

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	5
2. Summary of inspection.....	6
3. What we found	10
• Quality of Patient Experience.....	10
• Delivery of Safe and Effective Care	14
• Quality of Management and Leadership	20
4. Next steps.....	25
Appendix A - Summary of concerns resolved during the inspection	26
Appendix B - Immediate improvement plan.....	27
Appendix C - Improvement plan	31

1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of the Emergency Department (ED) at Ysbyty Gwynedd, Betsi Cadwaladr University Health Board on 14, 15 and 16 April 2025.

Our team for the inspection comprised of two HIW healthcare inspectors, three clinical peer reviewers and one patient experience reviewer. The team was led by a HIW healthcare inspector.

As part of the inspection, we undertook a remote, desk top exercise looking at the records of nine patients who had attended the ED, with various needs, over the past six weeks.

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 15 questionnaires were completed by patients or their carers and 57 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.

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:

Staff were working hard under highly challenging conditions. However, their efforts were often hindered by the number and acuity of patients attending the department and issues with the flow of patients into wards within the hospital.

Patients were treated with dignity and respect, and confidentiality was generally maintained despite the busy environment. Although maintaining privacy and dignity was challenging for patients on trolleys in corridor areas, staff made efforts to minimise these difficulties by moving patients to more suitable areas when necessary. The health board should continue efforts to reduce the need for corridor care.

Most patients we spoke with were generally happy with the way that staff interacted with them, and the care provided. However, patients were critical of waiting times.

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

This is what we recommend the service can improve:

- Continue with efforts to reduce the number of patients receiving care in corridor areas
- Ensure that patients are triaged promptly on arrival at the ED and that there is an effective escalation process in place when triage times increase
- Continue with efforts to improve patient flow through the department and across the wider hospital
- Continue with efforts to ensure that patients are moved from ambulances into the ED in a timely way.

This is what the service did well:

- Good interactions between staff and patients with staff attending to patient needs in a discreet and professional manner
- Staff making every effort to treat patients with dignity, respect and compassion, despite pressures on the service and significant issues with patient flow.

Delivery of Safe and Effective Care

Overall summary:

There were significant challenges with patient flow through the department. This was due, in the main, to delays in discharging patients from other areas of the hospital, which meant there were insufficient numbers of spaces to move patients into. Consequently, patients were spending over 36 hours in the department. However, this should be regarded in the context of national pressures on emergency departments and is not unique to Ysbyty Gwynedd. Nevertheless, the health board must ensure prompt triage of patients upon arrival at the department, to maintain patient safety.

The health board is acutely aware of the ongoing issues and continues to explore different initiatives to improve flow within the hospital.

Compliance with risk management was not always adequate. We found some issues within the mental health assessment room presenting risks for self-harm, and potential disturbance to people in the paediatric section of the department. The completion of timely patient risk assessments could be strengthened and also aspects of infection prevention and control.

Most medication management processes were in line with national standards and the health board's policies. However, we found some medication and intravenous fluids that were passed their expiry dates, and some medication not stored within their original dispensing boxes. These issues were dealt with under HIW's immediate assurance process and are referred to in more detail within Appendix B of this report.

The ED records are maintained on an electronic system, whereas documentation completed by specialist doctors from other departments reviewing ED patients were in paper format. We only had sight of the electronic records, this therefore made it difficult for us to gain a complete and detailed picture of the overall assessment and treatment process. The implementation of a health board wide electronic records management system would greatly improve the recording, navigating and timely sharing of information across and between services.

We found an appropriate level of communication between staff working within the ED, which included the sharing of information during shift handover, which was overall, detailed and effective.

Immediate assurances:

- HIW was not assured that medication management processes are sufficiently robust and safe
- We looked at the medication storage temperature records and identified that the room temperature had exceeded the maximum threshold of 25 degrees Centigrade on several occasions
- HIW was not assured that the process for checking the resuscitation trolley is sufficiently robust and safe
- HIW was not assured that the oversight of the paediatric area is sufficiently robust and safe.

This is what we recommend the service can improve:

- Review the location of the mental health assessment room and ensure that the room is fit for purpose and safe to use
- Ensure that patients presenting at ED who are receiving chemotherapy treatment or who are susceptible to infection are appropriately accommodated, to reduce the risk of harm
- Ensure that safeguarding referrals are made in a timely way
- Some aspects of medication management and administration of pain relief
- Some aspects of risk assessing to include pressure area care, falls and venous thromboembolism (VTE)
- Ensure that the number of patients accommodated within the resuscitation area does not exceed four and that when this number is exceeded due to exceptional demand that the staffing levels are increased in order to ensure that patient care is not compromised.

This is what the service did well:

- Provision of food and drink
- Oversight of waiting area
- Escalation of unwell patients
- Designated pharmacy, occupational therapy and physiotherapy within the ED.

Quality of Management and Leadership

Overall summary:

The ED leadership team was visible, approachable, and committed to service improvement, with the Matron assisting staff during high-pressure times. However, staff feel unsupported by senior managers outside the ED. To address this, it is essential for the health board to ensure adequate support from external key leaders, and implement a hospital-wide approach to drive improvements.

We found that nurse and medical staffing levels were acceptable with minimal use of agency staff, showing improvement from the previous inspection. Despite a busy department, staff managed well and were attentive to patient needs.

Overall, the culture within the ED was positive, supportive, and inclusive, with staff working well together. Patients could provide feedback directly to staff, and there were formal systems for managing complaints, aligned with the NHS Wales Putting Things Right process. Notices informed patients and visitors about actions taken in response to concerns, and staff shared patient feedback and learning from incidents and national reviews to improve the service. Incident and concern management was deemed appropriate.

This is what we recommend the service can improve:

- Reflect on the staff responses to our questionnaire and ensure the overall ED team is supported appropriately by key leaders and managers external to the department. In addition, that a hospital and health board wide approach is implemented to drive and support improvements.
- Ensure that violence and aggression is appropriately managed and that the staff are supported.
- Ensure that staff have regular breaks away from the clinical area to support their wellbeing.

This is what the service did well:

- Good management overview and support from ED management team who were visible and approachable
- Less dependency on agency staff
- Mandatory training completion rates.

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

Throughout our inspection we engaged with patients and received 15 responses to our patient survey. Responses were generally positive across all areas. However, patients were critical of waiting times.

Patient comments included:

"All staff were pleasant and very helpful."

"The care is good once it is in the system. Getting to the system is quite difficult. We have been waiting since last evening, and I will be waiting until 2pm for scans. However, the staff are nice and fully understand their work, major respect for that. "

"Lack of beds, very long waiting times."

Person-centred

Health promotion

Health related information was available in various parts of the department, many of which were bilingual.

We saw good interactions between staff and patients with staff attending to patients' needs in a discreet and professional manner. We saw staff spending time with patients encouraging and supporting them to do things for themselves to maintain their independence.

Dignified and respectful care

We saw staff treating patients with dignity and respect, and confidentiality was maintained, as much as a busy environment allowed. All patients spoken with, and those who completed the questionnaire felt that staff treated them with dignity and respect.

Whilst staff were striving to maintain the privacy and dignity of patients awaiting further assessment or treatment, this was clearly more difficult to achieve for patients who were cared for on trolleys in the corridor area. However, staff were mindful of the need to maintain patient privacy and dignity in corridor areas, with

patients being moved into more appropriate areas of the department when personal care was provided.

The health board must continue with efforts to reduce the number of patients receiving care in corridor areas.

We found areas of the department were well decorated, clean and free from clutter.

Individualised care

Through reviewing a sample of patient records, we found that care was being planned and delivered on a multidisciplinary basis, and in a way that identified and met patients' individual needs and wishes.

Timely

Timely care

The ED waiting area was busy throughout the inspection. However, the waiting area and other areas of the ED were found to be relatively calm, despite the high number of patients accommodated.

Patients we spoke with and those who completed a questionnaire, were generally positive about the care provided but were critical of waiting times.

Five questionnaire respondents felt they were assessed within 30 minutes of arrival, and three said they were assessed immediately. Of the fifteen patients case tracked as part of our inspection, seven were triaged within 15 minutes of arrival, as recommended by the Royal College of Emergency Medicine (RCEM), with the longest wait for triage being over one hour.

Only three of the respondents to the patient questionnaire felt they had waited less than two hours before receiving treatment or being referred on, with four respondents telling us that they had waited between eight and 12 hours.

The health board must ensure that patients are triaged promptly on arrival at the ED, and that there is an effective escalation process in place when triage times increase.

There were significant challenges in the flow of patients through the ED with some patients spending over 36 hours in the department, which is not equipped to accommodate them for such extended periods. This was, in most part, beyond the control of ED staff and was mainly due to delays in discharging patients from other areas of the hospital. These delays were caused by patients awaiting further support, such as rehabilitation, care packages, or placements in other facilities.

However, there was a lack of direct streaming following triage with patients having to wait to be seen by a doctor before being referred to Same Day Emergency Care (SDEC) or frailty unit.

The health board is acutely aware of these issues and continues to explore different initiatives to improve flow within the hospital.

The health board must continue with efforts to improve patient flow through the department and across the wider hospital.

In general, patients with time critical and high-risk conditions were being escalated in a timely way and moved from the waiting area to other more appropriate areas within the ED for treatment. However, the delays in triage meant that some investigations, such as Electro Cardiograph (ECG) and some time critical treatments were delayed. In addition, reception staff told us that they would benefit from further 'red flag' training in order to better identify patients with time critical conditions, or those who require more urgent assessment and treatment.

The health board must review the provision of 'red flag' training for reception staff to ensure that they are confident and competent in recognising patients who present with time critical conditions or require more urgent assessment and treatment.

We were told that speciality support was an issue at times despite the best efforts of ED staff. Some speciality doctors, particularly from the medical directorate, were not responding in a timely way to requests for patient assessments. As a result, some patients experienced delays in their treatment and the lack of prompt response also significantly impacted the flow of patients through the ED.

The health board must remain focused on completing timely reviews by specialty teams in ED, and reinforce the need for a whole hospital approach and shared responsibility to improving the flow of patients through the ED.

There were some delays in transferring patients from ambulances to the department, with up to nine ambulances waiting to handover during the inspection. However, this was being appropriately managed and there were appropriate escalation arrangements in place.

The health board must continue with efforts to ensure that patients are transferred from ambulances into the ED in a timely way.

Staff described the good working relationships between the ED and ambulance staff, and patients waiting in ambulances were well cared for, and when required,

ED staff would provide care in the ambulance. Patients would also be brought into the department to start treatment then returned to the ambulance.

Equitable

Communication and language

Patients spoken with were generally happy with the information provided by staff, and all respondents to the questionnaire felt that staff explained what they were doing and listened to and answered their questions.

All the patients who completed a questionnaire said they were involved as much as they wanted to be in decisions about their healthcare.

We were told that some ED staff were bilingual (Welsh and English), and that translation services were available for patients who wished to communicate in other languages. Most of the information displayed within the ED was available in both Welsh and English.

There was information displayed on minor injuries and detailing appropriate use of ED and signposting to other services.

Rights and Equality

We saw that staff were striving to provide care in a way that promoted and protected people's rights, regardless of their gender or background. This is aligned to Welsh Government's approach to deliver good quality patient-focused care in EDs.

Welsh Government's quality statement for EDs emphasises providing the right care, in the right place, at the right time, and staff endeavoured to do this to the best of their ability, in a high-pressure environment.

Delivery of Safe and Effective Care

Safe

Risk management

Overall, compliance with risk management required improvement in some areas.

There was good oversight of the waiting area by a trained nurse, which helped maintain the safety of patients waiting ongoing assessments or treatment. However, the mental health assessment room was located near to the entrance into the paediatric area. This required review as it placed children at risk of exposure to the disruptive behaviour displayed by some patients within the mental health assessment room. The layout of the room also required review as one of the doors did not open outwards and there was no emergency call alarm fitted.

The health board must review the location of the mental health assessment room and ensure that the room is fit for purpose and safe to use, minimising disruption and exposure to paediatric patients and their families.

Doors leading into storage rooms where cleaning materials were stored. However, the cupboards within the storerooms were not always locked as an additional means of security.

The health board must ensure that cleaning materials are stored securely in locked cupboards.

Infection, prevention and control and decontamination

The whole department was found to be clean and tidy, with cleaning staff visible throughout the inspection. All the patients who completed a questionnaire felt that the department was very clean.

There were policies and procedures in place to manage the risk of cross infection. However, we saw a patient who was receiving chemotherapy being cared for in an open area of the ED when they should have been accommodated in a cubicle to reduce the risk of infection.

The health board must ensure that patients presenting at ED who are receiving chemotherapy treatment, or who are immunocompromised are appropriately accommodated, to reduce the risk of harm.

Safeguarding of children and adults

The staff we spoke with demonstrated a satisfactory knowledge of safeguarding children and adults, and for the deprivation of liberty safeguards and mental capacity.

We found appropriate safeguarding procedures in place for referral, escalation and follow up of safeguarding concerns, and this was supported by the Wales Safeguarding Procedures. Staff training compliance for safeguarding was appropriate. However, we found two incidents where a safeguarding referral should have been instigated. These were brought to the attention of the ED Matron who escalated the issues.

The health board must ensure that safeguarding referrals are made in a timely way.

Management of medical devices and equipment

There were robust systems in place to ensure that medical devices and equipment were being regularly serviced and maintained to ensure that they were safe to use.

However, on checking the resuscitation trolley, we found a supraglottic airway and tubing that were past their expiry date and an endotracheal tube guide, in opened packaging, which had been placed back in the trolley. This meant that we could not be assured that the risks of harm to patients was appropriately managed. **This issue was dealt with under HIW's immediate assurance process and are referred to in more detail within Appendix B of this report.**

Medicines management

Most medication management processes were generally in line with national standards and health board policies. However, some areas required improvement.

Some medication administration record (MAR) charts were incomplete with medication administration times not always recorded.

The health board must ensure that MAR charts are accurately completed to minimise any risks to patient safety.

We noted an occasion where antihistamine and dermal cream were prescribed but were not available. However, there was no record of what was being done to source the medication.

The health board must ensure that staff clearly document the actions taken to source medication when not available within the department.

We found that both paper and electronic medication recording processes were used within the department. This could lead to confusion and increases the risk of errors in medication administration.

The health board must review the medication recording systems currently in use to eliminate confusion and reduce the risk of medication administration errors.

There was a designated pharmacist within the department, and support was available to staff out of hours if required. This included suitable arrangements for accessing medicines.

We looked at the medication storage temperature records and identified that the room temperature had exceeded the maximum threshold of 25 degrees Centigrade on several occasions. This may impact the viability of medicines and place patients at risk of harm. **This issue was dealt with under HIW's immediate assurance process and are referred to in more detail within Appendix B of this report.**

Preventing pressure and tissue damage

On review of patient records, we found that skin pressure area risk assessments were not undertaken routinely or in a timely way, and patients were lying on ambulance trolleys for long periods waiting to be transferred. This exposes patients to risk of skin pressure damage.

The health board must ensure that pressure area risk assessments are undertaken routinely for patients whose presenting condition warrant such a risk assessment, and that patients deemed high risk are moved on to more appropriate pressure relieving trolleys, mattresses or beds.

Falls prevention

Whilst physiotherapy and occupational therapy staff were seen in the department supporting patients to mobilise and maintain their independence, falls risk assessment were not undertaken routinely or in a timely way for patients when appropriate to do so.

The health board must ensure that falls risk assessments are undertaken routinely and in a timely way for patients whose presenting condition warrant such a risk assessment.

Effective

Effective care

There were multidisciplinary care planning processes in place which took account of patients' views on how they wished to be cared for. However, there was little evidence of a formal process or records to identify patients who required additional support.

The health board must ensure that there is a robust process in place to identify patients who require additional support, and that assessments and subsequent interventions are recorded within patient notes.

We reviewed the care records of five patients on site and undertook an off-site desk top review of a further ten patient care records. In general, patients were being assessed and monitored appropriately and in line with Royal College of Emergency Medicine and the National Institute for Health and Care Excellence (NICE) guidance. However, we found examples where repeat patient observations, including blood glucose levels, were not being conducted and recorded consistently.

The health board must ensure that repeat patient observations and blood glucose levels are conducted and recorded consistently.

We also found that mental health and venous thromboembolism (VTE) risk assessments were not always initiated, where this was indicated by the patient's presenting condition or history.

The health board must ensure that mental health and VTE risk assessments are conducted in a timely way, where this is indicated by the patient's presenting condition or history.

We found that pain assessment and management was generally effectively. However, there were some delays in the administration of pain relief, and inconsistencies in the way that pain evaluation was recorded within patient records.

The health board must ensure that pain relief is administered in a timely way, and that pain management evaluation is recorded consistently within patient notes.

Nutrition and hydration

Patients could access food and drink when needed, and the nutrition and hydration needs of patients were generally being met within the department. This included

patients who waited on ambulances outside the department. Patients who required assistance with eating or drinking were seen to be supported by staff and the Red Cross volunteers.

Fluid balance charts were in use where indicated. However, these were not completed consistently, therefore, not providing an accurate reflection of fluid intake and output. Similarly, food intake was being recorded in the same way.

The health board must ensure that fluid and food intake and output balance charts are being completed consistently.

Patient records

Whilst the quality of the record keeping across the ED was generally good, we found some inconsistencies or lack of detail in some patient records we reviewed, including risk assessment and fluid balances as highlighted earlier.

The health board must ensure that staff documentation in patient records provide sufficient clinical/ care details, and records are completed consistently.

The ED records are maintained on an electronic system, whereas documentation completed by specialist doctors from other departments reviewing ED patients were in paper format. We only had sight of the electronic records, this therefore made it difficult for us to gain a complete and detailed picture of the overall assessment and treatment process. The implementation of a health board wide electronic records management system would greatly improve the recording, navigating and sharing of information across and between services.

The health board should consider implementing a service wide electronic records management system to aid robust communication and ensure effective continuation of care.

Efficient

Efficient

We spoke to several clinical staff across the ED, and all demonstrated a desire to provide patients with a good standard of care, and we found that leadership was good between medical and nursing teams.

We witnessed effective responses to patients presenting with time critical conditions, and for those whose condition deteriorated whilst in the department.

We found an appropriate level of communication between staff working within the ED, which included the sharing of information during shift handover, which was overall, detailed and effective.

However, we were told that the resuscitation area, which is set out to accommodate four patients, often accommodates up to six patients and that during such times, staffing levels are not always increased to reflect RCEM guidance of one staff member to two patient ratio.

The health board must make every effort to ensure that the number of patients accommodated within the resuscitation area does not exceed four, and when this number is exceeded due to demand, that the staffing levels are increased in order to maintain patient safety.

We found a lack of staff oversight of the paediatric area. The area was staffed by one adult trained nurse with no paediatric training. The area was often left with no staff in attendance whilst the nurse undertook triage, transferred patients, or went on a break. This is not in line with RCEM guidance which specifies that there should always be two paediatric trained nurses in this area when children are accommodated. **These issues were dealt with under HIW's immediate assurance process and are referred to in more detail within Appendix B of this report.**

Quality of Management and Leadership

Staff feedback

Most of the staff we spoke with were generally positive about working in the department, and were committed to improving the quality of care provided. Staff told us they were well supported by the ED managers. However, some felt unsupported by the senior managers outside of the ED.

Staff responses to our questionnaire were mixed, with most comments relating to workload, the demands of the department and support from senior management teams external to the ED. Staff comments included:

Staff comments included:

“Patients are in the waiting room for approx 24hrs on every shift including elderly patient. Patient with D&V, chemo patient has to sit on corridors as there is no space. All specialities come through ED, including cancer patient, ENT, Ophthalmology, orthos, surgical. Skills on some shifts are poor. For example - newly qualified nurse and bank nurse in resus 2 days ago. Patient referred to medics any time after 3pm will not see a senior consultant until next day, therefore will be staying in hospital overnight, it would be beneficial for medical consultant to work until midnight. Flow is poor. Mental health services are poor, most times if a patient is referred after 4am it will be the day staff that assess them. Nurses on their own in the paediatric area - sometimes can include 15 - 20 patients and is expected to triage, give treatment and admit to wards.”

“I strongly believe triage could work better by allowing one room extra for investigations, such as ECG and bloods.”

“No consistency with Nurses in charge. Management adding pressure on triage waits when the department is over run instead of coming down to the department to help. Level of clinical unwell patients coming through the door with no room to care. Patients left in waiting room for 24hours + Shocking skill mix. Rota issues- lack of- no time off between nights and days.”

“I would say nursing on the corridor feels unsafe and risky at times, but this is the crisis we face in all ED's, not just ours. I have always been really well supported, but I know of other staff members where that support has lacked somewhat. Overall, we have a really strong team, and I wouldn't want to work anywhere else.”

“The nursing team is exceptional at supporting us.”

The comments provided by staff were concerning and the health board should consider these and take action to address these where appropriate.

Leadership

Governance and leadership

Staff we spoke with said that the ED leadership team were visible and approachable, and that the Matron frequently worked alongside staff to assist them in times of increased pressure. However, they felt unsupported and undervalued by the senior managers outside of ED.

Staff comments included:

“Immediate managers, such as head of nursing [are] really approachable, but the top managers are nowhere to be seen - they don’t understand shop floor issues and only turn up when there are inspections.”

Despite the staff feedback relating to managers outside of ED as highlighted above, in general, we found the leadership and engagement within the ED was generally good. In addition, it was evident that the ED leadership team was committed to further improving the service, but the support external to the ED was making this difficult.

The health board must reflect on the staff responses to our questionnaire highlighted throughout the report and ensure the overall ED team is supported appropriately by key leaders and managers external to the department. In addition, that a hospital and health board wide approach is implemented to drive and support improvements.

Workforce

Skilled and enabled workforce

We found nurse and medical staffing levels to be acceptable, with little reliance on agency staff to fill vacancies or absences.

Despite the department being very busy throughout the inspection, staff seemed to be coping well with the pressures and were attentive and responsive to patient needs.

There were good processes in place to ensure that information was shared and understood by staff, including alerts and bulletins. However, we were told that staff attendances at team meetings was poor due to the demands of the unit.

The health board must ensure staff are supported and encouraged to attend team meetings on a regular basis.

There was a training and development program in place for all staff, and this was supported by a practice development nurse, who was based in the ED.

Compliance with the completion of mandatory training for nursing and health care support staff was good. However, the completion of mandatory training for medical staff required improvement, in particular for infection prevention and control and information governance.

Staff views on the availability of training were mixed and include:

“We get loads of training as nurses and a very clear pathway for progression.”

“Training facilities really good especially safeguarding.”

“Staff training non-existent, hassled to complete online ESR mandatory training in my own time, as too busy at work”

There was a formal Performance and Development Review (PADR) process in place for the nursing staff. However, only 62.5% had received a review in the past 12 months.

The health board must ensure that all staff receive a Performance and Development Review in a timely manner.

Culture

People engagement, feedback and learning

We found the culture within the ED to be generally positive, supportive and inclusive, with staff working well together.

Staff comments included:

“I absolutely love my job as a nurse in ED! All the staff are welcoming, friendly and approachable. I can ask anybody for support or guidance and I feel safe raising any concerns to senior staff.”

“I raised concerns and my matron and heads of nursing acted upon them really well.”

However, some staff told us that they do not always feel supported by the health board with regards to violence and aggression from patients, which was said to be on the increase.

The health board must ensure that violence and aggression is appropriately managed and that the staff are supported.

Staff also told us that they often go without breaks.

The health board must ensure that staff have regular breaks away from the clinical area to support their wellbeing.

Patients and their representatives had opportunities to provide feedback on their experience of services provided.

There were formal systems in place for managing complaints, and this aligned to the NHS Wales Putting Things Right process.

Notices were present within the ED informing patients and visitors about any action taken by the department following concerns or patient feedback. Staff also described how patient feedback was shared with staff, together with learning from incidents and national reviews, to help improve the service.

The management of incidents and concerns was appropriate.

Information

Information governance and digital technology

Electronic board round monitors were used in the ED to help support the efficient care and treatment of patients. In addition, an electronic patient management and records system was in use, and staff, in general, commented positively on the system.

Staff were mindful not to leave computer screens unlocked when not in use, to ensure unauthorised access and maintain patient confidentiality.

Learning, improvement and research

Quality improvement activities

There were formal auditing, reporting and escalation processes in place within the ED which were driving forward quality improvements.

It is positive to note that action had been taken to address and sustain improvements highlighted during the previous inspection of Ysbyty Gwynedd ED. In addition, it was positive to find that changes had been made to reflect improvement highlighted during previous inspection of the other emergency departments within the health board.

Whole-systems approach

Partnership working and development

There were examples of good partnership working between various staff disciplines and professions within and external to the department, including pharmacy, occupational therapy and physiotherapy services.

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
No immediate concerns were identified during this inspection.			

Appendix B - Immediate improvement plan

Service: Ysbyty Gwynedd, Emergency Department

Date of inspection: 14 to 16 April 2025

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.

Findings

HIW was not assured that medication management processes are sufficiently robust and safe.

We looked at the medication storage temperature records and identified that the room temperature had exceeded the maximum threshold of 25 degrees Centigrade on several occasions.

This placed patients at risk of harm.

1. Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
HIW requires details on how the health board will ensure that measures are in place to maintain the medication room temperature within accepted parameters of between 8 and 25 degrees Centigrade.	Delivery of Safe and Effective Care	1.1 Interim cooling system in situ in order to mitigate the immediate risk.	Bethan Parry Williams, Matron	Completed
		1.2 Review the monitoring and escalation processes and gain confirmation that all staff responsible are aware of the required standards.	Bethan Parry Williams, Matron	30/04/2025
		1.3 Provide assurance that monitoring and escalation processes are effective.	Bethan Parry Williams, Matron	07/07/2025

		1.4 Develop a long-term plan for air cooling system with the estates department.	Sian Gruffydd, Divisional General Manager	31/05/2025
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Findings

HIW was not assured that the process for checking the resuscitation trolley is sufficiently robust and safe.

We checked the resuscitation trolley and found a supraglottic airway and tubing that were past their expiry date and an endotracheal tube guide, in opened packaging, which had been placed back in the trolley.

This meant that we could not be assured that the risks of harm to patients was appropriately managed.

2. Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
HIW requires details on how the health board will ensure that the resuscitation trolley is checked regularly and that all items past their expiry date, and items in opened packaging, are removed and replaced.	Delivery of Safe and Effective Care	2.1 Immediate replacement of out-of-date equipment.	Dr Pete Williams, Clinical Lead	Completed
		2.2 Review of potential to transfer to airway equipment onto My Kit Check as per resus trolley check.	Dr Pete Williams, Clinical Lead	30/05/2025
		2.3 Develop a process for monitoring and escalating airway equipment by ED staff as part of the resuscitation equipment checks.	Dr Pete Williams, Clinical Lead	30/05/2025
		2.4 Provide assurance that monitoring and escalation processes are effective.	Eleri Evans, Head of Nursing	07/07/2025

Findings

HIW was not assured that the oversight of the paediatric area is sufficiently robust and safe.

On several occasions during the inspection, the paediatric area was left with no staff in attendance whilst children were accommodated.

This meant that we could not be assured that the risks of harm to paediatric patients was appropriately managed.

3. Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
HIW requires details on how the health board will ensure that the paediatric area is adequately staffed at all times when children are accommodated.	Delivery of Safe and Effective Care	3.1 Relocation of paediatric triage room, within the paediatric dedicated area, in order for improved oversight of paediatric waiting area	Sian Gruffydd, DGM	Completed
		3.2 Monitor demand and capacity of the Paediatric Unit and possible impact of the relocation of the triage room to within the area.		07/07/2025
		3.3 Review staffing skill mix to ensure RCEM standards are met / mitigated	Eleri Evans, Head of Nursing	16/05/2025
		3.4 Further develop the rotational programme between ED and Children's services to build resilience, competencies to support paediatric skills in ED.	Eleri Evans, Head of Nursing	30/06/2025

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): Victoria Peach

Job role: IHC Director

Date: 25/04/2025

Appendix C - Improvement plan

Service: Ysbyty Gwynedd, Emergency Department

Date of inspection: 14 to 16 April 2025

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	Standard / Regulation	Service action	Responsible officer	Timescale
1.	Some patients were being cared for in corridor areas within the ED making it difficult to maintain their privacy and dignity.	The Health Board must continue with efforts to reduce the number of patients receiving care in corridor areas.	Safe Care	Implement 'System Workflow' to enable teams to effectively work together.	Dawnne Jenkins, Head of Site	Completed 30 th June 2025
				Develop performance and outcome measures (approved via IHC UEC governance group) to enable effectiveness of System Workflow to be monitored.	Dawnne Jenkins, Head of Site	20/ 07/ 2025
				Report on performance and		01/10/2025

				<p>outcome measures (via IHC UEC governance group) of System Workflow and make recommendations for further improvement.</p> <p>Monitor compliance of corridor care standards (determined via SOP Appendix 2) via weekly Matron audit and address areas from improvement reporting findings to quality LDG monthly.</p> <p>Triangulation of corridor care standards to be undertaken monthly via review of complaints / reported incidents / patient feedback via CIVICA.</p>	<p>Bethan Williams Matron / Lynne Roberts Deputy Head of Nursing</p> <p>Bethan Williams Matron / Lynne Roberts Deputy Head of Nursing</p> <p>Eleri Evans Head of Nursing</p>	<p>30/ 09/ 2025</p> <p>30 / 09 / 2025</p>
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				<p>Work collaboratively with NHS Executive all Wales approach to corridor nursing.</p> <p>The nurse staffing template has been temporarily increased to support the escalated areas (corridor care).</p> <p>Progress the ED nurse staffing Business Case with Executives to determine long term staffing levels in order to meet the recommended standards. (Appendix 3) and implement approved outcome.</p>	<p>Sian Gruffydd (DGM)</p> <p>Eleri Evans, HON</p> <p>Jane Owen, Director of Nursing Eleri Evans, HON</p>	<p>01/10/2025</p> <p>Completed</p> <p>01 / 10 / 2025</p>
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2.	Triage times sometimes exceeded 15 minutes of arrival, as recommended by the Royal College of Emergency Medicine (RCEM).	The Health Board must ensure that patients are triaged promptly on arrival at the ED and that there is an effective escalation process in place when triage times increase.		Review 'Triage Escalation Plan' (Appendix 4) and gain approval of amendments via IHC UEC governance meeting.	Eleri Evans (Hon)	30/07/ 2025
				Implement the Triage Escalation Plan and gain assurance that all staff are aware of their responsibility to adhere to the plan.	Bethan Parry Williams, Matron	07 / 08/ 2025
				Compliance to be monitored by the Senior Nursing Team via Nurse in Charge using the Quality Tool (Appendix 5); performance and improvement plans to be reported monthly via IHC UEC governance meeting.	Bethan Parry Williams, Matron	07 / 08 / 2025

				To consider developing an ED Streaming process (part of UEC workstream 2).	Sian Gruffydd, DGM / Eleri Evans, HON	01/10/2025
3.	There were significant challenges with patient flow through the department. This was due, in the main, to delays in discharging patients from other areas of the hospital.	The Health Board must continue with efforts to improve patient flow through the department and across the wider hospital.		Implement a 'System Workflow' process to support teams across the system in working together to ensure patients receive timely safe and effective care.	Dawnne Jenkins, Head of Site	Completed 30 / 6 / 2025
				Report on performance and outcome measures (via IHC UEC governance group) of System Workflow and make recommendations for further improvement.	Dawnne Jenkins, Head of Site	01/10/2025

				<p>Review the role of the ED progress chaser and monitor processes to minimise delays due to diagnostic results, for example.</p> <p>Engage with the UEC workstreams to enable patient flow within and out of the ED to be maximised.</p>	<p>Sian Gruffydd, DGM</p> <p>Sian Gruffydd (DGM) Eleri Evans, HON/ Pete Williams, Clinical Lead</p>	<p>01/10/2025</p> <p>01/10/2025</p>
4.	Reception staff would benefit from further 'red flag' training in order to better identify patients with time critical condition or those who require more urgent assessment and treatment.	The Health Board must review the provision of 'red flag' training for reception staff to ensure that they are confident and competent in recognising patients who present with time critical conditions or require more urgent assessment and treatment.		Achieve a 90% Red Flag training compliance by administration staff. (Appendix 6)	<p>Rhonwen Lewis (ENP / PDN) Tina Roberts (Service Support Manager)</p>	01 / 09 / 2025

				speciality reviews in a timely manner.	Williams, DGM	
6.	There were some delays in offloading patients from ambulances with up nine ambulances waiting to be offloaded during the course of the inspection.	The Health Board must continue with efforts to ensure that patients are transferred from ambulances into the ED in a timely way.		Engage with the BCU HB ambulance - patient offload improvement group as part of UEC workstream 2. Performance will reviewed via bi weekly joint WAST/ EC meeting and reported via UEC meeting.	Eleri Evans HON / Sian Gruffydd DGM / Pete Williams Clinical Lead Dylan Jones, WAST/ Wayne Davies, WAST	01 / 10 / 2025
				Monitor the allocation of registered nurse to triage ambulance arrivals and support their prompt off load (Appendix 8) report findings and improvements monthly via quality governance.	Bethan Parry Williams Matron	01/10/2025

			Monitor the application of WAST 'fit to sit' criteria in place to support timely offloads when appropriate (Appendix 9) report findings and improvements monthly via quality governance.	Bethan Parry Williams Matron	01/10/2025
7.	The mental health assessment room was located near to the entrance into the paediatric area exposing children to disruptive behaviour displayed by some patients accommodated in the mental health assessment room. The layout of the room also requires review as one of the	The Health Board must review the location of the mental health assessment room and ensure that the room is fit for purpose and safe to use, minimising disruption and exposure to paediatric patients and their families.	Establish a task and finish Capital Estates Group (Appendix 11) Determine and review potential relocation areas for priority areas and submit a capital planning business plan in line with the cycle of business for 2026-2027.	Sian Gruffydd, DGM Sian Gruffydd DGM	Completed July 2025 01/10/2025

	doors did not open outwards and there was no emergency call alarm strip fitted.			<p>Assess (including H&S, Estates, Mental Health and ED staff) the suitability of the MH assessment room and take appropriate action to address recommendations (Appendix 12).</p> <p>Signage to be in place to clearly identify the route from the waiting room to the Paediatric Unit to avoid the need for patients to enter the area adjacent to the MH assessment room.</p> <p>Apply opaque covering onto the glass area of the paediatrics door adjacent to the MH assessment room.</p>	<p>Sian Gruffydd DGM</p> <p>Sian Gruffydd, DGM</p> <p>Sian Gruffydd DGM</p>	<p>01/10/2025</p> <p>01/09/2025</p> <p>01/08/2025</p>
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8.	Cupboards within the storerooms were not always locked as an additional means of security.	The Health Board must ensure that cleaning materials are stored securely in locked cupboards.		Monitor the compliance of cleaning material storage via the Nurse Quality Tool; take immediate action to address concerns.	Bethan Parry Williams (Matron)	Completed
9.	A patient who was receiving chemotherapy was being cared for in an open area of the ED when they should have been accommodated in a cubicle to reduce the risk of infection.	The Health Board must ensure that patients presenting at ED who are receiving chemotherapy treatment, or who are immunocompromised are appropriately accommodated, to reduce the risk of harm.		<p>A task and finish group (ED staff and Cancer Services) has been established to determine alternative pathways for patients under the care of Haematology/ Oncology.</p> <p>To develop a clear process for communication between cancer services and ED to determine immediate care options for each</p>	<p>Eleri Evans, HON/ Sian Hughes Jones, HON</p> <p>Eleri Evans, HON / Sian Hughes Jones, HON / Claire Fuller, Consultant</p>	<p>Meetings established - end date March 2026</p> <p>01/08/2025</p>

				<p>patient at the point in time.</p> <p>All staff will be informed of the need to incident report when unable to isolate vulnerable patient; and will be reported monthly to the quality local delivery group.</p>	<p>Lynne Roberts Deputy Head of Nursing</p>	<p>30/07/2025</p>
10.	<p>We found two incidents where a safeguarding referral should have been instigated.</p>	<p>The Health Board must ensure that safeguarding referrals are made in a timely way.</p>		<p>To achieve and sustain above 85% compliance with safeguarding mandatory training for all staff groups.</p> <p>Focus to be placed on level 3 Childrens safeguarding mandatory training - we will achieve 85%+</p>	<p>Bethan Parry Williams (Matron) Pete Williams, Clinical Lead</p> <p>Bethan Parry Williams Matron</p>	<p>Established at 85% on 07/07/2025 overall</p> <p>01 / 10 / 2025</p>

			<p>Monthly audit to be undertaken to review reported incidents and safeguarding referrals. Report findings and recommendations via safeguarding governance group.</p> <p>Update the department's focus board for July; on safeguarding issues and the Cardiff and Vale initiative on safeguarding. (Appendix 13)</p>	<p>Bethan Parry Williams Matron</p> <p>Bethan Parry Williams Matron</p>	<p>01 / 10 / 2025</p> <p>Completed</p>
11.	Some medication administration record (MAR) charts were incomplete with medication administration times not always recorded.	The Health Board must ensure that MAR charts are accurately completed to minimise any risks to patient safety.	Monitor the recording of medication administration times completion on MAR charts (Appendix 14) and address any gaps with individual staff.	Amber Smith, Lead Pharmacist for Emergency Care / Bethan Parry Williams (Matron)	01/06/2025

				Maintain >85% compliance of IRIS medicines management dashboard (Appendix 15)	Bethan Parry Williams Matron	01/09/2025
12.	There was no record of what was being done to source out of stock medication.	The health board must ensure that staff clearly document the actions taken to source medication when not available within the department.		<p>Maintain >85% compliance of IRIS medicines management dashboard (Appendix 15)</p> <p>Provide assurance that all relevant staff have been informed of 'emergency medicines locate tool' guide and critical medicines guide.</p> <p>Ensure pharmacy stock management is increased during the</p>	<p>Bethan Parry Williams Matron</p> <p>Bethan Parry Williams Matron</p> <p>Amber Smith, Pharmacy Lead</p>	<p>01/10/2025</p> <p>01/10/2025</p> <p>30/07/2025</p>

			week in order to capture and manage out of stock items. The pharmacy team will prioritise ED to ensure that no omissions occur due to unavailability of medication. items at the beginning of each day.		
13.	We found that there both paper and electronic medication recording process in operation within the department. This could lead to confusion and increases the risk of errors in medication administration.	The Health Board must review the medication recording systems currently in use to eliminate confusion and reduce the risk of medication administration errors.	<p>Conduct quality audits monthly to ensure safety impact of current dual recording processing operation. To be reported via Safer Medication Practise Group (bi monthly)</p> <p>Implementation of EPMA (expected for YG March 2026) will eliminate this risk.</p>	<p>Lynne Roberts Deputy Head of Nursing / Bethan Parry Williams Matron</p> <p>Jane Brady, Digital Lead Nurse/ Eleri Evans, HON, Pete Williams, Clinical Lead</p>	<p>01/ 10/2025</p> <p>March 2026</p>

14.	Skin pressure area risk assessment were not undertaken routinely or in a timely way and patients were lying on ambulance trolleys for long periods waiting to be offloaded. This exposes patients to risk of skin pressure damage.	The Health Board must ensure that pressure area risk assessments are undertaken routinely for patients whose presenting condition warrant such a risk assessment, and that patients deemed high risk are moved on to more appropriate pressure relieving trolleys, mattresses or beds.	The nurse in charge will conduct a Daily Super 7 audit and for immediate action to be taken to correct any gaps in care. We will collate the findings of the audits and report at accountability reviews / QLDG and regulatory oversight group.	Bethan Parry Williams (Matron)	01/10/2025
15.	Falls risk assessment were not undertaken routinely or in a timely way for patients when appropriate to do so.	The Health Board must ensure that falls risk assessments are undertaken routinely and in a timely way for patients whose presenting condition warrant such a risk assessment.	To complete monthly auditing of falls risk documentation to identify learning which will enable improvements in practise - monitored via Falls Strategic Group (monthly) Undertake weekly retrospective reviews	BPW (Matron) EE (HON)	01/10/2025

				<p>of falls related Datix with identified areas for improvement with shared learning. This report will be shared via QLDG</p> <p>Maintain falls ESR mandatory training part A and B above 90%</p>	<p>Bethan Parry Williams (Matron)</p> <p>Bethan Parry Williams (Matron)</p>	<p>Completed</p> <p>01/10/ 2025</p>
16.	There was little evidence of a formal process or records to identify patients who required additional support.	The Health Board must ensure that there is a robust process in place to identify patients who require additional support and that assessments and subsequent interventions are recorded within patient notes.	Effective Care	<p>All staff will be directed via shift handovers about the necessity of adding full individualised support requirements when updating symphony.</p> <p>The matron will conduct monthly quality audit to</p>	<p>Bethan Parry Williams (Matron)</p> <p>Bethan Parry Williams (Matron)</p>	<p>01/09/2025</p> <p>01/10/ 2025</p>

				ensure that the level of detail is incorporated into the records.		
17.	Repeat patient observations, including blood glucose levels, were not being conducted and recorded consistently.	The Health Board must ensure that repeat patient observations and blood glucose levels are conducted and recorded consistently.		The matron will conduct monthly quality audit; with immediate escalation as required.	Bethan Parry Williams (Matron)	01/10/ 2025
18.	Mental health and venous thromboembolism (VTE) risk assessments were not always initiated where this was indicated by the patient's presenting condition or history.	The health board must ensure that mental health and VTE risk assessments are conducted in a timely way, where this is indicated by the patient's presenting condition or history.		<p>The ED consultant VTE lead will attend all HAT meetings. The ED consultant will share evidence-based practise to all of the ED team.</p> <p>VTE risk assessment audits will be conducted monthly and escalated to VTE lead consultant and reported via QLDG</p>	<p>Dr Tofe (Consultant)</p> <p>Amber Smith, Pharmacy Lead</p> <p>Ffion Pursglove, Senior Medicines management Nurse</p>	<p>01/09/2025</p> <p>01/10/ 2025</p>

19.	There were some delays in the administration of pain relief and inconsistencies in the way that pain evaluation was recorded within patient records.	The Health Board must ensure that pain relief is administered in a timely way and that pain management evaluation is recorded consistently within patient notes.		The nurse in charge will conduct daily quality audits to assess the accuracy of pain scores and analgesia administration; take appropriate immediate action.	Bethan Parry Williams (Matron)	01/ 10/2025
20.	Fluid balance charts were not completed consistently, therefore, not providing an accurate reflection of fluid intake and output. Similarly, food intake was being recorded in the same way.	The Health Board must ensure that fluid and food intake and output balance charts are being completed consistently.		All staff will accurately document all nutrition and hydration requirement within symphony - the nurse in charge will conduct daily quality audits and also escalate any issues in real time. All audits will be escalated via QLDG	Bethan Parry Williams (Matron)	01/ 10/2025

21.	We found some inconsistencies or lack of detail in some patient records we reviewed, including risk assessment and fluid balances as highlighted earlier.	The Health Board must ensure that staff documentation in patient records provide sufficient clinical/ care details, and records are completed consistently.		All staff will accurately document all nutrition and hydration requirement within symphony - the nurse in charge will conduct daily quality audits and also escalate any issues in real time. All audits will be escalated via QLDG	Bethan Parry Williams (Matron)	01/1/10/2025
22.	The implementation of a health board wide electronic records management system would greatly improve the recording, navigating and sharing of information across and between services.	The Health Board should consider implementing a service wide electronic records management system to aid robust communication and ensure effective continuation of care.		The ED team will engage with strategic Electronic Healthcare Record System meetings and associated change programme.	Sian Gruffydd , DGM	6-9 x months for decision
23.	The resuscitation area, which is set out to accommodate	The Health Board must make every effort to ensure that the number of		Implement 'System Workflow' to enable	Dawnne Jenkins, Head of Site	Implemented 30 th June 2025

	four patients, often accommodates up to six patients and that during such times, staffing levels are not always increased to reflect RCEM guidance of one staff members to two patient ratio.	patients accommodated within the resuscitation area does not exceed four, and when this number is exceeded due to demand, that the staffing levels are increased in order to maintain patient safety.		<p>teams to effectively work together.</p> <p>Escalation processes will be reviewed to ensure the role of the nurse in charge is to monitor all staffing levels and redeploy if indicated.</p> <p>Quality review of the Nurse in charge log weekly to identify any themes and trends and escalate via roster review meeting.</p>	<p>Bethan Parry Williams Matron</p> <p>Bethan Parry Williams Matron</p>	<p>30/07/2025</p> <p>30/08/2025</p>
24.	Staff were critical of the support provided by managers outside of the ED.	The health board must reflect on the staff responses to our questionnaire highlighted throughout the report, and ensure the overall ED team is supported appropriately by key	Leadership	Open sessions to allow staff to engage with wider IHC Director team and subsequently develop a support strategy guided by staff.	Jane Owen (Director of Nursing)	30/08/2025

		leaders and managers external to the department. In addition, that a hospital and health board wide approach is implemented to drive and support improvements.				
25.	Staff attendances at team meetings was poor due to the demands of the unit.	The Health Board must ensure staff are supported and encouraged to attend team meetings on a regular basis.	Workforce	Review the schedule of meetings and monitor attendance; address any shortfalls.	Eleri Evans (HON)	30/07/2025
26.	Only 62.5% of staff had received a performance and development review in the past 12 months.	The Health Board must ensure that all staff receive a performance and development review in a timely manner.		PADR performance is now 85% Clinical leads to ensure that this level is maintained, this will be monitored via ED governance meetings.	Bethan Parry Williams (Matron) Pete Williams, Clinical Lead Sian Gruffydd, DGM	Completed
27.	Some staff told us that they do not always feel supported by the health board with	The Health Board must ensure that violence and aggression is appropriately managed		Review the current compliance for V&A training for ED nurses (compliance achieved 98.23%).	Bethan Parry Williams, Matron	Completed

	regards to violence and aggression from patients was said to be on the increase.	and that the staff are supported.		<p>The body worn camera pilot is progressing; review findings and determine long term plans.</p> <p>Gain feedback from all staff within the department to understand their perception in gaps of support offered and make plans to address such.</p>	<p>Helen Granton, Lead Manager</p> <p>Bethan Parry Williams, Matron, Lynn Roberts, Deputy HON</p>	<p>30/08/2025</p> <p>30/08/2025</p>
28.	Staff also told us that they often go without breaks.	The Health Board must ensure that staff have regular breaks away from the clinical area to support their wellbeing.		Nurse in charge , using the shift log, will to monitor and manage staff welfare breaks during each shift. Any consistent themes of staff being unable to take breaks will be escalated via	Bethan Parry Williams (Matron)	30/09/2025

				roster review meetings. Message of the importance of breaks has been reinforced via Safety Brief and staff reminded to escalate if unable to go for appropriate break.	Bethan Parry Williams (Matron)	Complete
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Victoria Peach

Job role: Integrated Health Community Director, West

Date: 11 July 2025

