Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Emergency Department, Withybush General Hospital, Hywel Dda University Health Board

Inspection date: 21, 22 and 23 August 2023

Publication date: 23 November 2023

This publication and other HIW information can be provided in alternative formats or languages on request. There will be a short delay as alternative languages and formats are produced when requested to meet individual needs. Please contact us for assistance.

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

In writing:

Communications Manager

Healthcare Inspectorate Wales
Welsh Government

Rhydycar Business Park

Merthyr Tydfil

CF48 1UZ

Or via

Phone: 0300 062 8163

Email: hiw@gov.wales
Website: www.hiw.org.uk

Digital ISBN 978-1-83577-153-2

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 Withybush General Hospital, Hywel Dda University Health Board on the 21-23 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 11 questionnaires were completed by patients or their carers and 34 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, two clinical peer reviewers and a 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

HIW notes that the health board declared an internal major incident on the 15 August 2023 related to the identification of Reinforced Autoclaved Aerated Concrete (RAAC). We acknowledge the significant challenges this presented to the Emergency Department due to the closure of over 100 beds on wards within the wider hospital site and the inability of the ED to transfer patients to these closed wards. This caused significant overcrowding challenges during this inspection, in addition to pre-existing pressures at this site and system wide pressures.

Quality of Patient Experience

Overall summary:
Patients overall told us that they were happy with aspects of their experience at Withybush Hospital Emergency Department (ED), including the kind and respectful interactions with staff. Patients expressed an understanding of the pressures facing the ED, but there was frustration in relation to the lack of privacy, dignity and information regarding when the next steps of their care would take place.

There were significant limitations on staff to provide patients with a dignified experience, but through our review of patient records, we found that staff were making good efforts in ensuring that fundamental care needs were met. This included timely triage of patients upon their arrival to the ED.

This is what we recommend the service can improve:

- The health board must continue to focus on and review the privacy and dignity needs of patients as changes to use of surge areas are implemented
- The health board must ensure that communication with patients in relation to their care is strengthened
- The health board must ensure that there is sufficient supply of pillows and blankets to ensure patient comfort.

This is what the service did well:

- We observed staff engaging with patients in a kind and respectful manner at all times
- Relatives provided positive feedback in relation to the care provided to their loved who was at the end of their life.

Delivery of Safe and Effective Care

Overall summary:

We found that patients were provided with a generally safe level of care. However, demand on the ED far exceeded capacity. This posed a risk to patients and presented challenges to staff in providing a consistent level of care to all patients.

We identified three immediate assurance issues which required the health board to take timely actions in response to these concerns.

There is a need for the service and health board to carefully monitor the way in which patients, particularly in surge and newly established areas, are accommodated within the ED moving forwards. This includes the need to review and measure the effectiveness of these changes.

Immediate assurances

- Improvements to infection, prevention and control processes were required in order to minimise risks to patients, staff and visitors
- Improvements to the process for checking and recording of checks in relation to emergency resuscitation trollies were required
- Improvements to the risk assessment, mitigation and overall governance of the use of surge areas in the ED.

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

This is what we recommend the service can improve:

- The health board must ensure that there are adequate processes in place to identify, risk assess and flag vulnerable individuals or those at risk
- The health board must ensure that there is a suitable mental health assessment room available within the ED, which is subject to a risk assessment prior to its use
- The health board must ensure that there is a system in place to identify to patients to staff who require assistance eating or any dietary / allergen requirements
- The health board should measure the effectiveness of the proposed changes to the ED in light of the challenges identified during the course of the inspection.

This is what the service did well:

- Triage had been completed in a timely manner for the majority of patients that we reviewed
- We identified positive practices in relation to certain pathways, including Same Day Emergency Care (SDEC) and notably the frailty service

- We observed timely, effective and dignified implementation of a care pathway for an end of life patient.

Quality of Management and Leadership

Overall summary:
We confirmed that there was an appropriate management structure in place within the department and local clinical leaders demonstrated imminent plans with the intention of strengthening aspects of the ED in response to the pressures faced by the service.

We found that workforce plans were under review to increase staffing, skill mix and overall resilience within the service. However, there is a need to move at pace regarding certain positions to ensure there is a robust management and leadership at all levels of the ED.

The health board is recommended to reflect upon all staff feedback provided within this report, taking robust action where required.

This is what we recommend the service can improve:

- The health board is recommended to strengthen senior nurse management and leadership in the ED (Senior Sister / Charge Nurse)
- The health board should ensure that there are robust interim arrangements in place for the induction and on-going support of new staff
- The health board should reflect on the less positive feedback provided by staff in order to identify and take robust actions where required.

This is what the service did well:

- There was a committed workforce amongst all staff groups within the ED
- The majority of staff told us that senior managers were visible.

3. What we found

Quality of Patient Experience

Patient Feedback

During the inspection we spoke with five patients and their relatives / carers and we used paper and online questionnaires to obtain views and feedback. A total of 11 were completed. Patient comments included the following:

> *"Can't fault the staff. They are overworked and do a great job."*

> *"Staff superb working in very difficult environment."*

Person Centred

Health promotion
We found sufficient health promotion and support information displayed around the department. This included information on other services, such as those provided by third sector organisations.

There were No Smoking posters displayed at the entrance of the department.

Dignified and respectful care
When asked if staff treated them with dignity and respect, most patients who completed a HIW questionnaire agreed [9/12]. However, when staff were asked if they feel patient privacy and dignity is maintained, less than half agreed [12/34].

We observed staff engaging with patients in a kind and respectful manner at all times.

Staff were working hard to ensure that patients were provided with dignified and respectful care. Examples included talking to patients in a quiet manner in an effort to avoid being overheard and by ensuring that there was consistent use of screens or curtains in surge areas of the department.

There were however, significant limitations to the privacy and dignity afforded to patients. This was due to the high numbers of patients presenting to the ED and the limited space in the department due to a lack of flow within the wider hospital and health board. The RAAC issue had significantly impacted patient flow

at the time of the inspection with a closure of multiple wards on the Withybush Hopsital site.

We observed two patients being accommodated in cubicles designed for one patient, with one patient on a bed and the other in a recliner chair. This significantly limited the privacy available to patients when being spoken to by staff. We also noted that whilst the ED was very warm, no blankets or pillows were provided for those patients sleeping in chairs overnight.

The cubicles and other surge areas of the department also lacked natural light because there were no windows. This made it difficult for patients with cognitive impairments to orientate to the time of day when in the ED for lengthy periods of time. Multiple patients also reported they were unable to sleep due to the noise in the department, e.g. tanoy calls and close proximity to other patients.

Whilst in short supply, toilet and shower facilities were available in close proximity to the patients who are accommodated in the ED for lengthier periods of time.

Numerous seated patients were also observed in the department for lengthy periods of time. Some patients on beds were located to the side of the open plan staff station, although privacy screens were in place for the bedded patients.

Staff had ensured however that privacy and dignity was largely maintained for ED patients in the resus and majors area of the department due to their acuity and increased likelihood of deterioration.

The health board must ensure that there is sufficient supply of pillows and blankets to ensure patient comfort.

The health board must continue to focus on and review the privacy and dignity needs of patients as changes to use of surge areas are implemented.

Timely

Timely care

We found that patients received aspects of timely care, but overall did not always receive care within the ED or wider hospital in a timely manner. This was due to the number of patients presenting to the department and a lack of flow within the wider hospital site and to other sites.

Upon arrival at the ED and in the patient records that we reviewed, we found initial triage for self-presenting patients and those arriving by ambulance had been

completed in a timely manner. It was positive to note that in the majority of these records, triage had been completed within the required timeframe.

We saw examples of unwell or deteriorating patients being seen, escalated and treated as appropriate.

Some patients and staff reported not receiving or being able to provide aspects of timely care to patients due to the numbers of patients present in the department and insufficient staffing. Examples observed included delays to changing of weeping dressings, providing timely assistance with eating, and delays in patients being taken for scans.

Patients expressed dissatisfaction at how long aspects of their care had taken, including transfer from the ED to a ward or other site. The majority of patients that we spoke to were not aware of when the next steps of their care would happen.

The health board must ensure that communication with patients in relation to their care is strengthened.

Whilst the SDEC unit was not reviewed in depth as part of this inspection, staff spoke positively of the affects SDEC and the minor injury unit had on helping to support flow through the ED.

Staff told us of further challenges in providing timely care to patients in relation to the time critical transfer of patients. Staff provided us with recent medical and surgical examples. However, we could not identify these incidents within the incident management system.

The health board must ensure that all delayed transfers are recorded as required and in a timely manner.

We were made aware of staffing fragility within general surgical services at the Withybush site generally and we noted examples of patients who required transfer from the ED to Bronglais hospital for surgery. We confirmed this was on relevant risk registers and that there were contingencies in place, including a pathway in place to manage these referrals. The health board is advised to continue to mitigate and monitor this risk robustly.

Equitable

Communication and language

All patients who responded to the questionnaire stated that English was their preferred language. We did however note bilingual signage and material available in the department to support patients who were first language Welsh. Staff were aware of language line for patients with other language needs.

Rights and Equality

Staff we spoke to confirmed 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 staff had completed mandatory NHS equality and diversity training.

There was an adequate relative's room available away from the main thoroughfare of the department.

Delivery of Safe and Effective Care

Safe

Risk management
The environment was generally accessible to all patients and visitors. There were however significant limitations on the environment due to overcrowding pressures because of poor flow due to, in part, the RAAC issue and high numbers of patients presenting to the ED. This resulted in the use of surge areas throughout the department.

ED management had attempted to mitigate this risk by creating zoned areas of the department based on patient acuity. This appeared to work more effectively for higher acuity patients, including those in resus and majors.

Staff told us however that there have been occasions when patients may be held in resus for lengthy periods of time and that other areas of the ED designed for specific patient groups or functions had been lost to accommodate patients who were awaiting transfer to a ward. A number of medical staff also told us of the absence of available space to review patients.

For lower acuity patients who were either fit to sit or were awaiting transfer to a ward or other site, demand far exceeded capacity. As a result, surge areas of the department were utilised to accommodate patients in seated and bedded areas.

Whilst efforts had been made to manage these areas is a safe manner, demand on the ED severely limited the ability of the service to respond effectively. For example, we identified a lack of oxygen and emergency call bells for all patients who were doubled up in cubicles. We also identified the need to review the patient and bed configuration of one of the surge areas due to the risk to patient privacy, dignity and the ability of staff to respond in an emergency.

Overall, we required the health board to formalise its approach to the risk assessment, mitigation, governance, and escalation processes for the management of patients in these areas.

This issue was dealt under our immediate assurance process. Further details can be found in Appendix B.

During the inspection, we were made aware of plans to imminently re-configure part of the ED footprint, which included, in part, implementation of an ambulatory

care unit and rapid assessment and treatment model. As part of the immediate assurance process, we noted that some of these changes had been implemented.

The health board is advised to measure the effectiveness of these changes in light of the challenges identified during the course of the inspection.

We observed the emergency call bell being activated during the inspection, in which all but one member of staff from the main ED hub attended. Whilst this provided a timely response, it left a large number of patients unattended for a brief period of time.

The health board must ensure that staff response to emergency call bells is proportionate, ensuring adequate oversight of all areas remains in place.

Infection, prevention, control and decontamination
There were a number of measures in place designed to ensure good adherence to infection, prevention and control (IPC) practices. This included a suite of policies and processes related to IPC to guide staff, and good compliance with mandatory staff training. There was a lead nurse for IPC within the ED and corporate IPC nurse input was available to the department. We saw evidence of regular nurse led audits, which fed into site wide quality and safety meetings. We also observed housekeeping staff working hard to maintain a clean environment.

However, we were not assured that these measures were wholly effective due to the extent of the issues identified during the course of the inspection. We acknowledge that overcrowding in the department applied significant pressures on staff and the ability to maintain an environment conducive to effective IPC practices. However, there was a need for timely actions to ensure that infection risks to staff, patients and visitors were minimised.

This issue was dealt under our immediate assurance process. Further details can be found in Appendix B.

When asked if they felt good IPC measures were being followed either fully or partially, less than half of patients agreed. Similarly, half of staff disagreed that the environment enables effective cleaning.

Safeguarding of children and adults
There were processes in place for staff to follow in the event of a safeguarding concern and staff had received training on safeguarding and associated topics, including Deprivation of Liberty Safeguards (DoLS).

We explored with staff what systems were in place to identify adults or children at risk. Staff confirmed that there was no formal process in place to identify individuals and that this is based on clinical judgment.

The health board must ensure that there are adequate processes in place to identify, risk assess and flag vulnerable individuals or those at risk.

We found that there was a mental health room which was routinely used to accommodate other patients due to the issue of overcrowding in the department. Staff confirmed that patients would be risk assessed on an individual basis and that patients considered to be lower risk would be accommodated in the relative's room. However, we were not assured that this would be always limited only to lower risk patients. This presented a risk due to the lack of direct observation of this room and due to the environmental risks present within the room itself.

The health board must ensure that there is a suitable mental health assessment room available within the ED, which is subject to a risk assessment prior to its use.

Management of medical devices and equipment
We found that the department had generally sufficient equipment and devices to meet patient needs. This included items such as pressure relieving mattresses, commodes etc. There was one exception identified which involved the lack of a bariatric bed for a patient who clinically required this.

The health board must ensure that the needs of bariatric patients are met in the ED.

Staff were aware of the process to report faulty equipment, including when equipment is to be taken out of circulation.

We reviewed a sample of records of the checks conducted of emergency equipment stored on resuscitation trolleys within the ED. We identified gaps in these records and were not assured that consistent checks were being conducted. We also identified overdue maintenance servicing for suction equipment kept on the trollies.

A resuscitation trolley which had missing contents and was without an available record of checks was also located in a surge area which accommodated five adult patients. This was escalated during the inspection and immediate action was taken.

This issue was dealt under our immediate assurance process. Further details can be found in Appendix B.

Medicines Management
We found that aspects of medicines management relating to the assessment, prescribing, administration, and its review was overall appropriate. However, we found that oxygen when in use was infrequently prescribed.

The health board must ensure that where oxygen is required that it is prescribed as appropriate.

Pain management was evidenced, scored and actioned appropriately in all but one patient record where pain was indicated. We found an absence of actions taken or up to date scoring.

The health board must ensure that pain management is consistent for all patients within the ED.

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 found that quantities of non controlled drugs were stored on top of cupboards in the resus area. These were moved during the inspection to a more suitable storage location.

The health board is advised to ensure that there is sufficient medication storage within the department.

We saw some sharps items disposed of incorrectly. Boxes of expired medicines and full boxes of uncollected sharps were also accessible within the sluice and the area of the ED used by ambulance crews. Whilst ED staff confirmed that this area is the responsibility of ambulance colleagues, the ED must remind WAST colleagues of the need to keep this area safe and secure.

The health board must ensure that the sluice room and the area of the ED used by WAST colleagues is safe, secure and free of hazards at all times.

We noted that a number of patients were not wearing patient identity wristbands in the department when required to do so.

The health board must ensure that it has an effective system in place for ensuring that patients are wearing identity wristbands.

Effective

Effective Care

We found the ED and wider site working cohesively to help provide patients with effective care. Examples included the use of SDEC and MIU as noted above and the frailty pathway. The frailty pathway was notable in how it supported flow and ED avoidance, as well as the level of clinical input it provided to older patients in supporting their safe and timely discharge.

Regarding end of life care, we observed a patient who was placed on an end of life care pathway during the inspection. We reviewed their notes and found that this patient received a good level of care from the medical and nursing teams. The care pathway was commenced in a timely manner, including the prescription and administration of medicines as required. Relatives of the patient provided positive feedback to the inspection team regarding the care provided to their family member.

There were a high number of falls and pressure damage related incidents reported in the department. Whilst the records we reviewed demonstrated that nursing assessment and monitoring of patients at risk of pressure or falls was overall satisfactory, a number of avoidable incidents were recorded.

It was positive however to note that incidents were reviewed at respective scrutiny panel meetings and that this was linked to Duty of Candour principles where patient harm was caused.

The health board must ensure that sustained actions are taken in response to the number of falls and pressure incidents.

Nutrition and hydration

Overall, there was adequate provision of nutrition and hydration available on the department. However, we identified several occasions where there were inconsistent food offerings and a lack of access to refilled water jugs.

Staff told us that healthcare assistants and domestic staff provide support in the distribution of food / drink and in ensuring patient needs are met. However, some staff expressed that the loss of Red Cross services was a notable loss of support for the ED.

We found that nutrition and hydration needs were being appropriately assessed using the All-Wales screening tool. Where appropriate, nutrition and hydration input and output were monitored.

Despite this, we observed one patient with oesophageal cancer who required a softer diet but had been provided with a standard meal. We further reviewed the system in place to identify to staff patients who either required assistance or had dietary / allergen requirements. There were however no visible door or above bed indicators in place to identify this to staff.

The health board must ensure that there is a system in place to identify to staff patients who require assistance eating or any dietary / allergen requirements.

Patient records
We case tracked six patient journeys through the ED. This included a cross section of patients presenting to the ED, including vulnerable and complex patients.

We found the quality of the patient notes to be good. Nursing documentation clear, easy to read and assessments were overall completed and acted upon where required. There was evidence of timely intentional rounding, which was recorded as appropriate.

Where we have identified a small number of areas in need of strengthening, these have been included under the relevant section of the report.

Efficient

Efficient
Despite aspects of timely care requiring improvement, 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, in addition to the site wide critical incident declared on the 15 August.

In response to the RAAC issue, we observed significant and timely progress had been made to re-locate and set-up a number of new ward areas within the hospital and in neighbouring sites.

We found a number of meetings in place to help support flow and escalation of concerns at site wide meetings throughout the day. We observed that these meetings were well attended and focused.

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 in relation to the ED environment, privacy and dignity of patients, and staffing.

Over half of staff told us they are satisfied with the quality of care and support they give to patients [21/34]. However, less than half agreed that they would be happy with the standard of care provided for themselves or friends and family [15/34], with the same proportion of staff who stated that they are not content with the efforts of their hospital in keeping themselves and patients safe [17/34].

Regarding the workplace, it was positive to note that two thirds of staff recommended their organisation as a place to work [23/34]. However, half of staff told us that their job is detrimental to their health [18/34] and a similar number of staff felt their organisation does not take positive action on their health and wellbeing [17/34]. Despite this, over two thirds of staff agreed that their current working pattern / off duty allows for a good work life balance [26/34] and all but one were aware of the occupational health support available [33/34].

Staff comments included the following:

"Really enjoy working in this setting. Good team working an open and honest culture. Psychological safety is practiced. Patient care is of an excellent standard even when the department is full to its capacity. Hospital managers do not recognise the pressures and continue to rely on ED for discharges instead of looking at the back door."

"…Engaged, motivated and passionate staff who want the best for their patients. Hampered by the significant and persistent overcrowding in ED long before the RAC issue and now made even worse…

Patients in resus area for hours and even days waiting for beds preventing the regular checking, cleaning and training that is required to be ready to receive the sickest patients.

Clinical areas that were designed for paediatrics, minor injury or waiting areas being used to house patients awaiting beds. Even storage areas being used to keep patients. Inadequate handwashing access, call bells, suction and o2 in areas being used to accommodate patients.."

"A&E have been made to double up rooms where there are no toilet facilities or effective oxygen and emergency bells for both patients. however the wards have not been made to double up, causing more pressure and stress on an already stretched ED department. Why aren't the wards being asked to double up?.."

"As a department we are currently having to manage long stay patients as part of a ward and I feel that we are doing this well but feel that patients are suffering because of this by being doubled up in rooms, there is no privacy/dignity."

The health board must ensure that staff feedback provided throughout this report is reflected upon, ensuring that robust actions are taken where required.

Leadership

Governance and Leadership

We confirmed that there was an appropriate management structure in place within the department. However, there was a need to strengthen nursing management and leadership in the ED, with the delegation of duties and responsibilities as appropriate. At the time of the inspection, there was a lack of senior nursing positions filled, although we were told that workforce plans are under review.

The health board is recommended to strengthen senior nurse management and leadership in the ED (Senior Sister / Charge Nurse).

It was positive to note that the majority of staff felt that senior managers are visible [28/34]. However, just over half of staff felt that communication between senior management and staff is effective [18/34].

When staff were asked if their immediate manager can be counted on to help in a difficult task, and if they are given clear feedback on their work, three quarters agreed [25/34] and [24/34]. Slightly fewer staff agreed that their immediate manager asks for their opinion before making decisions which affects their work [21/34].

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. There was however a clear sense of frustration amongst staff of not being able to provide the level of care they would like to because of the significant pressures on the department.

The staffing situation was fluid at the time of the inspection due to the numbers of patients in the department as a result of poor flow and the RAAC issue. This involved use of agency staff and staff re-deployed from other areas of the hospital. Despite this, half of staff told us that there was insufficient staff to allow them to do their job properly.

We identified 11 band 5 vacancies in the ED, but we noted that some of these positions were due to be filled within a month of the inspection taking place.

We confirmed that there were induction processes in place to support new staff and we were told that new staff would be allocated to work with an experienced staff member to support their orientation and induction to the ED. However, due to the pressures on the ED and on existing staff, including the risk of delays in appointing a practice development nurse and senior nurses, the health board should ensure that there are robust interim arrangements for the induction and on-going support of new staff.

The health board should ensure that there are robust interim arrangements in place for the induction and on-going support of new staff.

With the exception of two months, sickness rates in the ED in the last 12 months remained high at an average of 8.2 per cent. We confirmed that relevant processes were in place to regularly review this.

We reviewed training records and found that overall mandatory training completion rates of 80% for nursing and medical staff respectively.

Three quarters of staff agreed that they have had appropriate training to undertake their role [25/34]. The remaining staff partially agreed. When asked what other training they would find useful, comments included:

> *"Paediatrics"*
> *"Trauma"*
> *"ECG and bloods"*
> *"Clinical pathways to re-direct patients away from ED, how to use Datix, accept GP records and see relevant previous attendances."*

We confirmed that annual appraisals were on track for completion with a completion rate of 78% at the time of the inspection.

Culture

People engagement, feedback and learning
There were opportunities displayed for patients to provide feedback through local processes, including names and contact details for senior nursing staff. Posters providing details of how to do this were displayed in the waiting area and main department. There was however limited readily visible material displayed relating to formal feedback processes, including Putting Things Right.

The health board should ensure that formal methods to provide feedback, such as Putting Things Right, is prominently displayed throughout the 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, there were processes in replace to review, respond and monitor these. However, we noted a high proportion of complaints which exceeded the established timeframes.

We noted that patient feedback was discussed at directorate level quality and safety meetings, which include ED management. However, three quarters of staff told us that they did not receive updates regarding patient feedback.

Despite this, we saw a 'You said, we did' board on display in the department to demonstrate how the service had responded to patient feedback. We were also told that a patient experience group was in the process of being established.

The health board must strengthen its complaint response times complaints in accordance with the established timeframes.

The health board should ensure that staff are made aware of patient feedback in order to aid learning.

It was positive to note that the majority of staff agreed that their organisation encourages them to report errors, near misses or incidents [31/34], with three quarters agreeing that their organisation treats staff who reports these events fairly. [24/33]. Over three quarters agreed that the organisation takes action to ensure these events do not happen again and that feedback to staff is provided [27/34].

However, whilst over two thirds of staff stated they would feel secure raising concerns about unsafe clinical practice (23/33), fewer were confident their concerns would be addressed (14/34).

Information

Learning, improvement and research

Quality improvement activities
Outside of the nursing audits which were completed routinely in the department, we saw examples of how the ED and wider service engaged with national partners including with Improvement Cymru through the Safe Care Collaborative. A recent example included a targeted package of work aimed at improvement for the deteriorating patient based on incident data from this service.

We noted that the health board more widely has an on going transformation programme for urgent care.

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
Quantities of non controlled drugs were stored on top of cupboards in the resus area.	Unsecure access	We informed the Senior Nurse Manager	These were moved during the inspection to a more suitable storage location. The health board is advised to ensure that there is sufficient medication storage within the department.

Appendix B - Immediate improvement plan

Service: Withybush General Hospital, Emergency Department

Date of inspection: 21-23 August 2023

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale

Findings

During our inspection, over the period 21 – 23 August 2023, we identified a number of infection, prevention and control (IPC) issues which, due to the extent of the issues identified, require timely assurance from the health board to ensure that infection risks to staff, patients and visitors are robustly managed. Examples of issues we identified included:

- A staff member was observed carrying a used bedpan from the patient cubicle across the majors area and emptying this in the sluice room without use of any personal protective equipment (PPE), e.g. gloves or apron
- Some medical staff were observed not adhering to bare below the elbow (BBE) policy
- A clinical waste bin in the sluice room contained a large amount of waste, without a clinical waste bag lining the bin
- There was a lack of 'I am clean' labels in use to distinguish whether equipment was clean or otherwise and some patient pillows were seen to be stored on this equipment
- Sharps boxes were seen with items hanging out of them, having not been disposed of appropriately
- Areas of the department did not enable effective cleaning or housekeeping due to the crowded nature of these areas (e.g. the patient bedded area in what was known as the 'paediatric waiting room' and all cubicles)
- Chairs in reception were split and did not enable effective cleaning.

Notably, there was a leak from the roof in the resuscitation area, which was near to a patient bed and electrical equipment. Whilst staff had attempted to place screens and buckets to mitigate this issue, timely action is necessary for IPC and risk management purposes.

The health board is required to: • Ensure that IPC practises within the department are strengthened and environmental issues escalated to ensure that the risks to patients, staff and visitors are mitigated	Standard – Safe Infection Prevention and Control (IP&C) and decontamination Managing risk and promoting Health and Safety	Waste segregation posters displayed in the clinical areas. Issue related to roof/gutter temporarily rectified by Estates, but requiring further maintenance to resolve. Reception area chairs have been replaced to meet IP&C standard. Nightly reception spot check to be undertaken by reception staff to review waiting room environment Full Environmental audit to be undertaken by IPC Team.	Soft Facilities Manager Head of Site Operations Senior Nurse Manager. ED Senior Sisters Consultant Practitioner IPC	Completed 30/08/23 To be completed by 27/09/23 Completed 30/08/23 Commenced 29th August 2023 Completed 01/09/23

• Increase the frequency of audits, walkaround and / or spot check activity related to IPC to ensure that improvements are implemented and sustained.	Governance, Leadership and Accountability	Repeat Quality Improvement Assurance audits.	Head of Nursing, Infection Prevention and Control	To be completed week commencing 04/09/23
		Results to be discussed at monthly Health & Care Standards meetings and departmental meetings.	Consultant Practitioner IPC	Monthly meeting - to be presented in September Heath and Care Standards meeting
		Observational weekly spot checks audits commenced to be undertaken by ED Senior Sister for six weeks to ensure compliance.	ED Senior Sisters	Commenced 30/08/23
		Bare Below Elbow (BBE) and Hand Hygiene posters displayed in each clinical area and available at department information area.	Senior Nurse Manager	Completed 30/08/23
		Memo sent to Medical staff and displayed to promote IPC standards in the disposal of clinical waste.	SDM and Hospital Director	Completed 25/08/23
		Extraordinary Senior Sisters meeting held on 29/08/23 to discuss IPC Standards.	Head of Nursing	Completed 29/08/23

		Establish refresher IPC training within the department for medical, nursing and AHPs.	Consultant Practitioner IPC	To be implemented by 8th October 2023
		Frequent unannounced spot checks over next 6 months to ensure improvements/standards are maintained.	Consultant Practitioner IPC	Commencing 1st September 2023
		IP&C training to be prioritised with ED staff to achieve over 85%	SSR SDM	Department to achieve 85% by end of September 2023
		Additional domestic staff deployed during the day/ evening to counter staff utilisation for provision of nutrition and hydration.	Soft Facilities Manager	Complete
		Recruitment of domestic staff vacancies	Soft Facilities Manager	By end November 2023
		Ensure that hotel facilities audits are undertaken once a month, in the company of a senior sister.	Soft Facilities Manager	Commenced 30/08/23

		Provision of bin liners available in sluice if required Use of green 'I'm clean' tape for commodes already in use, to be strengthened by the use of 'I'm clean' labels to be piloted.	Soft Facilities Manager Head of Nursing Infection Prevention & Control	Completed 30/08/23 Complete. On arrival of stock 04/10/23

Findings

We reviewed a sample of records of the checks conducted of emergency equipment stored on resuscitation trolleys within the Emergency Department. We identified gaps in these records and were not assured that consistent checks were being conducted in accordance with the health board's policy to ensure the required equipment is available and suitable to use in the event of a medical emergency (collapse).

A resuscitation trolley which had missing contents and was without an available record of checks was also located in the 'paediatric waiting room' area which accommodated five adult patients. This was escalated during the inspection and immediate action was taken.

We also identified that suction equipment on the resuscitation trolley was overdue for a service, due in June 2023, which presented a risk to effectiveness of the equipment in an emergency.

The health board is required to: • Provide HIW with details of the action taken to demonstrate suitable daily checks of emergency	Standard - Safe Governance, Leadership and Accountability	Emergency equipment checklist updated to meet standard. Observational weekly spot checks to be undertaken for six weeks to ensure daily	Senior Nurse Manager	To be completed by 13/10/23

equipment and the recording of this		compliance by Senior Sisters with feedback through Health & Care Standards meeting.		
• Ensure that electronic emergency trolley equipment (suction) is serviced at the required intervals	Managing risk and promoting Health and Safety	Clinical Engineering have undertaken service checks of all emergency trolley equipment in department and will continue to monitor equipment via Planned Preventative Maintenance (PPM).	Clinical Engineering Site Lead	Completed 29/08/23
		Monthly service check audit to be undertaken by 20th Monthly	ED Senior Sisters	Completed – 30/08/23
• Increase the frequency of audits / spot check activity related to emergency trolley checks to ensure that improvements are implemented and sustained.	Governance, Leadership and Accountability	Checks to be undertaken on service dates for suction equipment across site.	Hospital Service Manager	To be completed by 04/09/23
		Observational daily spot checks commenced to be undertaken for six		

		weeks, with reducing frequency thereafter according to compliance. Feedback on findings through bi-monthly directorate Quality & Governance meetings.	Departmental Navigator and Co-ordinator	To be completed by 13/10/23

Findings

We found patients were accommodated in a number and variety of surge areas within the Emergency Department. This included patients in seated or bedded open areas of the department, patients 'doubled up' within one cubicle on a bed and recliner respectively and patients within smaller spaces not otherwise intended to routinely accommodate patients due to the size or layout of the utilised space.

Whilst efforts had been made to manage this in a safe and effective manner, we identified a lack of a formalised approach to risk assessment / mitigation, governance, and escalation standard operating procedures in relation to the management of patients in these areas.

We were particularly concerned with space utilised in what was previously known as the paediatric waiting area, which accommodated two adult patient beds in the thoroughfare and three adult beds inside, as this presented not only a risk to patient privacy and dignity, but to the ability of staff to respond to patients in a (medical) emergency.

We also found a lack of suitable means for patients, when 'doubled up' in cubicles, to call staff for assistance when needed due to the lack of two call bells (and other equipment) within all the occupied cubicles.

HIW notes that the health board declared an internal major incident on the 15 August 2023. We acknowledge the extreme challenges this presented to the Emergency Department due to the closure of over 100 beds on wards within the wider hospital site and the inability of the

Emergency Department to transfer patients to these closed wards. This caused significant overcrowding challenges during the inspection, in addition to existing system wide pressures.				
The health board is required to provide HIW with details of the action taken to: • Formalise its approach to the risk assessment / mitigation, governance and escalation processes for the management of patients in surge areas. This should include environmental and equipment risk assessments, how specific clinical / surge situations are responded to, when situations are escalated and any mitigation, where and how staffing is allocated, and the numbers of and clinical criteria for the placement of patients in specific surge areas • Review the use of the 'paediatric waiting area' in	Standard - Safe Managing risk and promoting Health and Safety	Linked with Fire Officer, H&S officer, resus training, Moving and handling, IP&C leads to support environmental assessment for escalation areas to support mitigation of risk related to demand and acuity. Plan to be presented to bi-monthly directorate Quality & Governance meeting.	ED Senior Nurse Manager Clinical Lead for Emergency Care	To be completed by 21/09/23 and presented to Quality and Governance Group on 25/09/23 DRAFT ED escalation plan embedded

its current patient / bed configuration.	Governance, Leadership and Accountability	Inpatient facility has been removed from this area, room now is triage and RATS area, with the facility to stream with a senior doctor.	ED Senior Nurse Manager Clinical Lead for Emergency Care	Complete

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.

Appendix C - Improvement plan

Service: **Withybush Emergency Department**

Date of inspection: **21-23 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 dignity	The health board must ensure that there is sufficient supply of pillows and blankets to ensure patient comfort.	Hotel soft facilities to increase quantity of blankets and pillows allocated to department.	Senior Facilities Manager	Completed
		Additional stock of pillows ordered and available at the central linen room.	Senior Facilities Manager	Completed
		Pillows to be marked as “ED Pillow” so that they can be collected and returned to the department.	Senior Facilities Manager	31/11/23
		Information to be displayed on ED linen trolley to remind		31/11/23

		staff that additional blankets are available at the linen room. Senior Nurse Manager to review & audit on a monthly basis the actions above	Senior Facilities Manager Senior Nurse Manager	31/11/23
Risk to privacy and dignity	The health board must continue to focus on and review the privacy and dignity needs of patients as changes to use of surge areas are implemented	Curtains rails to be erected in cubicle areas where “doubling up” is necessary to support surge patient flow demand. SBAR ED internal escalation plan to be presented at Governance meeting including Risk assessment to identify risks and mitigations taken to support areas accommodating surge. Capital bids have been submitted for estate work within the department. The requirements are for	Estates Operation Support Manager Jo Dyer Senior Nurse Manager Emergency Department	15/11/23 31/10/23 Completed

		additional shower & toilet facilities. Call bells to be available in recliner area to alert staff for assistance required.	Estates Operation Support Manager Estates Operation Support Manager	Completed
Risk to patient experience	The health board must ensure that communication with patients in relation to their care is strengthened.	Navigator checklist to be updated to include updating patients in the waiting room of any delays that would affect the 4-hour target/ their wait time. Memo to be sent to Navigator team to take responsibility for updating reception staff to update waiting display timing information.	Senior Nurse Manager Emergency Department Senior Nurse Manager Emergency Department	30/11/23 30/10/23

		Memo to be sent to Navigator to utilise Tannoy system to use for verbal updates for waiting time delays and safety check if waits are 4 hrs+.	Senior Sister	30/12/23
		Memo issued to remind staff to record in diary to maintain log of communication with waiting area and spot checks carried out weekly for 6 weeks to monitor compliance.	Senior Sister	30/10/23
		Work collaboratively with Quality Improvement Team to develop an ED Passport, informing patients of journey and information during their attendance.	Quality Improvement Team/ Senior Nurse Manager Emergency Department	31/01/24
Risk to timely / safe care	The health board must ensure that all delayed transfers are recorded as required and in a timely manner.	All delays of transfers of care within the department are recorded on CAS card/nursing records. The department navigator to escalate to the CSM at 4, 8 12 hour marks.	Senior Nurse Manager Emergency Department	31/10/23

		This is also reported & discussed at the bed/site safety meeting at 08:30.12:15 & 15:00 hours. Spot-checks to be undertaken by SNM over a 6 week period to review compliance. Delays & escalation of offsite transfers are reported to the CSM to escalate to the point of contact manager in hours and off site manager out of hours. This is also reported at the safety site meetings	Senior Sister	30/10/23
		Observational weekly spot-checks for six weeks to be undertaken to ensure compliance.	Senior Sister	30/10/23
Risk to safe care / governance	The health board is advised to measure the effectiveness of the proposed changes to the ED in light		Senior Nurse Manager	

	of the challenges identified during the course of the inspection.		Emergency Department	
Risk to safe care	The health board must ensure that staff response to emergency call bells is proportionate, ensuring adequate oversight of all areas remains in place.	Memo distributed to all ED staff to advise on correct processes for proportionate emergency call bell response. Attendance form to be created to ensure appropriate staff attend emergency calls.	Senior Nurse Manager Emergency Department Senior Sister	Complete 31/12/23
Risk to safe / effective care	The health board must ensure that there are adequate processes in place to identify, risk assess and flag vulnerable individuals or those at risk.	Presenting paediatric patients are direct to a separate paediatric waiting area. At triage an identified vulnerable patient is recorded on the CAS card & communicated to the nurse in	Senior Nurse Manager Emergency Department Senior Nurse Manager	Complete 30/11/23

		charge. Nurse in charge will review & risk assess and take appropriate action. Work in collaboratively with Quality Improvement team to update PASG Board to highlight and flag vulnerable groups using magnet symbols.	Emergency Department Quality Improvement Team /Senior Nurse Manager Emergency Department	31/12/23
Risk to safe care / environmental risk	The health board must ensure that there is a suitable mental health assessment room available within the ED, which is subject to a risk assessment prior to use.	To ring fence the designated mental health room to support availability of suitable ligature free environment as part of SBAR.	Service Delivery manager Senior Nurse Manager	31/10/23

		Ligature Risk Assessment to be completed for environment.	Emergency Department	31/10/23
Risk to safe care	The health board must ensure that where oxygen is required that it is prescribed as appropriate.	To undertake baseline audit of prescribed oxygen to be completed by CNS respiratory team to support improvements required for compliance by HB. Memo to remind all staff that oxygen must only be administered if prescribed other than an in an emergency.	Service Delivery manager Senior Nurse Manager Emergency Department	Complete 30/11/23
Risk to safe care	The health board must ensure that pain management is consistent for all patients within the ED.	Memo to remind staff to complete the Manchester triage tool pain assessment.	Senior Sister	31/12/23 31/12/23

		Retrospective baseline audit to be completed to determine compliance of use of Manchester triage tool pain assessment.	Senior Sister	
		Spot checks to be completed weekly for 6 weeks to monitor compliance	Senior sister	31/03/24
		Quality Improvement team to complete pain RA audit to monitor compliance.	Quality Improvement Team	31/12/23
		To engage with clinical colleagues and specialist team to ensure that assessments & prescribing of analgesia is carried out in a timely manner.	ED consultant Lead	31/12/23
		Link nurse for pain to be identified within the	Senior Sister	31/11/2023

		department to act as point of resource.		
Environmental risk	The health board must ensure that the sluice room and the area of the ED used by WAST colleagues is safe, secure and free of hazards at all times.	WAST Action Plan completed.	WAST locality Manager Pembrokeshire	Complete
		Environmental spot audit to be undertaken over a 6 week period to monitor compliance.	Senior Sister	31/12/23
		Memo to remind staff not to overfill Sharps box and poster to be displayed.	Senior Sister	31/10/23
Risk to safe care / medicines management	The health board must ensure that it has an effective system in place for ensuring that patients are wearing identity wristbands.	Monthly Health care standard review meeting with Senior Nurse Managers and Head of Nursing to ensure compliance with triage nurse to apply bracelets.	Senior Nurse Manager Emergency Department	Complete
		Instruction to Triage nurse to place identity bracelet on all	Senior Sister	31/12/23

		patients requiring medications or investigations. Daily Department spot check to be completed by Senior Sister for 6 weeks to ensure compliance to standard	Senior Sister	31/12/23
Risk to safe / effective care	The health board must ensure that sustained actions are taken in response to the number of falls and pressure incidents.	Monthly falls and pressure damage scrutiny review meetings arranged with Senior Nurse Managers to review / sustain actions. Quality Improvement Team have worked collaboratively with the ED team to display pressure damage & falls data for all ED staff to reviews	Senior Nurse Manager Emergency Department Quality Improvement Team	30/11/23 30/11/23
Risk to safe care	The health board must ensure that there is a system in place to identify to staff patients who require assistance eating or any dietary / allergen requirements.	All patients requiring support with eating and drinking and allergens requirement to be flagged by red tray on PASG Board.	Senior Nurse Manager Emergency Department	31/12/23

		Remind staff that allergen requirements are to be discussed with hotel services selection of daily menu choices.	Senior Sister	30/10/23
		Meal time coordinator now identified on each shift to coordinate.	Senior Sister	Complete
		Work collaboratively with Quality Improvement team Hydration and Mealtime Board. displayed to heighten awareness of staff.	Quality Improvement Team / Senior Nurse Manager Emergency Department	30/11/23
		Introduce electronic symbiotix menu selection pilot to the department. Pilot expected to run from November 23, to be evaluated in 6 months' time.	Senior Facilities Manager	30/01/24

Workforce risk	The health board must ensure that staff feedback provided throughout the report is reflected upon, ensuring that robust actions are taken where required.	Monthly department team meetings to discuss completed actions / seek staff views.	Senior Nurse Manager Emergency Department	30/03/24
Workforce – management and leadership risk	The health board is recommended to strengthen senior nurse management and leadership in the ED (Senior Sister / Charge Nurse).	Department induction to be provided to all new senior sisters/charge nurse	Senior Nurse Manager Emergency Department	31/01/24
		All Senior Sisters/charge nurse to attend STARS / other recognised Management and Leadership course to promote knowledge, skills and development.	Senior Nurse Manager Emergency Department	31/01/24
		Two additional Senior Sisters have been recruited to strengthen leadership in the department.	Senior Nurse Manager Emergency Department	31/11/23

		Work in Collaboration with the OD leadership Development Team to identify suitable leadership courses/support from the senior sisters/charge nurse	Senior Nurse Manager Emergency Department	31/11/23
Workforce risk	The health board should ensure that there are robust interim arrangements in place for the induction and on-going support of new staff.	All substantive staff currently receive HB induction. Nursing Temporary HB staff Induction checklist completed with additional ED requirements. All new doctors undertake department Health Board induction Programme. Joint Department Induction pack to be developed for all	Head of Nursing Senior Nurse Manager Emergency Department Service Delivery manager & ED Clinical Lead Consultant	Complete Complete 31/12/23

		staff to be made available for support.	Service Delivery manager	31/12/23
Risk to patient experience	The health board should ensure that formal methods to provide feedback, such as Putting Things Right, is prominently displayed throughout the department.	Information about how to raise concerns will be displayed, the department is working closely with the patient experience team. Putting things Right leaflets and posters have been distributed and displayed within the department "You said we did Board" to be displayed for all staff for staff awareness. All staff to be provided with access to the learning from events folder.	Senior Sister Senior Nurse Manager Emergency Department / Service Delivery Manager Senior Nurse Manager Emergency Department /	Complete Complete 31/12/23

			ED Clinical Lead	
Risk to patient experience	The health board must strengthen its complaint response times complaints in accordance with the established timeframes.	Monthly department complaint meeting to be arranged with Putting Things Right team to promote timely responses to promote working collaboratively to meet time frame targets.	Service delivery Manager	30/11/23
		Introduction of new role Risk and Governance leads to support timely facilitation of concern responses.	Senior Sisters	31/11/23
		Monthly Department senior staff meetings to aid staff to improve compliance with timely responses.	Senior Sisters	31/11/23
		To arrange training for the senior sisters in obtaining monthly reports from the CIVICA system. These reports will be shared with the wider ED team.	Senior Sisters	31/12/23

Risk to patient experience	The health board should ensure that staff are made aware of patient feedback in order to aid learning.	Knowing how we are doing Board to be updated monthly and results visible and discussed at monthly Health Care Standard scrutiny meeting. Improvement action plans completed for areas of concern, with sharing of good practice.	Senior Sister	30/12/23
		Continued review and monitoring of patient feedback via CIVICA system displayed on you said we did board.	Senior Nurse Manager Emergency Department	30/12/23

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): J Dyer

Job role: Senior Nurse Manager

Date: 18/10/23