

Hospital Inspection Report (Unannounced)

Emergency Department, Bronglais
Hospital, Hywel Dda University
Health Board

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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

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

Our purpose

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

Our values

We place people at the heart of what we do.

We are:

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

Our goal

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

Our priorities

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



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1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of the Emergency Department (ED) at Bronglais Hospital, Hywel Dda University Health Board on 28, 29 and 30 July 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 seven questionnaires were completed by patients or their carers and 11 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 often challenging conditions, with their efforts sometimes hindered by issues with patient flow into wards within the hospital. Despite these pressures, patients were treated with dignity and respect, and confidentiality was generally maintained. Staff made every effort to minimise the impact of corridor care by moving patients to more suitable areas whenever possible. The health board should continue efforts to reduce the need for corridor care.

Patients we spoke with were happy with the way that staff interacted with them, and the care provided. However, delays in discharging patients from other areas of the hospital sometimes resulted in the minors area being used as overflow space, and there were occasional delays in specialty team responses.

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 and ensure privacy and dignity are maintained
- 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
- Provide 'red flag' training for reception staff to help identify patients with time-critical conditions
- 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 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 beds to move patients into.

Consequently, some 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 Bronglais. 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. There were delays in processing incident reports, and the mental health assessment room required further attention to ensure patient and staff safety. The completion of timely patient risk assessments also required strengthening. Oversight of the waiting area was good, but some environmental and equipment issues, including unsecured doors and unsealed emergency trolleys, were identified and addressed through immediate assurance actions.

Infection prevention and control procedures were established, but hand hygiene compliance was low, and there was no specific provision for immunocompromised patients. Safeguarding processes were robust, though the paediatric area lacked secure staffing by paediatric-trained nurses, and adult patients were sometimes accommodated there during busy periods.

Most medication management processes were in line with national standards and the health board's policies. However, we found gaps in the medication storage fridge temperature records and there were no safety notices attached to the door of the room where oxygen cylinders were stored. **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 the process for checking the paediatric emergency trolley was sufficiently robust and safe
- HIW was not assured that medication management processes were sufficiently robust and safe
- HIW was not assured that the process for checking the 'difficult airway' trolley was sufficiently robust and safe.

This is what we recommend the service can improve:

- Review 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
- Some aspects of medication management and administration of pain relief
- Strengthen risk assessment processes, including for pressure area care and falls, and ensure consistent completion of patient records .

This is what the service did well:

- Maintained good oversight of the waiting area by trained staff, supporting patient safety
- Demonstrated effective escalation of care for unwell patients
- Provided access to pharmacy, occupational therapy, and physiotherapy within the ED 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. Staff generally reported positive experiences working in the department and felt well supported by ED managers, though some felt less supported by senior managers outside the ED.

We found that nurse staffing levels were acceptable with minimal use of agency staff. Despite a busy department, staff managed well and were attentive to patient needs. However, there was no ED Matron in post at the time of inspection, and consultant cover was limited, with only one locum consultant employed and no on-site consultant cover overnight or at weekends.

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. However, support from the GP Out of Hours Service was reported to be inconsistent.

This is what we recommend the service can improve:

- Move ahead with the ED staffing review and address findings without further delay
- Recruit into the vacant consultant posts and ensure that the cover arrangements are safe, robust and effective in the interim
- Ensure staff are supported and encouraged to attend team meetings on a regular basis
- Ensure that the GP Out of Hours Service provides consistent and effective support to the ED when this is required.

This is what the service did well:

- Good management overview and support from ED management team who were visible and approachable
- Maintained less dependency on agency staff, with acceptable nurse staffing levels
- Achieved good compliance with mandatory training.

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 seven responses to our patient survey. Responses were generally positive across all areas.

Patient comments included:

"Most of the nurses were incredibly kind and caring. I was treated extremely well but the staff later on became so busy that they weren't able to help quickly."

"Very swift processing system - staff extremely helpful and friendly."

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

Three questionnaire respondents told us that they were assessed immediately on arrival at the department, with two telling us that they were assessed within 30 minutes of arrival. Of the ten 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 two triaged within 30 minutes.

Five of the respondents to the patient questionnaire told us that they had waited less than two hours before receiving treatment or being referred on, with the remaining two respondents telling us that they had waited between two and four hours.

The health board must continue to monitor triage times and ensure that there is an effective escalation process in place when triage times increase.

There were some challenges with the flow of patients through the ED at times. 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 and resulted in the minors area being used as overflow space for patients. In addition, there was a lack of direct streaming following triage with patients having to wait to be seen by a doctor before being admitted, referred on to specialist teams or discharged.

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

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 department for treatment.

Reception staff told us that they had not received '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 ensure that reception staff receive 'red flag' training 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 and ward staff were not responding in a timely way to requests for patient assessments or admissions. As a result, some patients experienced delays in their treatment and the lack of prompt response to admissions 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.

The transfer of patients from ambulances to the department was generally well managed with very little delay. However, the assessment area adjacent to the ambulance offloading bay comprised of a curtained off area of the corridor and did not provide much privacy for patients.

The health board must review the ambulance offload assessment area to ensure that it is fit for purpose and supportive of patient privacy and dignity.

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 if need be.

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.

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 pressure environment.

Delivery of Safe and Effective Care

Safe

Risk management

Appropriate systems were in place for the logging and managing of incidents. These were logged and managed on Datix, and summaries of incidents were reviewed during the inspection. Most staff agreed that those involved in incidents were treated fairly and that they feel secure in raising concerns about unsafe clinical practice.

Evidence reviewed confirmed that themes were monitored and reported to senior management through governance reporting, and learning from incidents was swiftly implemented through learning, newsletters and team meetings. However, there was some delay in processing incident reports.

The health board must ensure that incident reports are processed in a timely way.

There is a lack of clarity around the availability and responsiveness of on-site security support in emergency situations.

The health board must evaluate and enhance security measures to ensure the safety of both staff and patients.

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 door leading from the waiting area into the wider ED was not locked.

The health board must ensure that the door leading from the waiting area into the wider ED is locked.

The room used for mental health assessment was not fit for purpose as it contained furniture and equipment usually found in a standard treatment room. This potentially placed patients and staff at risk of harm. In addition, the emergency call alarm fitted was of a standard design where an alarm strip along all four walls and within easy reach of staff would be more appropriate.

The health board must review the mental health assessment room and ensure that it is fit for purpose and safe to use.

We checked the paediatric emergency trolley and the 'difficult airway' trolley and found gaps in the record of checks. This meant that we could not be assured that the risks of harm to patients was appropriately managed. **These issues were dealt with under HIW's immediate assurance process and are referred to in more detail within Appendix B of this report.**

In addition, the paediatric emergency trolley and difficult airway trolley were not sealed meaning that equipment could be removed resulting in the absence of essential equipment in the event of an emergency.

The health board must ensure that the paediatric emergency trolley and difficult airway trolley are appropriately sealed when not in use.

Infection, prevention and control and decontamination

The department was found to be generally 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, the most recent hand hygiene audit scores showed only 47% compliance.

The health board must ensure that staff are reminded of the need to maintain good hand hygiene in order to reduce the risk of cross infection.

There was no specific provision for immunocompromised cancer patients presenting at ED, with no direct streaming onto the oncology ward. Consequently, such patients were accommodated within the minors area if clinically stable.

The health board must ensure that immunocompromised cancer patients presenting at ED 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, the paediatric area was not secure, and we were told that adult patients were often accommodated in this area when the department was busy.

The health board must ensure that the paediatric area is kept secure and that adult patients are not accommodated within this area when children are accommodated.

In addition, no paediatric trained nurses were employed within the ED. The area was staffed by adult trained nurses with some paediatric experience. 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.

The health board must ensure that the paediatric area is adequately staffed with paediatric trained nurses in line with RCEM guidance.

Blood management

There was evidence of good practice with regards to the management and transfusion of blood products, with good record keeping.

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.

Medicines management

Medication management processes were generally in line with national standards and health board policies. However, we found gaps in the medication storage fridge temperature records and there were no safety notices attached to the door of the room where oxygen cylinders were stored. **These issues were dealt with under HIW's immediate assurance process and are referred to in more detail within Appendix B of this report.**

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.

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. 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.

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.

We reviewed the care records of six patients on site and undertook an off-site desktop review of a further ten patient care records. During the desktop, case tracking review of patient records we found examples where patient assessments were incomplete or not accurately recorded.

These included:-

- Pain assessments not routinely recorded, even when a patient presented in pain. One patient was given analgesia after assessment by the doctor but not at triage
- Alcohol assessment not recorded for any of the patients case tracked, including a patient that had taken alcohol according to the triage documentation
- Sepsis was not considered or screened for in any of the patients case tracked
- Capacity assessments not recorded on any of the patients case tracked to include a patient with mental health care needs
- No reference or discussion around Do Not Attempt Cardiopulmonary Resuscitation (DNACPR)
- Two patients presented with mental health care needs had no risk assessment at triage nor was there a description of the individuals documented should they abscond
- An elderly patient was discharged at 2.30am with no documented risk assessment and no record of how they would get home
- A patient who had taken a drug overdose did not have any bloods or medical review and after declining a mental health review they were discharged with no documented evidence of a risk assessment having been completed

- In relation to the records of three paediatric patients, there was no record of who accompanied the child to the department and no record of any safeguarding concerns relating to the injuries.
- In the case of two patients who were admitted, there was no record of an ED doctor having examined them and no mention of any previous contact with any of the speciality teams.

The health board must ensure that patient assessments are fully completed and documented.

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.

Fluid balance charts were in use where indicated. However, these were not completed consistently and not providing an accurate reflection of fluid intake and output.

The health board must ensure that fluid 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. Some of the doctor handwritten entries were also difficult to read.

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

The ED records were 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 ED leadership was good.

We witnessed effective responses to patients presenting with time critical conditions, and for those whose condition deteriorated whilst in the department. However, we were told that there was no formally, designated triage nurse on duty overnight and no designated Rapid Assessment and Triage (RAT) staff for ambulance offloads with this role being covered by main ED staff.

The health board must review triage arrangements and ensure that this role is undertaken by sufficient numbers of suitably qualified and competent staff.

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.

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:

"The staff give excellent care in sometimes challenging situations such as 'corridor care'. This situation has improved as the wider teams across hospital and community have developed improved services to prevent admissions and enable improved flow within the hospital. Staff in ED always focus on the patient's needs to provide support with respect and dignity. Staff maintain safe care, focusing on what matters most to the patient. They are the patients' advocates."

"The infrastructure is severely deficient, patients are seen in corridors at times, with impact on privacy, dignity and effectiveness. Also, we are severely deficient in senior medical (consultant; associate specialist) staff"

Leadership

Governance and leadership

Staff we spoke with said that the ED leadership team were visible and approachable.

We found the leadership and engagement within the ED to be good, and it was evident that the ED leadership team was committed to further improving the service. However, this was not always supported by timely decision making and action by the health board.

Workforce

Skilled and enabled workforce

We found nurse staffing levels to be acceptable, with little reliance on agency staff to fill vacancies or absences. However, there was no ED Matron in post at the time of the inspection. This role was being undertaken by one of the more senior ED nurses. We were told that the staffing structure of the ED was being reviewed and that a paper had been presented to the health board some two years ago, with no resulting action.

The health board must move ahead with the ED staffing review and address findings without further delay.

There was only one ED consultant, a locum, employed. This meant that there was insufficient consultant cover during the daytime and no on-site consultant cover over night or during the weekends. Specialist hospital consultants provided cover up until midnight. The health board were looking at ways to mitigate this shortfall by setting up remote consultant cover over the telephone, in the short term, until vacant consultant posts are filled.

The health board must make every effort to recruit into the vacant consultant posts and ensure that the cover arrangements are safe, robust and effective in the interim.

Despite the department being 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.

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

“Lack of funding for additional courses fundamental to the job role. Only mandatory training undertaken and difficult to access courses due to demand post COVID.”

There was a formal Performance and Development Review (PADR) process in place for the nursing staff.

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.

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.

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.

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. However, support from the GP Out of Hours Service was said to be inconsistent.

The health board must ensure that the GP Out of Hours Service provides consistent and effective support to the ED when this is required.

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: Bronglais Hospital, Emergency Department

Date of inspection: 28 to 30 July 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 arrangements and found gaps in the fridge temperature records.

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

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 ensure that medication storage fridge temperatures are checked and recorded on a daily basis.	Delivery of Safe and Effective Care	To complete checks of medication storage fridge temperature alongside the daily checks of the resuscitation trolley	Senior Sister EUCC/System General Manager	02/08/2025 - Complete
		To notify all staff of change.	Senior Sister EUCC	02/08/2025 - Complete 30/09/2025
		Weekly spot checks to be undertaken by senior nurse management team to ensure ongoing compliance and submit assurance to System General Manager. This will be monitored through the	Senior Nurse	

		update report to the Clinical Care Group Governance meeting until action plan is fully implemented.		
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Findings

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

We checked the paediatric emergency trolley and found gaps in the record of checks.

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 paediatric emergency trolley is checked regularly and an accurate record of checks maintained.	Delivery of Safe and Effective Care	To discuss with EUCC team and ensure that they are aware that the paediatric emergency trolley is to be included in the daily checks of the resuscitation trolley. To issue reminder also to be given regarding record keeping of checks.	Senior Sister EUCC/System General Manager	05/08/2025 - complete
		Weekly spot checks to be undertaken by senior nurse management team to ensure ongoing compliance and submit assurance to System General Manager. This will be monitored through the update report to the Clinical Care Group Governance meeting until action plan is fully implemented.	Senior Nurse	30/09/2025

Findings

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

We checked the 'difficult airway' trolley and found gaps in the record of checks.

This meant that we could not be assured that the risks of harm to 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 'difficult airway' trolley is checked regularly and an accurate record of checks maintained.	Delivery of Safe and Effective Care	To assign named individuals who have responsibility for ensuring the checks have been complete on the difficult airway trolley. To utilise whiteboard in main theatres with checklist so that any gaps easily identifiable. To issue reminder also to be given regarding record keeping of checks.	Senior Nurse for Theatres/System General Manager	04/08/2025 - complete
		Weekly spot checks to be undertaken by senior nurse management team to ensure ongoing compliance and submit assurance to System General Manager. This will be monitored through the update report to the Clinical Care Group Governance meeting until action plan is fully implemented.	Senior Nurse	30/09/2025

Findings

There were no safety notices attached to the door of the room where oxygen cylinders were stored there.

This meant that we could not be assured that the risks of harm were appropriately managed.

4. Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The health board must ensure that an appropriate safety notice is placed on the door to the room where oxygen cylinders are stored.	Delivery of Safe and Effective Care	To ensure sign is put on door.	Senior Sister EUCC	Complete 01/08/2025

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): Louise Cullum

Job role: General Manager

Date: 5th August 2025

Appendix C - Improvement plan

Service: Bronglais Hospital Emergency Department

Date of inspection: 28, 29 and 30 July 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 during busy periods. This made it difficult for staff to maintain patient privacy and dignity.	The health board must continue with efforts to reduce the number of patients receiving care in corridor areas.	Timely Care	To continue with targeted efforts to improve the flow through our system which will then reduce the need to care for people in non-clinical areas such as the corridors through the 6 Goals workstreams. Measures of improvement include, reducing mean length of stay, reducing delated pathways of care and increasing the number of pre-midday discharges.	Ceredigion Integrated System Triumvirate	31 st May 2026

				<p>To implement whole system flow meetings to improve efficiency and communication between the acute and community system.</p>	Ceredigion Integrated System Triumvirate	Complete 30 th Sept 2025
				<p>To progress the accelerated Urgent and Emergency Care work focusses on access, flow and environments. The cumulative result of this will support in the reduction and ultimate elimination of corridor care.</p>	Community and Integrated Medicine Assistant Director of Nursing	28 th February 2026
				<p>Reduce demand - to progress the multidisciplinary work to establish a consultant connect pathway from GPs and paramedics to the SDUC service in Cardigan and SDUC Outreach as a safe alternative to hospital.</p>	Ceredigion Integrated System Head of Nursing	Complete 30 th September 2025

2.	Of the ten 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 two triaged within 30 minutes.	The health board must continue to monitor triage times and ensure that there is an effective escalation process in place when triage times increase.		To increase visibility of the EUCC Triage times on the operational dashboard which is monitored regularly by operational managers and the newly established Health Board ODU.	Clinical Site Manager/Assistant General Manager	Complete 30 th September 2025
				To include time to triage in the discussion of the twice daily meetings between the clinical site managers and the internal ODU. Where time to triage waits are identified as unsafe the clinical site manager ensures the emergency department implements a plan until the waiting time is back within safe limits.	Clinical Site Manager/Assistant General Manager	Complete 30 th September 2025
				To review the escalation processes to ensure there is an agreed and well communicated response to long waits for triage. This	Ceredigion Integrated System Triumvirate	31 st March 2026

				will be monitored by senior management attending the whole system flow meetings regularly for assurance and senior managers monitoring the operational dashboard.		
3.	There were some challenges in the flow of patients through the ED at times and resulted in the minors area being used as overflow space for patients. In addition, there was a lack of direct streaming following triage with patients having to wait to be seen by a doctor before being admitted, referred on to specialist teams or discharged.	The health board must continue with efforts to improve patient flow through the department and across the wider hospital.		<p>See recommendation 1 action in relation to flow improvements.</p> <p>To progress the redesigning clinical pathways improvement project (this is scheduled to begin as part of whole system flow improvements). This will be a dynamic and integrated approach across community, primary care and acute and will need to take into consideration the high number of lone consultant specialities.</p>	Ceredigion Integrated System Triumvirate	30 th April 2026

				As part of the clinical pathways workstream, to explore the development of an integrated SDEC in the Emergency and Urgent Care Centre (EUCC). To enable this the EUCC will be reconfigured to reduce the CDU capacity and developing a non-bedded SDEC and develop a Standard Operating Procedure.	Ceredigion Integrated System Triumvirate	30 th April 2026
4.	Reception staff told us that they had not received '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 ensure that reception staff receive 'red flag' training to ensure that they are confident and competent in recognising patients who present with time critical conditions or require more urgent assessment and treatment.		To ensure reception staff are confident in recognising patients with time-critical conditions, all reception staff will complete the HEIW Care Navigation training—which includes red flag identification. This training supports safe signposting and timely escalation for patients requiring urgent assessment or treatment.	EUCC Team Leader	28 th February 2026

5.	Speciality support was an issue at times despite the best efforts of ED staff. Some speciality doctors and ward staff were not responding in a timely way to requests for patient assessments or admissions. As a result, some patients experienced delays in their treatment and the lack of prompt response to admissions 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.		As per recommendation 2- redesigning Clinical Pathways and Integrated SDEC.		
6.	The assessment area adjacent to the ambulance offloading bay comprised of a curtained off area of the corridor and did	The health board must review the ambulance offload assessment area to ensure that it is fit for purpose and supportive of patient privacy and dignity.		To scope current spatial limitations within the department. <i>To note: it is not feasible to relocate the rapid assessment and triage area. However, the</i>	Assistant General Manager	30 th April 2026

	not provide much privacy for patients.			<i>corridor currently used is low-traffic and primarily accessed by staff, minimising disruption. As part of the next phase of EUCC department reconfiguration, consideration will be given to the expansion of majors capacity, which will support direct handover into a dedicated majors assessment space. This development aligns with the broader flow improvement programme under the 6 Goals framework. Once implemented, the existing rapid triage space will be reserved for use only during periods of extreme operational pressure.</i>		
7.	There was some delay in processing incident reports referrals due to the low numbers of	The health board must ensure that incident reports are processed in a timely way and that	Safe Care	To ensure that the consultant workforce receive training in incident management and	Ceredigion Integrated System General Manager	Complete 30 th September 2025

	staff trained in this process.	sufficient numbers of staff are trained in this process.		<p>investigation processes. This development is expected to improve the timeliness and quality of incident reporting and processing, ensuring a more consistent and responsive approach to learning from events.</p> <p>To consider as part of the current Organisational Change Process the proposal to introduce a dedicated Senior Nurse for Emergency and Urgent Care, which will significantly improve the timeliness and consistency of incident investigations and learning.</p> <p><i>To note - in the interim, incident management is monitored through local assurance meetings, with escalation to the Care Group's Quality, Health</i></p>	<p>Ceredigion Integrated System Head of Nursing</p>	<p>30th June 2026</p>
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				<i>and Safety Meeting for oversight and assurance.</i>		
8.	There was no designated on-site security team with staff dependent on police assistance in an emergency.	The health board must evaluate and enhance security measures to ensure the safety of both staff and patients.		<p><i>To note: the lack of onsite security is on the Health Board's corporate risk register with a score of 16.</i></p> <p>To progress the recruitment of 4 violence and aggression officers.</p> <p>To continue to monitor the number of violence and aggression incidents and learning through the Care Group's Quality, Health and Safety meeting.</p> <p>To continue with the outsourcing of site security, when high risk individuals are supported on site.</p> <p>To note: Portering staff have received training in</p>	<p>Health and Safety Manager</p> <p>Health and Safety Manager/Assistant Director of Nursing</p> <p>Assistant General Manager</p>	<p>31st January 2026</p> <p>Complete 31st September 2025</p> <p>Complete 30th September 2025</p>

				<p>responding to incidents involving violence, aggression, and absconded patients, ensuring they are equipped to act safely and appropriately in such situations.</p> <p>To progress implementation of the recovery plan which is in place and supports ongoing compliance and reinforces key competencies.</p> <p>To establish a programme of regular monitoring and refresher training to maintain standards and ensure continued readiness across the team.</p>	<p>Reducing Restrictive Practice Lead Trainer</p>	<p>31st December 2025</p>
				<p>To monitor compliance is through the Estates and Facilities Care Group Quality Health and Safety Group.</p>	<p>Head of Estates and Facilities</p>	<p>Complete 30th September 2025</p>

9.	The door leading from the waiting area into the wider ED was not locked.	The health board must ensure that the door leading from the waiting area into the wider ED is locked.		Please see factual accuracy document.		
10.	The room used for mental health assessment was not fit for purpose as it contained furniture and equipment usually found in a standard treatment room. This potentially placed patients and staff at risk of harm. In addition, the emergency call alarm fitted was of a standard design where an alarm strip along all four walls and within easy reach of staff would be more appropriate.	The health board must review the mental health assessment room and ensure that it is fit for purpose and safe to use.		<p>To review the risk assessment for the room in question.</p> <p>To arrange site visit to advise on the call alarm system.</p> <p>To seek advice from Mental Health teams in relation to the alarm system.</p>	<p>Health and Safety Advisor</p> <p>Security Advisor</p> <p>System Head of Nursing</p>	<p>31st December 2025</p> <p>31st December 2025</p> <p>Complete 30th September 2025</p>
11.	The paediatric emergency trolley and difficult airway trolley	The health board must ensure that the paediatric		To address the risk of essential equipment being	Hospital Head of Nursing	Complete 30 th

	were not sealed meaning that equipment could be removed resulting in the absence of essential equipment in the event of an emergency.	emergency trolley and difficult airway trolley are appropriately sealed when not in use.		removed from the paediatric emergency and difficult airway trolleys, tamper-evident security tabs have now been sourced and implemented. These tabs seal the trolleys between checks, providing assurance that equipment remains intact and ready for use in the event of an emergency. Compliance with sealing and checking procedures will be monitored through regular audits and reviewed at local assurance meetings to ensure sustained safety and readiness.		September 2025
12.	The most recent hand hygiene audit scores showed only 47% compliance.	The health board must ensure that staff are reminded of the need to maintain good hand hygiene in order to reduce the risk of cross infection.		To remind staff of the importance of complying with good hand hygiene practices to reduce the risk of infection and support safe patient care and to reinforce this	EUCC Team Leader	31 st October 2025

				<p>message through safety huddles and visual prompts in clinical areas.</p> <p>To continue to monitor compliance through the regular hand hygiene audits and monitoring of Health Care Acquired Infections, with results reviewed at local assurance meetings and escalated as needed to the Care Group's Quality, Health and Safety Meeting for oversight and improvement.</p> <p>To introduce a EUCC Senior Nurse Manager role in the new care group structure for additional quality and safety monitoring and assurance.</p> <p>To ensure any concerns are escalated to the Care</p>	<p>Senior Nurse</p> <p>Ceredigion Integrated System Triumvirate</p>	<p>31st July 2026</p> <p>31st July 2026</p>
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				Group's Quality, Health and Safety Meeting to ensure sustained oversight and improvement.	Senior Nurse	Complete 30 th September 2025
13.	There was no specific provision for immunocompromised cancer patients presenting at ED, with no direct streaming onto the oncology ward. Consequently, such patients were accommodated within the minors area if clinically stable.	The health board must ensure that immunocompromised cancer patients presenting at ED are appropriately accommodated, to reduce the risk of harm.		To establish an oncology assessment pathway, enabling patients who contact the triage line to be signposted directly to a designated assessment space on Meurig Ward. This pathway will enhance timely access to specialist care.	Ward Senior Sister	Complete 30 th September 2025
14.	The paediatric area was not secure, and we were told that adult patients were often accommodated in this area when the department was busy.	The health board must ensure that the paediatric area is kept secure and that adult patients are not accommodated within this area when children are accommodated.		Flow improvements outlined in response to Recommendation 1 will reduce the need for the paediatric area to be used as surge capacity in extreme pressures. To undertake a site visit with the security team to	Security Advisor	

				discuss and address additional security measures for the paediatric area.		31 st December 2025
15.	No paediatric trained nurses were employed within the ED. The area was staffed by adult trained nurses with some paediatric experience. 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.	The health board must ensure that the paediatric area is adequately staffed with paediatric trained nurses in line with RCEM guidance.		<i>To note: This is a recognised risk and is held within our risk register.</i> To progress the review of the BGH EUCC workforce model, which is currently under way. As part of this we will optimise opportunities for paediatric trained nurses to join the establishment. As an interim mitigation, to undertake a through review of our paediatric pathways inclusive of links into our paediatric ward.	Ceredigion Integrated System Head of Nursing	30 th April 2026
16.	Skin pressure area risk assessments were not undertaken routinely or in a timely way. 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.		To remind staff of the importance of completing timely and accurate pressure area risk assessments to prevent avoidable harm.	EUCC Team Leader	30 th November 2025

				<p>To support this, to introduce regular spot checks and documentation audits, with results reviewed through existing local assurance meetings. To continue to monitor trends in incident reporting related to pressure damage through the meetings and escalate to the Care Group's Quality, Health and Safety Meeting for oversight, ensuring ongoing vigilance, learning, and improvement.</p>	Senior Nurse	Complete 31 st September 2025
				<p>To introduce a EUCC Senior Nurse Manager role in the new care group structure for additional quality and safety monitoring and assurance.</p>	Ceredigion Integrated System Triumvirate	31 st July 2026
				<p>To ensure that any concerns are escalated to the Care Group's Quality,</p>	Senior Nurse	

				Health and Safety Meeting providing sustained oversight and improvement.		Complete - 30 th Sept 2025
17.	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.		<p>To remind staff of the importance of completing timely and accurate falls risk assessments to prevent avoidable harm.</p> <p>To support this, to introduce regular spot checks and documentation audits, with results reviewed through existing local assurance meetings. Trends in falls related incidents will be monitored through these meetings and escalated to the Care Group's Quality, Health and Safety Meeting for oversight if required, ensuring ongoing vigilance, learning, and improvement.</p>	<p>EUCC Team Leader</p> <p>Senior Nurse</p>	<p>30th November 2025</p> <p>Complete- 30th September 2025</p>

				<p>To introduce a EUCC Senior Nurse Manager role in the new care group structure for additional quality and safety monitoring and assurance.</p> <p>To ensure that any concerns are escalated to the Care Group's Quality, Health and Safety Meeting to ensure sustained oversight and improvement.</p>	<p>Ceredigion Integrated System Triumvirate</p> <p>Senior Nurse</p>	<p>31st July 2026</p> <p>Complete - 30th September 2025</p>
18.	Patient assessments were incomplete or not accurately recorded.	The health board must ensure that patient assessments are fully completed and documented.	Effective Care	<p>To remind staff of the importance of accurate and complete assessments.</p> <p>To support this, to introduce regular spot checks and documentation audit, with results reviewed through existing</p>	<p>EUCC Team Leader</p> <p>Senior Nurse</p>	<p>31st December 2025</p> <p>Complete 31st September 2025</p>

				<p>local assurance meetings. Trends will be monitored through these meetings and escalated to the Care Group's Quality, Health and Safety Meeting for oversight, ensuring ongoing vigilance, learning, and improvement.</p> <p>EUCC Senior Nurse Manager role to be introduced in the new care group structure for additional quality and safety monitoring and assurance.</p> <p>To ensure that any concerns are escalated to the Care Group's Quality, Health and Safety Meeting to ensure sustained oversight and improvement.</p>	<p>Ceredigion Integrated System Triumvirate</p> <p>Senior Nurse</p>	<p>30th April 2026</p> <p>Complete 30th September 2025</p>
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19.	Fluid balance charts were not completed consistently and not providing an accurate reflection of fluid intake and output.	The health board must ensure that fluid intake and output balance charts are being completed consistently.		See action 18		
20.	There were inconsistencies or lack of detail in some patient records we reviewed and some of the doctor handwritten entries were also difficult to read.	The health board must ensure that staff documentation in patient records provide sufficient clinical/ care details, and records are completed consistently and are legible.		See action 18		
21.	The ED records were maintained on an electronic system, whereas documentation completed by specialist doctors from other departments reviewing ED patients were in paper format. This made it difficult	The health board should consider implementing a service wide electronic records management system to aid robust communication and ensure effective continuation of care.		<i>To note: Hywel Dda University Health Board is committed to progressing towards a paperless records system to enhance the safety, accessibility, and continuity of patient care. The development and implementation of electronic records is a key strategic priority.</i>		31 st January 2027

	to gain a complete and detailed picture of the overall assessment and treatment process.			To progress the ongoing work to expand digital infrastructure and capability across services. This includes alignment with national programmes such as the Digital Health and Care Wales (DHCW) initiatives. Progress will be monitored through digital transformation governance structures to ensure delivery is safe, effective, and meets clinical needs.	Director of Digital	
22.	There was no formally, designated triage nurse on duty overnight and no designated Rapid Assessment and Triage (RAT) staff for ambulance offloads with this role being covered by main ED staff.	The health board must review triage arrangements and ensure that this role is undertaken by sufficient numbers of suitably qualified and competent staff.	Efficient Care	<p><i>To note: there is a triage nurse overnight however this is currently unfunded.</i></p> <p>By the end of the 2026/27 financial year, to implement a revised EUCC workforce model based on updated Nurse Staffing Levels (NSLs), incorporating designated overnight triage and Rapid Assessment and Triage (RAT) roles to support</p>	Ceredigion Integrated System Triumvirate	31 st March 2027

				ambulance offloads and early clinical decision-making. This will be delivered in a phased approach starting in Q4 of 2025/26 with additional band 5 nurses followed by staged recruitment, training, and deployment through 2026/27.		
23.	There was no ED Matron in post at the time of the inspection. This role was being undertaken by one of the more senior ED nurses. We were told that the staffing structure of the ED was being reviewed and that a paper had been presented to the health board some two years with no resulting action.	The health board must move ahead with the ED staffing review and address findings without further delay.	Workforce	The Clinical Care Group is undergoing an Organisational Change Process. To consider as part of the current Organisational Change Process the proposal to introduce a dedicated Senior Nurse for Emergency and Urgent Care	System Triumvirate	31 st July 2026

24.	There was only one ED consultant, a locum, employed. This meant that there was insufficient consultant cover during the daytime and no on-site consultant cover over night or during the weekends.	The health board must make every effort to recruit into the vacant consultant posts and ensure that the cover arrangements are safe, robust and effective in the interim.		<p>To progress the recruitment which is underway for a second A&E consultant with interviews taking place imminently.</p> <p>To note 3WTE specialty doctors have been recruited and currently going through an onboarding process with expected start dates December 2025. This will ensure 24/7 senior medical cover.</p>	Assistant General Manager	28 th February 2026
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.		To continue with the work underway, as part of the revised Nursing Staffing Levels proposal currently in development, to work towards a more robust structure that will better	Ceredigion Integrated System Triumvirate	30 th April 2026

				<p>support staff engagement and attendance.</p> <p>To improve accessibility, future meetings to be made available via Microsoft Teams and recorded, allowing staff working on the floor to catch up at a time that suits their schedule. This approach aims to ensure everyone remains informed and involved, even during periods of high operational pressure.</p>	EUCC Team Leader	31 st January 2026
26.	However, support from the GP Out of Hours Service was said to be inconsistent.	The health board must ensure that the GP Out of Hours Service provides consistent and effective support to the ED when this is required.	Partnership Working and Development	We acknowledge and appreciate the ongoing efforts of the GP Out of Hours service in helping to reduce demand at the EUCC front door. During periods of operational pressure, the Silver On-Call Manager has the ability to liaise directly with the Out of Hours	OOH Service Delivery Manager	Complete 30 th September 2025

				<p>team to explore capacity for additional support. However, this is dependent on the level of demand within their own service at the time. This collaborative approach is part of our wider system response to managing flow and ensuring patients receive timely and appropriate care.</p>		
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The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): Anna Chiffi

Job role: Assistant Director of Nursing

Date: 22nd October 2025 (Updated 11/11/2025)