspection, but we saw it was cluttered with equipment.

During our inspection, we saw cleaning staff regularly attending the unit to undertake cleaning duties. Senior staff confirmed they could contact Hotel Services when a deep clean was required. However, one patient we spoke with described two patients had vomited on the floor of the waiting room during the early hours of one morning. While staff had covered this with tissue paper it was not cleaned until cleaning staff arrived approximately four hours later.

Nearly three quarters of respondents (11/15) who completed a questionnaire told us they felt the unit was 'very clean' or 'fairly clean'. However, some (4/15) felt the unit was 'not very clean' or 'not at all clean'.

We saw adequate supplies of personal protective equipment such as disposable, gloves, masks and aprons were readily available within the unit for staff to use. We saw good staff compliance with 'bare below the elbow'.

Adequate handwashing and drying facilities were available, however we did not observe staff to be washing their hands regularly.

Senior staff confirmed advice on infection prevention and control matters was available from the hospital's infection control team.

Details of audit activity provided to HIW showed hand hygiene and cleaning schedule audits were conducted monthly as part of the unit's infection prevention and control audit activity. We saw results from audits were reviewed regularly by senior staff and actions agreed where required. While results of audit activity were displayed in the unit, we saw this was not up to date.

Patients attending the unit were advised to wear face masks, especially if they had respiratory symptoms however this was not mandatory. Staff told us patients were not routinely screened for COVID-19 unless they reported symptoms or were being admitted for ongoing care and treatment. Staff told us cubicles would be used where patients needed to be nursed in isolation due to infection or if patients were immunocompromised.

Approximately half of the respondents (8/15) who completed a questionnaire told us they felt COVID-19 control measures were being followed. The remaining respondents either felt measures were not being followed (5/15) or they didn't know/didn't notice (2/15).

Most staff who answered the questions in the questionnaire agreed the health board had implemented the necessary environmental (54/73) and practice changes (56/72) in response to COVID-19. In addition, most staff agreed there has been a sufficient supply of personal protective equipment (65/73) and there are decontamination arrangements in place for the environment (58/73).

While a designated decontamination room was available next to the ambulance entrance to the unit, we saw this was cluttered with equipment and so could not be easily used.

Waste was stored in suitable containers within a designated room. While staff were seen to be present in the vicinity, the room was found to be unlocked during on at least two occasions during our inspection. This presented a potential infection and safety risk to patients who may access this room while staff were busy attending to patients. We required the health board to take immediate action to secure the room against unauthorised access. This was dealt with under HIW's immediate assurance process and is referred to in Appendix B of this report.

Nutrition and hydration

We found that patients in the unit and those waiting to be seen were offered meals and drinks. We were told that patients were offered three meals a day.

We observed a lunchtime meal and saw Red Cross volunteers were assisting healthcare support staff in the unit to serve meals. Staff serving meals told us they would check with nursing staff to confirm whether patients were nil by mouth or required a special or modified diet. The meals we saw being served looked appetising. However, staff confirmed meals would be served prior to checking a patients' preferences. This sometimes meant meals were returned so they could be changed, resulting in unnecessary waste. The health board may wish to review the system for serving meals to minimise waste.

We saw all patients had either bottled water or jugs of water to drink.

We spoke with five patients about their meals. While three patients indicated they were satisfied with their meals, two indicated their meals were not as hot as they would like.

Nearly two thirds of respondents (9/14) who answered the question told us they did not have adequate access to food and drink. The remaining respondents either told us they did (3/14) or this was not applicable to them (2/14).

We saw staff encouraging and helping patients to eat their meals and have their drinks. However, it was evident staff were facing challenges in this regard due to their workload. While we saw some patients were provided with cleansing wipes to use during mealtimes, this was not consistent.

Within the sample of patient records we reviewed, we saw food and fluid intake was being monitored by staff.

Medicines management

We saw that the All-Wales Drug Charts were used in the unit. The sample we reviewed had each patient's details recorded and showed who had prescribed and who had administered the medication. We also found there was system for recording the reason as to why medication had not been administered. We saw that intravenous fluids had also been prescribed using the All-Wales chart.

For the sample of patients records we reviewed, we saw patients were receiving oxygen therapy. However, this was not always prescribed or being recorded when being administered.

Staff had access to an up-to-date medicines management policy, which was available on the health board's intranet system. This included the arrangements for the safe storage, prescription and administration of medicines used in the unit.

Staff told us the unit had a designated pharmacist who provided help and advice to the staff team on medicines used in the unit.

Generally, we saw medicines were stored securely. However, we did find cupboards used to store medicines in the Resus area were unlocked. While staff were seen to be present in this area, this meant these medicines could be accessed by unauthorised persons, especially if staff were busy attending to patients. We escalated this to senior staff who provided assurance that action would be taken to secure the medicines in this area.

We saw Controlled Drugs, which are subject to specific storage, recording and checking arrangements, were stored securely in suitable cupboards. We also saw records had been completed when these drugs had been administered and records of regular stock checks being conducted.

We also saw records had been completed of room and fridge temperature checks where medicines were stored.

We saw that patients had individual identification wristbands and found staff checked these prior to administering medication to patients.

Safeguarding children and safeguarding adults at risk

Senior staff told us written policies and procedures were in place for safeguarding children and adults at risk. We were told staff could access these via the health board's intranet.

Senior staff described a suitable process for responding to safeguarding concerns.

At the time of our inspection, we were told no patients were subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. Senior staff were confident staff were knowledgeable in this regard.

Most staff who answered the questions in the questionnaire knew how to report concerns about unsafe practice (58/70) and felt secure doing so (48/70). However, less than half (32/70) felt confident that their concerns would be addressed.

Blood management

We were told only those staff who had completed training and recorded on the health board's Blood Bank system could collect blood from the Blood Bank storage

refrigerator. This training was also extended to agency staff, which we identified as noteworthy practice.

We found strict protocols were in place to ensure the safe administration of blood products. We also found the All-Wales Blood Transfusion Chart was used.

Staff we spoke with were aware of the correct process for reporting adverse events relating to blood transfusion. We also found suitable arrangements were in place for the investigation of events and sharing learning. Staff confirmed no serious hazard of transfusion (SHOT) events had been reported within the past 12 months. This indicated blood transfusion protocols were being correctly followed by staff.

We saw a major haemorrhage protocol was in place that alerted all relevant hospital staff where blood was required urgently. All staff we spoke with were aware of the importance of returning unused blood products to the Blood Bank to ensure these were not unnecessarily wasted.

Medical devices, equipment and diagnostic systems

We saw a range of equipment was available to meet the care needs of patients. This included, hoists, pressure relieving equipment, commodes and monitoring equipment. We were told additional equipment can be obtained from other wards and departments within the hospital if needed.

Staff we spoke with described monitoring equipment was available for approximately 50% of the cubicles within the unit. Staff indicated this can be problematic as this sometimes means patients who require cardiac monitoring need to be moved to different areas for monitoring.

The equipment we saw appeared clean and well maintained. Most of the equipment we saw had labels to show when it had last been checked/serviced. None were beyond their check/service dates.

Staff described suitable arrangements for reporting equipment faults and removing them from service and we saw evidence of the arrangements described.

During the course of our inspection, we examined the checklist forms for the adult resuscitation trolley and the paediatric resuscitation trolley located within the unit. Both trolleys had mechanisms to attach a seal, to show when the trolleys had been opened. However, staff confirmed the mechanism for the paediatric resuscitation trolley was broken and so no seal was in place. There was a seal in place on the adult resuscitation trolley.

The checklist forms instructed staff to conduct monthly checks on the paediatric resuscitation trolley and weekly checks for the adult resuscitation trolley where seals were in place. There were also instructions to complete daily checks of certain items contained on the adult trolley. We were told that staff were required to endorse the checklists to show they had conducted a daily check of the seal on each trolley and confirm the seal was intact.

The checklist for the paediatric trolley showed it had been last checked on 02 December 2022. However, no daily checks of the seal or the trolley contents (in the absence of a seal) had been recorded.

The checklist for the adult trolley showed it had been checked on 01, 02, 04 and 07 December 2022. However, no daily checks of the seal and the items requiring a daily check had been recorded for 03, 05 and 06 December 2022.

Our findings meant HIW was not assured checks of the resuscitation trolleys were being conducted in accordance with the health board's policy, which may have resulted in required equipment not being available for use in the event of an emergency.

We required the health board to take immediate action to ensure the contents of the resuscitation trolleys are regularly checked and an accurate record of these checks is maintained. This was dealt with under HIW's immediate assurance process and is referred to in Appendix B of this report.

Effective care

Safe and clinically effective care

We found agreed patient pathways were in place for stroke, ST segment elevation myocardial infarction (STEMI), major trauma and sepsis. Staff told us these were initiated when required following triage assessment or by ambulance staff prior to arriving at the unit. Staff could access these protocols via the health board's intranet.

We were told these pathways were operational 24 hours per day, 7 days per week. Staff told us access to specialist staff was reduced out of hours, however consultants were on call to provide advice. Where necessary patient transfers were arranged to other hospitals for continuing care and treatment.

We saw good examples of 'safety netting' advice given to patients or their carers had been documented within the sample of records we reviewed.

We saw monthly audits were conducted to assess compliance with the health board's policies in relation to patient care. Audit data provided by senior staff for the period October 2021 to September 2022, showed variable compliance and there were some areas where no data was recorded, such as compliance with completing nutritional assessments, completing mouth care assessments and mouth care plans and compliance with documentation standards and processes. This meant we were not assured audit activity was identifying areas where improvement may be needed.

We were told audits were also conducted in relation to medicines, by the pharmacist, and infection prevention and control, by the infection control team.

We saw the results of hand hygiene audits clearly displayed within the staff room. However no other audit activity information was displayed, either for staff or patients, to show the unit's compliance with key care quality and safety indicators.

Senior staff described monthly scrutiny meetings were held to review audit results and agree action plans for improvement. We were provided with copies of meeting minutes and action plans showing this process. Senior staff also described a risk register was in place and reviewed monthly.

We saw screening tools were used as part of the patient assessment process. These included a sepsis screening tool.

Within the sample of patient records we reviewed, we found children presenting with a high temperature did not have a sepsis screening tool completed. Similarly for adult patients with suspected sepsis and a high temperature there was no evidence of sepsis documentation being completed. In addition, a patient identified with suspected sepsis by the Triage Nurse had waited more than an hour to be triaged and so there was a delay in initiating sepsis treatment.

Our findings meant HIW was not assured sepsis screening was being consistently performed, which may pose a risk to the safety and wellbeing of patients. We required the health board to take immediate action to ensure sepsis screening is completed where indicated. This was dealt with under HIW's immediate assurance process and is referred to in Appendix B of this report.

Quality improvement, research and innovation

We saw Red Cross volunteers provided support to the unit team. Examples of support included, assisting staff with serving meals and drinks and providing patients with general wellbeing support. We were also told the Red Cross

facilitated the early discharge of patients from the unit by providing transport home.

Senior staff provided examples of initiatives that aimed to improve the patient experience. These included the provision of a hot meal service for patients in both the unit and the main waiting room and a GP streaming service that aimed to reduce the time patients needed to wait in the unit and reduce the need for hospital admission.

Record keeping

Patient records were in paper format with handwritten entries. We found the sample of records we reviewed were easy to navigate, the handwriting was clear and legible, and entries were logically set out.

However, we identified repeat observations and pain assessment scores had not always been recorded by staff. Therefore, we were not assured staff were regularly reviewing patients, especially those in the main waiting room.

We saw records were stored securely in an area where public access was restricted.

Quality of Management and Leadership

Staff Feedback

During the inspection we used online questionnaires to obtain feedback and views from staff working in the unit. A total of 89 were completed. Not all respondents completed the questionnaire to the end.

Responses from staff were mixed. Staff comments included the following:

“Nobody listens,.you don't need a degree or surveys galore to realise that the problem in ED is the fact that it is the doorway to the hospital,. unfortunately the exit doors within the hospital are locked tight and no one moves. Paediatrics need to use PACU to see patients rather than pick and choose.”

“We need more staff and rooms department too small for the amount of patients attending.”

“I am confident in everybody that I work with and feel management are doing an amazing job with the resources available versus volume of patients. A problem that we have is that we have been overcapacity for so long we have accepted this to be the norm.”

“We are expected to maintain emergency front line services and then also act as a ward with all the documentation/ risk assessments etc they come with long stays.”

“All specialities and other hospital departments need to work with ED as currently we are carrying massive risks. It currently feels we have to fight for support and the correct treatment and care for all our patients.”

“The Emergency department is lucky to have a caring, kind senior nurse whose main priority is the well being of her staff and quality of patient care. She is always approachable no matter what the problem is.”

We asked staff what could be done to improve the service. Staff suggestions included the following:

“The ED department could thrive if it was allowed to be one rather than a holding area for patients from all specialities.”

“Allowing staff to work in a safe environment. Allowing patients to have the dignity and respect they deserve. And for senior management to realise that the department is unsafe, and staff are very unhappy.”

“Give us flow of patients out of the ED: make wards responsible for their part in ED overcrowding.”

“Better communication. Safer staffing levels. Safer skill mix. Adequate equipment fit for purpose. Senior staff on floor more. Hygiene needs of patients prioritised. Safe and dignified care and treatment.”

Governance, Leadership and Accountability

We found a suitable management structure was in place for the unit and clear lines of reporting and accountability were described and demonstrated.

Senior staff described the unit was represented at various meetings as part of the health board’s arrangements for reporting and monitoring the quality and safety of the services it provided.

During our inspection, senior staff made themselves available to the inspection team and engaged fully with the HIW inspection process.

Generally, staff made positive comments about their immediate line managers. The majority of staff (61/72) who answered the question in the questionnaire agreed their manager can be counted on to help them with a difficult task at work. In addition, most staff (57/71) who answered the question agreed their manager was supportive in a personal crisis.

Most staff (56/71) who answered the question agreed they know who the senior managers are. However, less staff (40/71) agreed that senior managers are visible. Less than half the staff (30/69) who answered the question agreed communication between senior management and staff is effective. In addition, almost two thirds (44/69) of staff did not feel senior managers act on feedback.

We saw the health board had a current written policy for managing and escalating capacity issues within the hospital and other sites across the health board area. This set out the procedures for staff to follow when there was increased demand on the service. However, staff we spoke with were not entirely clear of the Bronze, Silver and Gold on call structure arrangements. In addition, staff felt they were not receiving regular updates as to the action being taken by the health board during escalation to improve patient flow through the unit and mitigate risk.

It was also evident from some of our discussions with staff they felt that despite escalating issues to senior managers, suitable action was not being taken to address these.

When asked in the questionnaire whether the hospital supports staff to identify and solve problems, most staff (32/70) to who the question applied, disagreed. In

addition, most staff (47/69) disagreed the hospital takes swift action to improve when necessary.

Most staff (56/71) to who the question applied agreed the hospital encourages teamwork. However, less than half the staff to who the questions applied agreed partnership working with other departments is effective (32/72), while over half agreed partnership working with outside organisations is effective (38/68).

Most staff (43/73) who answered the question in the questionnaire agreed care of patients is the organisation's top priority. When asked whether they would recommend their organisation as a place to work, just over half (39/73) agreed.

Just under half of the staff (34/73) who answered the question in the questionnaire agreed, if a friend or relative needed support, they would be happy with the standard of care provided by this hospital.

Staff and Resources

Workforce

We saw medical staff, nursing staff, allied healthcare professionals, healthcare support staff, reception staff, housekeeping staff and volunteers working in the unit.

We found consideration was given to ensuring an appropriate number and skill mix of staff were working on each shift and then allocated to work in specific areas of the unit depending on the acuity of the patients. Some nursing staff had specific roles such as Navigators and Triage Nurses.

Senior staff described the staffing establishment for the unit had been reviewed and increased during the COVID-19 pandemic. We were told the staffing establishment for the unit was to be formally determined and agreed. However, in the meantime, the increased staffing levels were being maintained as far as possible due to the pressure on the service.

It was evident the unit was experiencing challenges with staffing, and we found there was a high reliance on the use of agency or bank staff to ensure staffing levels and skill mix was sufficient to meet the needs of patients.

Most staff (62/79) who answered the question in the questionnaire, felt there were not enough staff to allow them to do their job properly. In addition, just over half the staff (41/79) who answered the question in the questionnaire felt there was an adequate skill mix within the unit team. Comments from staff indicated there was a reliance on agency staff and there were a large number of inexperienced staff.

Senior staff provided information on staff compliance with the health board's mandatory training programme as of 9 December 2022. This showed variable compliance. We found good compliance for some training, such as, Dementia Awareness, Resuscitation Level 1, Equality, Diversity and Human Rights, Infection Prevention and Control Level 1, Safeguarding Adults Level 1, Safeguarding Children Level 1 and Level 2 and Violence Against Women, Domestic Abuse and Sexual Violence.

However, we found that improvement was required in relation other training, such as, Safeguarding Adults Level 2 and Level 3, Blood Transfusion, Infection Prevention and Control Level 2, Moving and Handling Level 1 and Level 2, Fire Safety and Safeguarding Children Level 3.

Most staff (48/79) who answered the question in the questionnaire told us they had received full training on all areas within the unit. We asked if there was any other training staff would find useful. Staff comments included:

“Wound care.”

“Trauma management.”

“...paediatric resus and trauma...”

“...palliative, NIV, major incident.”

“...when working in the RESUS department have full training on the equipment used.”

In addition, most staff agreed their training or development had helped them do their jobs more effectively and safely (72/79), had helped them stay up to date with professional requirements (68/79) and helped them deliver a better patient experience (69/79).

Most staff (46/79) who answered the question in the questionnaire told us they had an appraisal of their work in the last 12 months. The remainder either had not (31/79) or could not remember (2/79).

Over half the staff (40/69) who answered the question in the questionnaire told us their job is detrimental to their health. However, over half the staff (43/69) also told us the organisation takes positive action on health and wellbeing. Most staff (38/69) told us they are offered full support when dealing with challenging situations. Most staff (49/69) were also aware of Occupational Health support available.

Most staff (52/76) who answered the question in the questionnaire told us they had not faced discrimination at work. However, some staff (20/76) told us they had,

for various reasons and the remaining staff (4/76) preferred not to say. In addition, most staff (52/67) told us there is fair and equal access to workplace opportunities. However, some staff (11/67) told us there isn't equal access and some preferred not to say (4/67).

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 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
We found cupboards used to store medicines in the 'Resus' area were unlocked.	While staff were seen to be present in this area, this meant these medicines could be accessed by unauthorised persons, especially if staff were busy attending to patients.	We reported our concern to senior staff.	Senior staff arranged for the cupboards to be locked.

Appendix B - Immediate improvement plan

Service: Glangwili General Hospital - Emergency Unit

Date of inspection: 05, 06 and 07 December 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
The health board is required to provide HIW with details of the action taken to prevent unauthorised access to the oxygen cylinder storeroom and the waste storeroom located in the corridor adjacent to the ambulance entrance.	Standard 2.1 Managing Risk and Health and Safety	Request a suitable keypad Digi Lock to secure the gas storage room.	Head of Operations	Complete
		Remind staff accessing the waste storeroom to ensure it is locked on leaving the storeroom.	Senior Nurse Manager	Complete
		Instigate a programme of spot checks to ensure that both storerooms are locked.	Senior Nurse Manager	Complete
The health board is required to provide HIW with details of the action taken to promote the safety, privacy and dignity and comfort of patients being accommodated in Room 7 and 8 and surge areas within the unit.	Standard 2.1 Managing Risk and Health and Safety Standard 2.4 Infection Prevention and Control	Formalise the standard operational procedure which includes an assessment of the risks for use of additional surge capacity in the department e.g. additional capacity in room 7 & 8.	Senior Sister	Complete
		Formalise the risk assessment to strengthen the escalation procedure.	Senior Sister	Complete

	Standard 4.1 Dignified Care	Mobile screens obtained for use to maintain privacy and dignity.	Senior sister	Complete
The health board is required to provide HIW with details of the action taken to ensure the contents of the resuscitation trolleys are regularly checked and an accurate record of these checks is maintained.	Standard 2.9 Medical Devices, Equipment and Diagnostic Systems	To replace the mechanism and seal on the paediatric trolley.	Senior Nurse Manager / Senior Sisters	Complete
		Remind all groups of staff to undertake daily checks on all trolleys (adult and paediatric) which includes ensuring the seal is secure.	Senior Sister	Complete
		Implement a programme of daily spot checks by Senior sisters.	Senior Sister	Complete
The health board is required to provide HIW with details of the action take to ensure patients in the waiting room are regularly reassessed while waiting for further assessment.	Standard 3.1 Safe and Clinically Effective Care Standard 5.1 Timely Access	Formalise the procedure, for escalation when there are significant delays for observation and reassessment of patients following initial triage.	Senior Nurse Manager / Senior Sisters	Complete
		SOP developed for assessment of patients in the waiting area when the department is at full and exceeding capacity.	Senior Sister	Complete
		Waiting room status reviewed in the 4 ED huddles and patient flow meetings.	Senior Sister	Complete

<p>The health board is required to provide HIW with details of the action taken to ensure sepsis screening is completed where indicated.</p>	<p>Standard 3.1 Safe and Clinically Effective Care</p>	<p>Remind all ED staff about the need to undertake the sepsis screen.</p> <p>Additional sepsis books sourced and they are visible to Doctors and nurses in all ED areas.</p> <p>Sepsis spot audits instigated working with the Resuscitation Officer to ensure that there is a robust a weekly audit in the department which includes sepsis compliance.</p> <p>Sepsis Compliance to be feedback into monthly Assurance Meeting.</p>	<p>Senior Sister</p> <p>Senior Sister</p> <p>Senior Sister</p> <p>Senior Sister</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p> <p>Complete</p>
<p>The health board is required to provide HIW with details of the action taken to promote the safety and wellbeing of children attending the department.</p>	<p>Standard 2.1 Managing Risk and Health and Safety</p> <p>Standard 2.7 Safeguarding Children and Adults at Risk</p>	<p>Formalise and strengthen the working arrangements with the Paediatric Ambulatory Care Unit Team to stream patients.</p> <p>Engage and strengthen the arrangements and monitor the effectiveness of the streaming of children who present to A&E to PACU.</p> <p>Paediatric ANP attends all the ED where any children attending are escalated.</p>	<p>Senior Nurse Manager</p> <p>Service Management Team</p> <p>Senior Nurse Manager</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>

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): Nerys Lewis

Job role: Senior Nurse Manager

Date: 28/02/23

Appendix C - Improvement plan

Service: Glangwili General Hospital - Emergency Unit

Date of inspection: 05, 06 and 07 December 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 is required to provide HIW with details of the action taken to make relevant health promotion material available to patients and carers visiting the Emergency Unit.	Standard 1.1 Health Promotion, Protection and Improvement	To seek advice from the Health Promotion Team and source suitable promotional material for the department. To ensure that the health promotion materials are bilingual (English and Welsh) To ensure staff are aware how to access to materials in other languages as required by the local population.	Senior Nurse Manager	31 st March 2023

<p>The health board is required to provide HIW with details of the action taken promote the comfort of patients within the unit and the main waiting room. Especially where patients are required to wait for extended periods of time.</p>	<p>Standard 4.1 Dignified Care</p>	<p>To source new chairs for the waiting area.</p>	<p>Senior Nurse Manager</p>	<p>Complete</p>
		<p>To source repose wedges, cushions, mattresses for trolleys/chairs for patient comfort.</p>	<p>Senior Nurse Manager</p>	<p>Complete</p>
		<p>To source pillows and blankets for patients in the waiting area.</p>	<p>Senior Nurse Manager</p>	<p>Complete</p>
		<p>To source new power banks, which will be located in the waiting room, to provide patients ability to charge devices.</p>	<p>Senior Nurse Manager</p>	<p>Complete</p>
<p>The health board is required to provide HIW with details of the action taken to provide assurance patients' pain is being effectively managed while in the unit.</p>	<p>Standard 4.1 Dignified Care</p>	<p>To agree a schedule for audit of current practice and compliance to identify key areas of improvement relating to assessment, prescribing, action, monitoring and escalation of pain needs. An initial baseline audit will be undertaken which is</p>	<p>Senior Sister</p>	<p>15th March 2023</p>

		<p>then followed up with further audits.</p> <p>To create and arrange provision of a schedule of training from the Pain Team for ED staff, which includes information on how staff can ensure the patients' pain is adequately assessed and managed.</p> <p>Link nurses to act as point of resource for staff within the unit to work alongside the pain team in ED.</p> <p>To lead and engage with clinical colleagues and specialist teams to ensure timely patient assessment and prescribing of medication.</p>	<p>Senior Sister</p> <p>Senior Sister</p> <p>ED Consultant Lead</p>	<p>30th June 2023</p> <p>30th March 2023</p> <p>30th March 2023</p>
The health board is required to provide HIW with details of the	Standard 4.1 Dignified Care	To obtain a baseline Information Governance e-learning figure for	Senior Sister	15 th March 2023

<p>action taken to protect patient confidentiality.</p>		<p>ED staff and remind all staff to maintain training levels.</p> <p>To monitor compliance of IG training on a bi-monthly basis.</p> <p>To obtain and ensure Information Governance posters are clearly displayed in the department as a reminder to staff and patients to maintain confidentiality.</p> <p>To offer patients a private space to discuss any confidential matters, a poster advertising this to be displayed in the waiting area.</p> <p>To issue a reminder to Nurses on the NMC Code of Conduct in relation to the patient's right to confidentiality.</p>	<p>Senior Sister</p> <p>Senior Sister</p> <p>Senior Sister</p> <p>Senior Nurse Manager</p>	<p>15th March 2023</p> <p>31st March 2023</p> <p>15th March 2023</p> <p>15th March 2023</p>
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		<p>To issue a reminder to all departmental doctors and attending specialities on the patient's right to confidentiality.</p> <p>Bring the all-Wales Information Governance Policy to the attention of all ED staff through team brief sessions and written reminder.</p>	<p>ED Consultant</p> <p>Senior Nurse Manager</p>	<p>15th March 2023</p> <p>30th March 2023</p>
<p>The health board is required to provide HIW with details of the action taken to:</p> <ul style="list-style-type: none"> • help patients understand their 'journey' through the unit • provide patients and their carers with regular updates about their care and treatment. 	<p>Standard 4.2 Patient Information</p>	<p>To arrange provision of new information screens for the department.</p> <p>To remind all multidisciplinary staff within the department of the importance of updating patients and carers regarding their care and treatment.</p>	<p>Senior Nurse Manager / estates / Service Delivery Manager</p> <p>Senior Sister / ED Consultant / Therapies / Delta Wellbeing</p>	<p>30th May 2023</p> <p>30th March 2023</p>
<p>The health board is required to provide HIW with an update on the action taken and the processes in place to improve patient flow</p>	<p>Standard 2.1 Managing Risk and Promoting</p>	<p>Strengthened Patient Flow meeting takes place twice daily at 8:30am and 3pm. This includes RTDC to promote</p>	<p>General Manager / Deputy Head of Nursing</p>	<p>Complete</p>

through the hospital and prevent overcrowding in the unit.	Health and Safety	discharge before 2pm with any issues escalated to Manager of the Day, which is communicated on the Health Board calls which take place twice daily at 10am and 4pm.		
	Standard 3.1 Safe and Clinically Effective Care			
	Standard 4.1 Dignified Care	Strengthened Safety Huddles take place in the department 4 times daily at 12pm, 5pm, 10:30pm and 02:30am	Senior Nurse Manager	Complete
Standard 5.1 Timely Access		Deep Dive of patient's takes place weekly with all Ward Sisters re patients estimated date of discharge to ensure forward planning of any requirements to enable a safe and prompt discharge. This meeting is chaired by the Discharge Liaison Senior Nurse Manager.	Senior Nurse Manager for Discharge Planning and Patient Flow / Deputy Head of Nursing	Complete
		Carmarthenshire System Escalation meeting twice weekly	Deputy Head of Nursing	Complete

		<p>to highlight delays in Discharge Planning (MDT approach - community, Social services, LTCT, Therapy, Acute).</p> <p>DLN assigned to ED/CDU, also working alongside DELTA and TOCALs to ensure any unforeseen issues regarding discharge are dealt with promptly to avoid unnecessary admissions.</p> <p>Strengthened SOP for MAU which ensures the flow of medically expected patients, direct to CDU, preventing long waits for these patients in ED</p> <p>Effective triage and streaming to take place in ED to ensure patients are re-directed to required specialities without delay.</p>	<p>Senior Nurse Manager for Discharge Planning and Patient Flow</p> <p>Management Triumvirate</p> <p>Senior Sister</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>
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		<p>Surge capacity has increased on wards since the HIW visit to ensure the risk is spread more evenly throughout the hospital and of which is reviewed within patient flow.</p> <p>TUEC and Improving Together work in progress to stream patients appropriately from ED.</p> <p>Implementation of SAFER - Phase 1 Pilot (Policy Goal 5) to support and improve discharge process/length of stay/improve patient experience.</p>	<p>Senior Sister</p> <p>Integrated System Director /General Manager</p> <p>Assistant Director of Nursing / Deputy Head of Nursing</p>	<p>Complete</p> <p>1st June 2023</p> <p>30th April 2023</p>
<p>The health board is required to provide HIW with details of the action taken to review the provision of suitable toilet and bathing facilities for patients accommodated in the unit.</p>	<p>Standard 4.1 Dignified Care</p>	<p>Waiting room toilets to be refurbished</p>	<p>Estates</p>	<p>Complete</p>
	<p>Standard 6.1 Planning Care to Promote Independence</p>	<p>To source commodes, wash bowls and toiletries to be made available to patients</p>	<p>Estates</p>	<p>Complete</p>

		Arrangements are in place in the event of patients requiring a shower or a bath, the facilities on CDU are utilised	Senior Sister	Complete
The health board is required to provide HIW with details of the action taken to ensure the designated viewing room is free of cardboard boxes and other items which are not required.	Standard 4.1 Dignified Care Standard 6.2 People's Rights	To arrange boxes and other items not required to be removed and the area also included in Senior Sisters spot-check/audit	Senior Sister	Complete
		To remind all staff that the viewing room should not be utilised for storage of items	Senior Sister	15 th March 2023
		To facilitate working with '2 Wish' charity regarding the refurbishment of relatives/viewing room	Senior Nurse Manager	30 th September 2023
The health board is required to provide HIW with details of the action taken to improve staff awareness of: <ul style="list-style-type: none"> the system for patient feedback 	Standard 6.3 Listening and Learning from Feedback	To arrange Senior Sisters from ED to have training on the new patient feedback system CIVICA and can run reports and share feedback with staff	Senior Sister	Complete

<ul style="list-style-type: none"> updates on patient feedback received. 		<p>To arrange certificates of compliments from patients given to staff when received by the Patient Experience Team</p> <p>Work with the Patient Experience Team to ensure that patient feedback is shared with the ED team, improvement plans are developed and implemented and learning is shared.</p> <p>Both positive and negative feedback to be shared with staff via email / what's app or Department meetings</p>	<p>Senior Sister</p> <p>Senior Sister</p> <p>Senior Sister / PALS Team</p>	<p>Complete</p> <p>Complete</p> <p>Complete</p>
<p>The health board is required to provide HIW with details of the action taken to ensure suitable arrangements are in place to accommodate patients presenting with mental health needs and waiting to be assessed.</p>	<p>Standard 2.1 Managing Risk and Promoting Health and Safety</p>	<p>To engage with the estates and the Mental Health Teams regarding creating a safe space to review Mental Health patients in the department</p>	<p>Senior Nurse Manager / Estates</p>	<p>30th July 2023</p>

		<p>To engage and continue good working relationships with the crisis team</p> <p>A reminder to be issued to staff to promote the new way of accessing Mental Health and wellbeing support by dialling 111, option 2 for a MH practitioner</p>	<p>Senior Nurse Manager / Crisis Team</p> <p>Senior Sister</p>	<p>Complete</p> <p>15th March 2023</p>
<p>The health board is required to provide HIW with details of the action taken to respond to the staff responses in relation to the facilities within the unit.</p>	<p>Standard 2.1 Managing Risk and Promoting Health and Safety</p>	<p>To ensure work alongside estates to review refurbishing staff changing rooms, shower facilities and toilets</p> <p>Reviewing the opportunity to utilise charitable funds to facilitate improvements to the area in the ED Performance meeting</p>	<p>Senior Nurse Manager / Estates</p> <p>Senior Nurse Manager</p>	<p>30th September 2023</p> <p>30th May 2023</p>
<p>The health board is required to provide HIW with details of the action taken to:</p>	<p>Standard 2.4 Infection Prevention and</p>	<p>To liaise with the IPC team to facilitate a schedule of refresher training on hand hygiene</p>	<p>Senior Sister</p>	<p>15th March 2023</p>

<ul style="list-style-type: none"> • promote effective handwashing by staff working in/visiting the unit • share up to date results of relevant infection control audits to raise awareness of noteworthy practice or improvement needed • maintain the decontamination room so that it can be easily used when required. 	<p>Control (IPC) and Decontamination</p>	<p>To ensure sister reviews audit results and implement improvement actions required regarding hand hygiene</p> <p>Utilise hand wash training UV light box in the department to re-iterate the importance of effective hand washing techniques</p> <p>To obtain additional hand hygiene posters for the department</p> <p>To liaise with estates regarding the need for additional storage space in the department to ensure that the decontamination room is readily available</p>	<p>Senior Sister</p> <p>Senior Sister</p> <p>Senior Sister</p> <p>Senior Nurse Manager / Estates / Hotel Services</p>	<p>30th March 2023</p> <p>30th March 2023</p> <p>15th March 2023</p> <p>30th March 2023</p>
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		To arrange Fire audits reminder for staff of the need to keep areas clutter free	Senior Nurse Manager / Fire Officer	15 th March 2023
The health board is required to provide HIW with details of the action taken to address the comments from patients or their carers regarding access to food and drink.	Standard 2.5 Nutrition and Hydration	Work with the Nutrition and Hydration lead to ensure that bottled water is available for patients in the waiting room.	Senior Sister	Complete
		To ensure that people waiting in the waiting room are offered hot drinks as part of a hydration round within the department	Senior Sister	Complete
		Facilitate food trolley to provide take away cartons to ensure patients in the waiting room are offered hot meals we also have additional snack we can offer to patients	Senior Sister	Complete
The health board is required to provide details to HIW of the action taken to ensure oxygen therapy is prescribed and staff record when this is administered.	Standard 2.6 Medicines Management	To issue communication reminder to all ED Doctors and specialities the importance of prescribing oxygen therapy	ED Lead Consultant	15 th March 2023

		Oxygen Audit compliance to be undertaken to review current practice and identify key learning.	ED Lead Consultant / Senior Nurse Manager	15 th March 2023
The health board is required to provide HIW with details of the action taken to improve staff confidence regarding their concerns about unsafe practice being addressed.	Standard 2.7 Safeguarding Children and Safeguarding Adults at Risk	Submission of concern on the Risk Register	Deputy Head of Nursing	Complete
		Arrange weekly reviews and monitoring of Safeguarding referrals, ensuring correct referral method and compliance	Senior Nurse Manager	15 th March 2023
		Work with safeguarding team to enable the allocation of a Safeguarding Officer for the department which will improve staff confidence around concerns of Safeguarding protocols	Senior Nurse Manager	Complete

		Enable staff to attend / undertake Safeguarding training and monitor compliance	Senior Sister	15 th March 2023
The health board is required to provide HIW with details of the action taken to respond to staff concerns about the provision of monitoring equipment within the cubicles in the unit.	Standard 2.9 medical Devices, Equipment and Diagnostic Systems	To review and ensure that there is sufficient monitoring equipment in the department	Senior Nurse Manager	Complete (the department currently has ten monitoring rooms available and portable monitors)
The health board is required to provide HIW with details of the action taken to ensure audit activity in the unit is fully completed in accordance with the health board's policy.	Standard 3.1 Safe and Clinically Effective Care	Monthly Welsh Care Standard Audits being completed and presented into Assurance Meeting	Senior Sister	Complete
		SNM monthly audits currently under review.	Senior Nurse Manager	30 th April 2023
		To ensure that medical staff within the department are supported to and undertake regular clinical audit.	ED Consultant / Service Delivery Manager	30 th April 2023

<p>The health board is required to provide HIW with details of the action taken to ensure unit staff:</p> <ul style="list-style-type: none"> • are aware of the Bronze, Silver and Gold on call structure arrangements • are provided with updates, as appropriate, during periods of escalation. 	<p>Governance, Leadership and Accountability</p>	<p>The Bronze, Silver and Gold details of escalation and patient flow and on call arrangements to be shared with all department staff.</p> <p>Reminder to be sent for all staff on the escalation policy. All Sisters to attend Manager of the Day Health Board calls to understand the escalation process</p> <p>All Senior Staff to receive training / refresher training on responding to and managing incidents in line with the Major Incident Plan.</p>	<p>Operations Director & Senior Nurse Manager</p> <p>Senior Sister</p> <p>Senior Sister</p>	<p>30th March 2023</p> <p>Complete</p> <p>15th March 2023</p>
<p>The health board is required to provide HIW with details of the action taken to improve unit staff compliance with mandatory training.</p>	<p>Standard 7.1 Workforce</p>	<p>To remind all multidisciplinary staff and arrange for protected time for staff to undertake refresher / mandatory training</p> <p>Compliance to be monitored and feedback by Sister/SNM.</p>	<p>Senior Nurse Manager / ED Consultant / Therapies</p> <p>Sister / Senior Nurse Manager</p>	<p>15th March 2023</p> <p>Complete</p>

<p>The health board is required to provide HIW with details of the action taken to respond to the less favourable staff comments noted in the ‘Quality of Management and Leadership’ section of this report. This must include the action taken in relation to communication between senior management and staff and senior managers acting on feedback.</p>	<p>Standard 7.1 Workforce</p>	<p>Senior Nurse Manager to link with Organisation Development Relationship Managers for ED to arrange regular checks-in with ED staff regarding any staff concerns</p>	<p>Senior Nurse Manager</p>	<p>15th March 2023</p>
		<p>Open access to Senior Management for staff to escalate any concerns or worries. Senior Management to escalate concerns to Executive Team if required or if escalation of risk status is raised.</p>	<p>General Manager / Deputy Head of Nursing</p>	<p>Complete</p>
		<p>To facilitate weekly ED performance meetings where concerns/issues can be discussed.</p>	<p>ED Consultant</p>	<p>15th March 2023</p>

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): Nerys Lewis Job role: Senior Nurse Manager Date: 28th February 2023