Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Emergency Department, Ysbyty Gwynedd, Betsi Cadwaladr 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.

Contents

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 at Ysbyty Gwynedd, Betsi Cadwaladr University Health Board on 7-9 August 2023.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We also invited staff to complete a questionnaire to tell us their views on working for the service. A total of 12 questionnaires were completed by patients or their carers and 59 were completed by staff. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

Our team for the inspection comprised of two HIW Healthcare Inspectors, three clinical peer reviewers and one patient experience 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:
Patients told us that they were satisfied with aspects of their experience, such as receiving kind and respectful care from staff and the ability to communicate in their preferred language. There were however less positive comments provided by patients in relation to the lengths of time experienced at certain parts of their journey through the department.

There were also limitations on the ability of staff and the service to provide wholly dignified care and treatment due to the use of surge areas, including patients sat in corridors or chairs overnight. Despite this, staff worked hard to provide a comfortable experience as far as possible.

This is what we recommend the service can improve:

- Ongoing and effective actions must be taken to ensure that access to specialties, and where required, the onward transfer of patients to tertiary care centres is met in a timely manner
- The viewing room must be able to be accessed in a timely manner and storage of equipment in this area should be avoided
- There must be strengthened engagement amongst all staff groups with training opportunities available to ensure that the care and treatment needs of learning disability patients are met.

This is what the service did well:

- All patients told us that staff treated them with dignity and respect
- We observed staff speaking with patients in a kind and respectful manner, including asking them their preferred language choice.

Delivery of Safe and Effective Care

Overall summary:
We found that patients were provided with a generally safe level of care. However, this was negatively impacted upon by the number of patients presenting to the department and the impact of poor flow out of the ED to the wider hospital site. This created significant pressures on staff to provide care to a large number of patients and in surge areas of the department which were not wholly suitable for patient's needs.

Despite this, we found a visibly clean and well maintained department and unwell patients were identified and escalated appropriately. It was also positive to note that there was a good emphasis on clinical audit and quality improvement to improve patient outcomes, despite the time and attention required to tackle these pressures.

We have however made a number of recommendations in areas such as workforce, patient oversight and the observation and care of some highly vulnerable patient groups. Aspects of nursing assessment and monitoring were completed to a good standard but must be overall strengthened in a number of areas.

This is what we recommend the service can improve:

- 1-1 observations of patients must be maintained when it has been risk assessed as necessary
- Security arrangements must be strengthened in relation to the mental health assessment room and its location / proximity to open exits
- The ED nurse staffing establishment must be reviewed in the context of the current system pressures
- There must be strengthened oversight of all areas of the department, particularly at times of increased demand on the service, ensuring there are sufficient staff to meet this.

This is what the service did well:

- The department was visibly clean and well maintained
- There were a number of clinical audit and quality improvement initiatives underway to improve patient pathways and outcomes
- Unwell or deteriorating patients were identified, escalated and treated appropriately.

Quality of Management and Leadership

Overall summary:
We found aspects of strong and cohesive management and leadership at all levels of the department. Management appeared to work cohesively in an appropriate structure and staff reported visible local ED management when there is heightened demand on the department. There were however less positive comments provided by staff in a number of areas and the health board must reflect and take robust actions in response to this.

An area of feedback highlighted as a positive by staff was the training and education provision found within the department and we identified a strong focus from the clinical lead on wellbeing initiatives for training and junior medical staff.

This is what we recommend the service can improve:

- The health board must reflect upon the staff feedback provided, continuing to provide a platform for staff to provide feedback, and take robust actions where required.

This is what the service did well:

- Staff spoke positively of the support provided by the Emergency Department Matron and Clinical Lead
- We observed the nurse in charge of each shift during the inspection demonstrating sound clinical and operational decision making, with a good grip on all areas of the department
- There was a notable emphasis on clinical education and wellbeing for training and junior medical staff.

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 12 were completed. Patient comments included the following:

> *"Great service overall - thank you NHS"*
>
> *"All aspects of my visit to hospital and my treatment was very good and delivered to a high standard"*
>
> *"Quite a long wait between triage chat in A&E before nurses did any observations - they seemed surprised triage hadn't done anything other than refer on"*
>
> *"Long delay in seeing a Dr - it seemed like no one was seen between 4pm-6:30pm when shift changeover happened"*

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

> *"Have staff inform you of why you are sitting there for 4 hours without seeing anyone or anyone else being seen!"*
>
> *"Place drinks or a drinks machine within children's waiting room"*

Person Centred

Health promotion
We found health promotion and support information displayed around the department. This included smoking cessation advice and information on other services, such as NHS 111 and out of hours services.

Patients who received minor injury care and treatment told us that they had been given advice on how to prevent their condition re-occurring and we observed treatment information leaflets on display for clinicians to provide to patients.

Dignified and respectful care
When asked if staff treated them with dignity and respect, all patients who completed a HIW questionnaire agreed [12/12]. However, when staff were asked if they feel patient privacy and dignity is maintained, only half agreed [28/59].

Staff were working hard to ensure that patients were provided with dignified and respectful care. However, overcrowding in the department due to a lack of flow and the placement of patients in surge areas of the department strongly impacted the ability of staff to deliver the standard of care they told us that they would like to provide.

Conversations with patients in surge areas of the department, such as in the corridor, could be overheard by other patients. However, we observed staff attempting to use any available space to have conversations with patients there, rather than in an open space.

We observed patients in these surge areas receiving IV drips and other forms of care. However, staff were sometimes seen to move patients to cubicles when needing to provide personal care if space was available.

Use of curtains and staff introducing themselves to patients were observed in all other areas of the department, for example for those patients in majors bays or cubicles.

There was less opportunity for dignified care for those patients who were required to sit or lie on chairs in the department for extended periods of time. We saw that patients had been provided with blankets for comfort, but some of these patients looked visibly uncomfortable. This was particularly prominent for those patients who had been in the department overnight or for extended lengths of time and where there was a clinical need for a patient to be in a bed.

In the patient records that we reviewed, we found that patients were provided with appropriate pain relief and at the required intervals in a timely manner.

We found that relative's room was available throughout the inspection and was of appropriate décor. However, the viewing room was currently used as a storage room, which could delay the intended use of the room when needed.

The health board should ensure that the viewing room can be accessed in a timely manner, avoiding storage of equipment where possible.

Timely

Timely care

We found that patients did not always receive timely care within the ED or wider hospital in a timely manner due to the number of patients presenting to the department and a lack of flow within the wider hospital site.

Upon arrival at the ED, we found triage times and medical reviews had been completed in a generally timely manner in the context of the demand on the department. However, this was inconsistent in the period leading up to the inspection with long waits to be medically reviewed identified. In the records reviewed, we observed triage completed within the 15 minute target time in only two out of the nine patient journeys we reviewed.

Whilst patients experienced variable waits to be seen by the relevant healthcare professional, we noted that unwell or deteriorating patients were seen, escalated and treated as required based on clinical need.

We noted that the department was not achieving its performance targets in relation to 4, 12 and 24 hour breaches. This was directly impacted by high patient occupancy levels in the department and a lack of flow in the wider site, due to high numbers of patients who were fit for discharge.

The longest waiting patient in the department at the time of the inspection was 40 hours. We also noted a lack of timely care for certain patient groups whose vulnerability was heightened due to increased waiting times in an unsuitable environment. These included mental health patients due to a high number of presentations at one time and patients with learning disabilities.

Multiple staff informed us that access to specialties and, where transfer to a tertiary centre was required, the transfer of patients was frequently a barrier to timely care. Staff told us that this was particularly difficult during the night, which could result in patients not receiving care in the right place, at the right time. We spoke with senior staff who informed us that there is on-going work underway to continually improve this area.

The health board must ensure that on-going and effective actions are taken to ensure that access to specialties, and where required, the onward transfer of patients to tertiary care centres is met in a timely manner.

It was positive to find that the department was undertaking quality improvement activities in relation to its neck of femur and stroke pathways. We reviewed recent

stroke compliance data, which showed that patients increasingly received timely interventions with the aim of improving patient outcomes.

Equitable

Communication and language
We observed staff engaging with patients in a kind and respectful manner. Including asking patients what name they would like to be known by and if they prefer to speak in Welsh or English.

Of those patients who told us that their preferred language was in Welsh, all told us that they were actively offered the opportunity to speak Welsh throughout their patient journey. One patient comment included:

> *"As Welsh is my first language it made it much easier to talk and understand things, I felt more at ease being able to talk Welsh"*

One patient however told us that they did not feel comfortable always using Welsh and that Welsh language healthcare information was not available. However, we observed that signage and most health promotion posters / leaflets were bilingual. This included treatment specific leaflets, mechanisms to provide patient feedback, and children's books in the paediatric waiting area.

We observed a high number of staff working within the ED wearing a 'Iaith Gwaith' badge to indicate that they could communicate bilingually (Welsh/English)

Rights and Equality

The service provides non-discriminative care and treatment to all patients who attended the ED. There was an organisational equality and diversity policy in place and there was a good level of completion amongst staff of the mandatory NHS equality and diversity training.

We found positive input from the learning disability nurse team who supported patients in the department during the weekday, providing a rapid review of patient needs and providing training to staff. We were however not assured that patients presenting with learning disabilities and communication difficulties received an equal and consistent level of care outside of hours when the access to specialist learning disability input was unavailable.

The health board must ensure that there is strengthened engagement amongst all staff groups with the training opportunities available to ensure that the care and treatment needs of learning disability patients are met.

Staff told us that support from an autism charity was in progress to develop a sensory room to support patients who may struggle with the traditional ED environment.

Delivery of Safe and Effective Care

Safe

Risk management
The environment was generally accessible to all patients and visitors. There were however limitations on the environment due to the overcrowding pressures and use of surge areas which often resulted in patients not receiving care or treatment in an area suitable for their needs.

We noted that mitigation and lessons learnt had been applied following an incident involving a patient with mental health needs. We confirmed that a number of actions had been implemented and were being sustained as a result.

Based on staff feedback however we were not assured that 1-1 observations were always achieved, even when a patient has been deemed high risk. At the time of the inspection, there was a high number of patients presenting with mental health needs at one time.

We also advised the service at the time of the inspection to ensure security of the department was strengthened based on the location of the mental health assessment room and its proximity to exits that did not require a swipe card to open. There is a need for the health board work at pace to strengthen this area for improvement.

The health board must ensure that 1-1 observations are maintained when it has been risk assessed as necessary.

The health board must ensure that security arrangements are strengthened in relation to the mental health assessment room and its location / proximity to open exits.

We found that the ED had made efforts to increase and retain its workforce. It was positive to find that medical and nursing staffing vacancies within the department were low.

However, overall staffing of the ED and the robust oversight of all waiting, assessment and ambulance areas required strengthening. Managers described how the nursing workforce staffing establishment had been increased following an external review prior to the pandemic and we reviewed how staffing was allocated across the department on each shift.

This establishment however did not appear appropriate in light of the pressures experienced by staff and the department. Specific demands included increased numbers of patients presenting to the department, including mental health presentations requiring assessment and observation, the increased use of temporary surge areas and the establishment of new areas, such as the paediatric wating room.

We observed some notable gaps in waiting room oversight, notably the paediatric waiting area, throughout the inspection. We noted some improvements and observed staff allocated to all areas of the department. Staff were however often allocated to more than one area, which drew their attention away from their allocated areas in times of high capacity or acuity elsewhere. There is a need for the health board to work at pace to strengthen this area for improvement.

We were told by managers that there are plans to introduce a paediatric nurse into the ED and that this risk is currently mitigated through a number of measures, including rotation of existing ED staff to the children's ward and ensuring staff allocated to this area have completed paediatric life support training.

The health board is advised to undertake an audit of its paediatric service by using tools, such as those available from the Royal College of Paediatrics.

The health board must ensure that there is strengthened oversight of all areas of the department, particuarly at times of increased demand on the service, ensuring there are sufficient staff to meet this.

The health board must review its nurse staffing establishment in the context of the current system pressures and consider if / how other roles could support nursing staff, tasks and duties.

Infection, prevention, control (IPC)
We found satisfactory compliance with infection prevention and control (IPC) procedures in all areas that we inspected. However, some areas required strengthening in order to fully protect staff, patients and visitors to the department.

All areas of the department were visibly clean and free from clutter. However, certain areas of the department did not enable robust and effective cleaning due to the number of patients in the respective areas.

Staff we spoke with were knowledgeable and were able to describe how they maintained good IPC practices relevant to their roles and responsibilities. When asked if their organisation implements effective IPC policies, three quarters of

staff who responded agreed [42/54]. However, less than half of staff agreed that the environment allows for effective infection control [30/54]. Staff comments included:

> "*Infection prevention is difficult to achieve because there are no hand washing facilities in the corridors or the waiting room where increasingly patients are left for extended periods*"
>
> *"Crowded patients in the corridor is an infection control risk"*

Despite this, all patients told us that they felt the department was maintaining good IPC measures.

We observed hand washing to be intermittent throughout the inspection. When observing the taking of bloods and insertion of cannulae, we noted on several occasions that this was completed without gloves been worn.

The health board must remind staff of the need to adhere to good hand hygiene practises and the need to wear PPE as appropriate when undertaking procedures.

There was a negative pressure isolation room available if required for highly contagious patients. This had its own entrance and equipment placed within the room.

We noted that a COVID positive patient was accommodated in a cubicle to minimise the risk of cross infection. Staff confirmed that positive patients would not be accommodated in corridor space. However, staff were observed on multiple occasions not adhering to the correct use of personal protective equipment (PPE) as required.

The health board must remind staff of the need to maintain correct IPC / PPE procedures in relation to COVID positive or other infectious patients.

We confirmed that there was 24 hour housekeeping services in the department. Housekeeping staff were visible throughout the inspection and areas / equipment were indicated as clean as required. Cleaning schedules were completed to a good standard.

Staff described good working relations with the IPC team and that they had a visible presence in the department in supporting walkarounds and good IPC practices.

Safeguarding of children and adults
The department demonstrated a positive approach towards safeguarding by having recently reviewed its workforce requirements and partnerships with other statutory and third sector bodies.

A safeguarding lead for the ED was appointed and they worked closely with the domestic violence lead and mental health liaison team for working age and older adults. It was positive to note that the iCAN service was being reintroduced to the department to support patients with mental health needs, with onwards referrals as required.

We confirmed that the safeguarding lead followed up as required for paediatric patients and their families who had left the department without being seen. This included regular meetings with the child and adolescent mental health services (CAMHS).

We confirmed that local and All-Wales risk assessment screening tools were in place and that staff felt supported by senior clinical colleagues to identify and escalate any safeguarding concerns that they may have. There was a system in place to identify vulnerable patients and to obtain advice external to the department, such as from the paediatric safeguarding lead or the corporate safeguarding team.

Blood management
There were appropriate systems and processes in place relating to blood management and transfusion.

This included use of the All-Wales transfusion record, appropriate storage and handling of blood products, and appropriate training for staff relating to the administration and monitoring of patients.

Medicines Management
We found that aspects of medicines management relating to the assessment, prescribing, administration, and its review was overall appropriate.

Pain management was evidenced, scored and actioned appropriately in all but one patient record. In relation to the one patient record, we spoke with carers of the patient who confirmed that the patient was visibly in pain, however, there was no up to date pain score for this patient and there was a lack of appropriate pain relief prescribed.

The health board must ensure that pain, particularly for patients with communication difficulties, is appropriately managed.

We reviewed aspects of controlled drugs security and found that controlled drugs were securely stored, administered and logged appropriately, and staff confirmed that there was good input from pharmacy colleagues.

We observed some expired non controlled drugs stored in the controlled drugs cupboard. Pharmacy colleagues confirmed that these should have been returned to pharmacy for destruction. This was resolved during the inspection.

We found that fridge temperatures were checked and logged daily to ensure the integrity of the medicines held inside.

Effective

Effective Care

The ED demonstrated a learning culture, through completion of training opportunities above and beyond mandatory training requirements, shared learning from feedback, and robust use and monitoring of clinical audit activities.

We also identified some inconsistencies in three patient records related to the completion of falls risk assessments for those at risk of falls.

The health board must ensure that falls risk assessments and any actions taken are assessed and implemented in a timely manner.

In relation to pressure damage, we noted that the ED had recently identified this as an area to strengthen. It was positive to find in four out of five relevant patient records that patients were assessed in a timely manner, with evidence of an appropriate skin assessment. However, in three of these records, there was a lack of evidence of repositioning documented and use of appropriate equipment for one patient.

The health board must continue to strengthen aspects of its pressure damage monitoring and care.

Nutrition and hydration

The availability of nutrition and hydration in the department was good. However, there is a need to strengthen aspects of nursing care related to nutrition and hydration in order to fully meet patient needs.

We observed patients offered light snacks and hot drinks in the main waiting area. Patients also had access to water fountains and a vending machine, which offered cold drinks and snacks. It was positive to see Red Cross providing an additional source of assistance for patients.

The health board must ensure that access to water / drinks are made available within the paediatric waiting area.

Patients admitted into the ED or who were waiting on an ambulance had access to hot meals.

We found that nursing documentation in relation to nutrition and hydration to be completed to a satisfactory standard when completed. However, we noted omissions in some the records that we reviewed. These included:

- Out of four records where it was identified that a nutritional risk assessment was necessary, only two were completed
- In records where it was identified that fluid / food intake be monitored, only two out of the four relevant records were completed
- In one record involving a non verbal patient, there was no offer of food or drink recorded as part of intentional rounding checks.

The health board must ensure that aspects of nutrition and hydration are strengthened to ensure that patient needs are robustly met.

Patient records
We case tracked nine patient records. This included a cross section of patients presenting to the ED, including vulnerable and complex patients, and patients who had been transferred to wards within the wider hospital.

Overall, we found generally good evidence of intentional rounding and recording of national early warning scores (NEWS), which included evidence of escalation of deteriorating or unwell patients as appropriate.

There were however omissions in nursing documentation, which meant that we could not be assured that all patients received aspects of care relevant to their needs. These included:

- In four out four records where it was suggested that a person did or may lack mental capacity, there was no record of decisions related to capacity
- Omissions in relation to nutrition and hydration assessment and monitoring, falls assessment, pain management and aspects of pressure damage monitoring as indicated on page 15.

We recommend that increased record keeping audits are completed, with an emphasis on ensuring omissions are identified and strengthened.

Efficient

Efficient

We found that patients did not always receive timely care within the ED or wider hospital in a timely manner due to the number of patients presenting to the department and a lack of flow within the wider hospital site. Despite this, staff were working hard to deliver a timely service to patients as far as possible.

The ED remained in heightened levels of escalation throughout the inspection due to the numbers of patients presenting to the department and the lack of flow within the wider hospital site. Staff were aware of how to escalate these concerns to the relevant on-call managers.

We found a number of meetings in place to help support flow and escalation of concerns in huddle and site wide meetings throughout the day. However, we identified a disconnect between departmental staff and the impact / outcome of these meetings. A number of staff expressed frustrations at the concentration of risk being held in the ED, a lack of consistent support from wards and the direction of specialist referrals through the ED, with clinically vulnerable patients often having to wait prolonged periods of time.

The health board should engage with staff to better understand their views in relation to escalation and flow to identify what areas could be strengthened.

HIW acknowledges the national pressures associated with patient flow and the high proportion of patients, which was in excess of 80, who were medically fit for discharge at the time of the inspection.

Quality of Management and Leadership

Staff feedback

Staff provided a range of feedback which contained a number of positive and less than positive opinions on the care provided to patients and how they feel about working for their organisation.

Over half of staff told us they are satisfied with the quality of care and support they give to patients [34/59] and just under half told us they would be happy with the standard of care provided for themselves or friends and family [27/59].

The following comment was a common theme and illustration of the issues impacting upon the department amongst staff responses:

> *"The Emergency Department generally functions well, but the lack of flow to the rest of the hospital means we don't have capacity to offload ambulances or give beds to acutely unwell patients in the waiting room because we're also caring for admitted patients who should have been moved to the wards a day ago. The risk of overcrowding is not shared with the rest of the hospital - it's all concentrated in the ED."*

It was positive to note that over two thirds of staff recommended their service as a place to work.

Despite this, half of staff told us that their job is detrimental to their health [29/57] and over two thirds told us that their current working pattern / off duty does not allow a good work life balance [25/57]. However, over half of staff agreed that their organisation takes positive action on health and wellbeing [32/57].

Staff comments included the following:

> *"I take great pride in working in the ED, however the recent challenges with regards to patient flow and capacity in the department is making working here very difficult and stressful."*

> *"This is a great ED to work in and very supportive. The only big improvement would be more rooms to see patients during day shifts."*

We asked what could be done to improve the service. The following themes were identified within staff feedback:

- The lack of patient flow resulting in caring for patients and acutely unwell patients in inappropriate surge areas, e.g. chairs, and a lack of space to review and accommodate patients
- The need to utilise Same Day Emergency Care (SDEC) more effectively to alleviate ED pressures
- Acuity of the department and increasing pressures, including demands from management to prioritise ambulance offloads
- Enabling local ED staff to have better decision-making powers in relation to escalation, capacity and flow, including the communication and effectiveness of actions when concerns are escalated
- The need to review (nursing) off duty arrangements according to health board policy was noted by numerous staff as an issue affecting staff morale and wellbeing.

The health board must reflect upon the staff feedback provided, continuing to provide a platform for staff to provide feedback, and take robust actions where required.

Leadership

Governance and Leadership

We confirmed that there was an appropriate management structure in place within the department and we observed aspects of strong and cohesive nursing and medical leadership within the department and wider service group.

Throughout the inspection, we observed clinically and operationally sound decision making by the nurse in charge of each shift, who demonstrated a good grip on all areas of the department.

During the inspection and in response to the HIW questionnaire, staff spoke positively of the visibility and support provided by ED Matron and Clinical Lead. The emphasis on and initiatives for staff wellbeing and support for training and junior medical staff by the clinical lead was notable.

When staff were asked if their immediate manager can be counted on to help in a difficult task and whether they are given clear feedback on their work, the majority agreed [51/59 in both cases]. However, just over half agreed that they are asked for their opinion by their immediate manager before decisions are made which affects their work [35/59].

When asked if senior managers are visible, two thirds of staff agreed and over half agreed that communication between senior managers and staff is effective.

Throughout the inspection, management and staff made themselves available to the inspection team and were open and engaged.

Workforce

Skilled and Enabled Workforce
We found a committed workforce amongst all staff groups in the ED. Staff we spoke with were knowledgeable of their roles and responsibilities and how this translates to providing good patient care.

We reviewed training records and found that overall mandatory training completion rates for 84% and 60% for nursing and medical staff respectively.

We reviewed a sample of nursing training records against roles, responsibilities and allocations to areas within the department and found this to be appropriate. Management described how limited face to face training opportunities are prioritised according to roles and required need.

The health board must ensure that medical staffing mandatory training requirements are completed in a timely manner.

In addition to mandatory training requirements, we found very good opportunities for clinical skills development and awareness. Examples included short, protected time for medical staff to share best practice, regular training provided by specialist link nurses and human factors training in medicines management.

It was positive to note that the ED at the time of the inspection had been ranked by doctors in training as the best place to train in the United Kingdom in the latest General Medical Council (GMC) survey with over 90% stating they were pleased the quality of clinical supervision, experience and teaching they received.

Over three quarters of staff agreed that they have had appropriate training to undertake their role [47/59]. The remaining staff partially agreed. Nursing and medical staff were complementary of the training offer provided by the department. When asked what other training they would find useful, comments included:

"Paediatrics and trauma"
"Referral pathways"
"ED specific training"

The majority of staff agreed that they had completed an appraisal within the last 12 months [53/59].

Culture

People engagement, feedback and learning
There were opportunities displayed for patients to provide feedback through the Putting Things Right and the health boards own patient experience process. Posters providing details of how to do this were displayed in the waiting area and main department.

We noted a number of compliments had been received by the service. These included comments of gratitude for staff for the care and treatment provided.

Where less positive feedback or formal complaints were provided, we were assured that these were investigated and responded to in an overall timely manner. We confirmed that learning was discussed at staff meetings and we saw examples of actions taken in response to feedback to aid improvement.

It was positive to note that the majority of staff agreed that their organisation encourages them to report errors, near misses or incidents [49/56] and that their organisation treats staff who reports these events fairly. [45/56]. The majority agreed that the organisation takes action to ensure these events do not happen again and that feedback to staff is provided.

Information

Learning, improvement and research

Quality improvement activities
A range of medical, nursing and service wide audits and quality improvement initiatives were underway or completed in the department. These captured a good level of detail and learning, with outcomes shared across teams to share and sustain improvements.

Audits in areas such as stroke and fractured neck of femur, had led to greater collaboration with specialist nurses and ward staff outside of the ED. There were positive outcomes in relation to the stroke pathway observed.

It was reassuring to hear and observe that the department had enabled itself to place an emphasis on quality improvement activities and collaboration across the wider site and health board at a time of on-going pressures.

We noted that incidents, including pressure damage and falls, were reviewed at local governance and oversight meetings, with learning and associated actions shared more widely.

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
Some expired non controlled medications were stored in the controlled drugs cabinet	Expired medication should be stored separately / removed in a timely manner	We noted our concern to the department pharmacist	Arrangements were made for collection and disposal of the items

Appendix B - Immediate improvement plan

Service:

Date of inspection:

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale

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:

Appendix C - Improvement plan

Service: **Ysbyty Gwynedd, Emergency Department**

Date of inspection: **August 2023**

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.

Risk/finding/issue	Improvement needed	Service action	Responsible officer	Timescale
Risk to patient dignity	The health board should ensure that the viewing room can be accessed in a timely manner, avoiding storage of equipment where possible.	Remove clutter from the viewing room. Ensure that the equipment previously stored there is moved to an alternative accessible location.	ED Matron / Therapies Lead Manager	20/10/2023
Risk to timely and effective care	The health board must ensure that on-going and effective actions are taken to ensure that access to specialties, and where required, the onward transfer of patients to tertiary care centres is met in a timely manner.	Utilise the Internal Professional Standards (IPS) agreed through the West IHC to enact a clear process for escalation where appropriate speciality input for patients is delayed. Utilise SOPs in place to ensure timely referral and handover	DGM (all specialities) / HON (all specialities) / Clinical Lead / WAST	30/11/2023

		of patients, including electronic image transfer, to tertiary centres (for example major trauma to Stoke, cardiac intervention and vascular to Ysbyty Glan Clwyd, stroke to Liverpool.) Hold regular liaison meetings with WAST to ensure processes in place for timely patient transfer and repatriation.	DGM / Operations Director	30/11/2023
Risk to individualised care	The health board must ensure that there is strengthened engagement amongst all staff groups with the training opportunities available to ensure that the care and treatment needs of learning disability patients are met.	The practice development nurses will develop a rolling programme of training with the learning disability team. This will support strengthened working relationships and improve the knowledge and competence of staff. The model that already exists for dementia training will be promulgated.)	Matron ED / Matron LD / Practice Development Nurse	12/12/2023
Risk to hydration	The health board must ensure that access to water / drinks are made	Ascertain if a water fountain can be installed within the paediatric area. If not,	DGM ED	20/10/2023

	available within the paediatric waiting area.	provision of bottled water will be organised.		
Risk to safe care	The health board must ensure that 1-1 observations are maintained when it has been risk assessed as necessary.	The current staffing template does not allow flexibility for undertaking one-to-one care. An additional 2 HCSWs per shift are in place on every shift, at financial risk. Since the HIW visit, a nurse staffing business case has been developed and will be considered by the Executive Team during November 2023. If it is funded, the additional staffing on every shift will provide more flexibility for one-to -one care and observations. It may not be possible to progress this until the next planning cycle (that is, financial year 2024-25) based on funding. Given the improved position on recruitment and retention it is envisaged that the additional	HON / DGM IHC Director Team	Completed 01/04/2024

		roles could be recruited to quickly if funding is made available. In the meantime, the service will be authorised to deploy additional agency staff (at financial risk) at times of peak projected demand or when there is significant congestion in the Emergency Department as a result of patients awaiting bed placement.	IHC Director Team	30/10/2023
Risk to safe care	The health board must ensure that security arrangements are strengthened in relation to the mental health assessment room and its location / proximity to open exits.	The mental health assessment room is purpose built to meet the specification required to support the assessment of a person with mental health illness. The department has previously explored the re-location of this area; however, there were no	DGM / Operations Director	31/10/2023

		suitable alternatives due to the specification. As a result of this, the focus will be to strengthen security arrangements and CCTV coverage of the exits to mitigate the risk.		
		Support the development of a business case to seek 3rd sector funding in order to re-establish the iCan service. This will reduce the delays experienced by this vulnerable patient group and reduce the risk of patients absconding before they are assessed.	HON/ DHON/ Matron	30/11/2023
		Develop a clear escalation process / pathway for the purpose of securing additional timely support to mitigate the risk for staff at high risk of absconding.	Matron / Mental Health Matron/ Security Service Manager / Clinical Site Manager	30/11/2023

Risk to individualised and effective care	The health board is advised to undertake an audit of its paediatric service by using tools, such as those available from the Royal College of Paediatrics.	An audit will be undertaken in order to review the current paediatric service using the RCP audit tool and support from the paediatric service. As part of the progress update, this will be shared with HIW in January 2024.	Clinical Lead ED + Peads / HON Peads and ED	20/12/2023
Risk to safe care	The health board must ensure that there is strengthened oversight of all areas of the department, particularly at times of increased demand on the service, ensuring there are sufficient staff to meet this.	The outcome of RCP audit will support any bespoke improvement work required for the paediatric area. Options regarding the relocation of the paediatric triage will be assessed, in order to strengthen the oversight of this area The implementation of additional nurse staffing on every shift (if the business case is funded) and the re-introduction of the iCan service will support improvements in oversight, particularly in the waiting	Clinical Lead ED + Peads / HON Peads and ED/ DGM IHC Director Team	20/12/2023 01/04/2024

		room and triage. More staffing overall will provide the ability to flex numbers rostered at times of peak demand (time of day / day of week) going forward, if the business case is approved. In the intervening time, the service will be enabled to run at financial risk and engage additional staffing to provide safe cover at times of anticipated increased demand.	IHC Director Team	30/10/2023
Risk to staff wellbeing and safe care	The health board must review its nurse staffing establishment in the context of the current system pressures and consider if / how other roles could support nursing staff, tasks and duties.	The current staffing template does not allow flexibility for undertaking of one-to-one nursing care. A business case has been developed for consideration to increase staffing levels. The business case reflects how other roles can be deployed to support the registered nursing	HON / DGM / IHC Director Team	Ongoing.

		staff and the overall allocation of duties. The ED has now deployed an additional 2 HCSWs on every shift at financial risk, pending the business case outcome.		
Risk to IPC	The health board must remind staff of the need to adhere to good hand hygiene practises and the need to wear PPE as appropriate when undertaking procedures.	Additional hand washing facilities have been requested to support staff to adhere to standards. These will be located within the See and Treat corridor and at the ambulance entrance. Bespoke IPC training to be developed via the Practice Development Team and form part of rolling programme training. The IPC team will continue to undertake regular audits. Following feedback from recent audits, an improvement action plan is being developed to focus on	HON / DGM / IPC Team Manager / Estates Manager PDNs / Matron/ IPC Team Manager IPC/ Matron / HON	20/10/2023 20/10/2023 On going

		achieving consistently high standards within ED.		
Risk to IPC	The health board must remind staff of the need to maintain correct IPC / PPE procedures in relation to COVID positive or other infectious patients.	Bespoke IPC training to be developed via the Practice Development Team and form part of rolling programme training, with a particular focus on PPE.	PDNs / Matron/ IPC Team Manager	31/10/2023
Risk to individualised care and effective care	The health board must ensure that pain, particularly for patients with communication difficulties, is appropriately managed.	A reminder will be shared on the Safety Brief for all staff to ensure that tools to identify pain are used appropriately, and that additional steps are taken where there are vulnerable patients or communication / language difficulties. The Department will continue to undertake regular (at least monthly) audits of compliance in relation to pain management, and pro-actively manage any identified	Matron / Clinical Lead HON / Clinical Lead	Immediately – shared on Safety Huddle for 2 x weeks On going

		shortfalls via the multi-disciplinary Emergency Care Seniors Meeting.		
Risk to safe care	The health board must ensure that falls risk assessments and any actions taken are assessed and implemented in a timely manner.	A reminder will be shared in the Safety Brief for staff to complete the falls risk assessment and record mitigation if patient identified as at risk of falls. Continue to monitor compliance and share lessons learnt/ data with the Emergency Care Team	Matron / PDN HON	Immediately – shared on Safety Huddle for 2 x weeks On going
Risk to safe care	The health board must continue to strengthen aspects of its pressure damage monitoring and care.	A reminder will be shared in the Safety Brief for staff to complete the risk assessment and record mitigation if a patient is identified as at risk of pressure area damage. Continue to monitor compliance and share lessons	Matron / PDN HoN	Immediately – shared on Safety Huddle for 2 x weeks On going

		learnt/ data with the Emergency Care Team.		
Risk to safe care	The health board must ensure that aspects of nutrition and hydration are strengthened to ensure that patient needs are robustly met.	Formalise and improve the processes currently in place to ensure that patient's nutrition and hydration needs are met, particularly when they are in the ED for long periods and where they are identified as having diabetes. This will include further signage encouraging patients to advise staff if they are hungry or thirsty. Develop a roster for the team which clearly identifies designated people to oversee the hydration and nutrition provided to patients on a daily basis.	HON/ Matron / Red Cross Lead HON/ Matron	20/10/2023 16/10/2023

		Fully utilise the service level agreement in place with the Red Cross Service to better support our patients and ensure their needs are robustly met.	DGM / Operations Director	1/11/2023
	We recommend that increased record keeping audits are completed, with an emphasis on ensuring omissions are identified and strengthened	Review and amend the current record keeping audit cycle, ensuring that feedback is provided to staff in a timely way in order to ensure learning and the driving up of standards	HON / Clinical Lead	20/10/2023
Risk to staff wellbeing and overall service provision	The health board must reflect upon the staff feedback provided, continuing to provide a platform for staff to provide feedback, and take robust actions where required.	We will continue to encourage staff to utilise the Health Board's staff feedback services to enable a safe place for staff to raise concerns and share their feedback. We will continue to encourage our "open door" way of working through the IHC structure to allow staff to feel comfortable to share their	HON / DGM/ Clinical Lead IHC Director team	On going On going

		lived experience and to contribute to making improvements.		
	The health board must ensure that medical staffing mandatory training requirements are completed in a timely manner.	Ensure that there is sufficient time allocated to medical staff in order to complete their mandatory training. This will be further supported by the development of a Medical Staffing Business case for consideration.	Clinical Lead / DGM / IHC Director team	31/12/2023

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): F Johnstone

Job role: Integrated Health Community (IHC) Director – West.

Date: 21st September 2023