

Hospital Inspection (Unannounced)

**Cwm Taf University Health
Board**

**Emergency Departments,
Prince Charles Hospital
and Royal Glamorgan
Hospital**

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1. Introduction

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all health care in Wales.

HIW's primary focus is on:

- Making a contribution to improving the safety and quality of healthcare services in Wales
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee
- Strengthening the voice of patients and the public in the way health services are reviewed
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection to the emergency departments within Cwm Taf University Health Board on the 29 and 30 November 2016. The following hospital sites were visited during this inspection:

- Prince Charles Hospital, Gurnos, Merthyr Tydfil, CF47 9DT
- Royal Glamorgan Hospital, Ynysmaerdy, Llantrisant, CF72 8XR

At our inspection to the Emergency Department at the Royal Glamorgan Hospital we followed up on the health board's progress in addressing the improvements needed from our last inspection. This was our first inspection to the Emergency Care Centre at Prince Charles Hospital.

2. Methodology

We have a variety of approaches and methodologies available to us when we inspect NHS hospitals, and choose the most appropriate according to the range and spread of services that we plan to inspect. In-depth single ward inspections allow a highly detailed view to be taken on a small aspect of healthcare provision, whilst the increased coverage provided by visiting a larger number of wards and departments enables us to undertake a more robust assessment of themes and issues in relation to the health board concerned. In both cases, feedback is made available to health services in a way which supports learning, development and improvement at both operational and strategic levels.

The new Health and Care Standards (see figure 1) are at the core of HIW’s approach to hospital inspections in NHS Wales. The seven themes are intended to work together. Collectively they describe how a service provides high quality, safe and reliable care centred on the person. The Standards are key to the judgements that we make about the quality, safety and effectiveness of services provided to patients.

Figure 1



NHS hospital inspections are unannounced and we inspect and report against three themes:

- **Quality of the Patient Experience:**
We speak with patients (adults and children), their relatives, representatives and/or advocates to ensure that the patients' perspective is at the centre of our approach to inspection.
- **Delivery of Safe and Effective Care:**
We consider the extent to which services provide high quality, safe and reliable care centred on individual patients.
- **Quality of Management and Leadership:**
We consider how services are managed and led and whether the workplace and organisational culture supports the provision of safe and effective care. We also consider how health boards review and monitor their own performance against the Health and Care Standards.

Our team, for the inspection to the emergency departments within Cwm Taf University Health Board comprised of two HIW Inspection Managers (one of whom led the inspection), three clinical peer reviewers and two lay reviewers.

We reviewed documentation and information from a number of sources including:

- Information held by HIW
- Conversations with patients, relatives and interviews with staff
- General observation of the environment of care and care practice
- Discussions with senior management within the directorate
- Examination of a sample of patient medical records
- Consideration of quality improvement processes, activities and programmes
- Responses within completed HIW patient questionnaires
- Responses within completed HIW staff questionnaires.

HIW inspections capture a snapshot of the standards of care patients receive. They may also point to wider issues associated with the quality, safety and effectiveness of healthcare provided and the way which service delivery upholds essential care and dignity.

3. Context

Cwm Taf Health Board was established in October 2009 and achieved 'University' status in July 2013. The health board provides primary, community, hospital and mental health services to people living in Merthyr Tydfil, Rhondda Cynon Taf and surrounding areas. The health board is also responsible for the provision of child and adolescent mental health services for South Wales and is the host body for Welsh Health Specialised Services and the Emergency Ambulance Services Committee.

Prince Charles Hospital (Merthyr Tydfil) and the Royal Glamorgan Hospital (Llantrisant)

Prince Charles Hospital and the Royal Glamorgan Hospital both provide acute emergency and elective medical and surgical services together with a range of diagnostic facilities.

4. Summary

Patients made positive comments about the care and treatment they had received. We saw staff being courteous to patients and treating them with respect and compassion. We also found staff made efforts to maintain patients' privacy and dignity as far as possible. At the time of our inspection, we saw that some patients were waiting on trolleys in corridors. This presented challenges for staff in maintaining patients' privacy and dignity.

We identified that improvement was needed around the recording of assessments of patients' pain and the evaluation of treatment given to reduce their pain.

The health board had arrangements in place for patients and their carers to provide feedback on their experiences about patients' care and treatment. Information about these arrangements needs to be displayed for patients and their carers to see.

We found that staff teams were committed to providing patients with safe and effective care. Overall, both emergency departments were free from obvious hazards to safety. We identified that further improvement was needed around the security of the department at the Royal Glamorgan Hospital. Senior staff gave an assurance that this would be addressed.

Both emergency departments were clean and arrangements were in place to reduce cross infection.

We found that staff triaged patients to identify and prioritise their care needs to promote patients' wellbeing and safety. We identified, however, improvement was needed around the timeliness of completing risk assessments and have required that the health board review the approach to this.

We saw that medication was managed safely. We identified, however, that improvement was needed around monitoring and recording temperatures of fridges used to store some medication. This is to ensure these medicines are being stored at an appropriate temperature. We have required that the health board takes action to address this.

Some patients told us that they were not being kept informed of the waiting time to see a doctor. We have required the health board to make improvements in this regard.

Management structures with clear lines of reporting and accountability were described by senior staff. We saw effective leadership and support being provided by senior management and senior departmental staff.

Staff teams working at each of the departments presented as knowledgeable and demonstrated a commitment to providing high quality care to patients. Staffing numbers and skill mix appeared appropriate to meet the needs of the patients. Some staff, however, felt that additional staff would be beneficial.

Staff confirmed they were able to access training and that this had helped them to do their jobs.

Previous inspection activity by Healthcare Inspectorate Wales

Healthcare Inspectorate Wales conducted an unannounced dignity and essential care inspection to the Emergency Department at the Royal Glamorgan in January 2015¹. A report of our findings is available on the HIW website (www.hiw.org.uk)

At our previous inspection, we identified improvement was needed around:

- Security at the department
- Positioning of 'speaking boxes' at the reception desk
- Timeliness of repairing toilet facilities
- Accessing Child and Adolescent Mental Health Services (CAMHS)
- Location of patient information board
- Provision of pillows
- Use of relatives/quiet room
- Safeguarding training
- Provision of separate paediatric area

¹ HIW Dignity and Essential Care Inspection (Unannounced), Cwm Taff University Health Board, Royal Glamorgan Hospital, Accident and Emergency Department, 14 and 15 January 2015. <http://gov.wales/docs/hiw/inspectionreports/DECI%20Inspection%20Report%20-%20Royal%20Glamorgan%20Hospital%20-%2014-15%20January%202015.pdf>

- Use of Protective Personal Equipment (PPE)
- Reviewing the condition of cupboard locks

It was pleasing to see that some improvement had been made since our previous inspection in 2015.

At our most recent inspection on 29 and 30 November 2016, we found that efforts had been made to improve security. Staff told us that a protocol was in place to access CAMHS and that they felt access to services had improved since our previous inspection. No problems regarding the availability of pillows or working toilets were reported to us. We saw that cupboard locks were working. We also saw that a designated room was available for use by relatives who had been given bad news. Staff we spoke to demonstrated a good understanding of safeguarding procedures.

Whilst efforts had been made to improve security since our previous inspection, we found that further improvement was needed in this regard to reduce the risk of unauthorised access to the department.

We saw that 'speaking boxes' had not been repositioned in the reception area as described in the health board's improvement plan. A hearing loop, however, was in situ for patients and carers with hearing difficulties. The health board should revisit the position of the 'speaking boxes' to ensure that reception staff are able to hear patients and their carers when speaking.

Following our previous inspection, the health board told us that the position of the patient information board had been reviewed and it was decided to keep the board in the same place. The health board told us that this was because it provided vital information for the staff team and that its current position did not compromise patient confidentiality. The health board should, however, keep this under review given that patients and their carers were waiting in the area.

There was no separate paediatric treatment area. Following our previous inspection, the health board told us this was under review as part of the South Wales Programme². There was, however, an identified cubicle within the department used for children that require assessment and a trolley area within the resuscitation room for children.

² The South Wales Programme was set up in 2012 to look at the future of four hospital services - consultant-led maternity services, neonatal care, inpatient paediatrics and emergency medicine.

5. Findings

Quality of the Patient Experience

Patients made positive comments about the care and treatment they had received. We saw staff being courteous to patients and treating them with respect and compassion. We also found staff made efforts to maintain patients' privacy and dignity as far as possible. At the time of our inspection, we saw that some patients were waiting on trolleys in corridors. This presented challenges for staff in maintaining patients' privacy and dignity.

We identified that improvement was needed around the recording of assessments of patients' pain and the evaluation of treatment given to reduce their pain.

The health board had arrangements in place for patients and their carers to provide feedback on their experiences about patients' care and treatment. Information about these arrangements needs to be displayed for patients and their carers to see.

Dignified Care

People's experience of health care is one where everyone is treated with dignity, respect, compassion and kindness and which recognises and addresses individual physical, psychological, social, cultural, language and spiritual needs. (Standard 4.1)

We found that staff treated patients and their carers with dignity, respect and compassion. We also found that staff made efforts to protect the privacy and dignity of patients who were attending the emergency departments.

We saw staff within both departments being polite and courteous to patients and their carers. Those patients and carers we spoke to also confirmed that staff had been kind to them.

We saw staff making efforts to protect patients' privacy and dignity when providing care. Designated assessment and treatment areas had privacy curtains and/or doors that could be closed for privacy. Due to the need for staff to observe patients, we saw that these were not always closed fully. Patients however were appropriately dressed and were provided with blankets so that they were not exposed.

At the time of our inspection, patients were, at times, waiting on trolleys or sitting in wheelchairs in a queue in corridors. These areas provided little space between patients, lacked equipment that is present in the main department and lacked privacy curtains. This presented staff teams with obvious challenges to maintaining the privacy and dignity of patients in these areas (especially at busier times) as they are not designed for providing patient care. At the Royal Glamorgan Hospital, there was a broken door just beyond the corridor resulting in the door not closing automatically. This was letting in a draft and the corridor queuing area felt cold. Staff were aware of this and had previously requested for the door to be repaired. We saw staff providing patients with blankets to keep them warm. We informed senior staff of our findings and they provided an assurance that the broken door would be addressed.

Improvement needed

The health board is required to provide an update on the progress of repairing the automatic door identified at the inspection.

Whilst, none of the patients or carers we spoke to raised any concerns around privacy and dignity, ill patients waiting in corridors is not acceptable as it may compromise their privacy, dignity and safety.

Improvement needed

The health board is required to make arrangements to ensure patients can wait and be cared for in appropriate areas to promote their privacy, dignity and safety.

We saw that efforts had been made to allow relatives, who had been given bad news about their loved ones, privacy. A room was available within each of the emergency departments for relatives to spend time after being given bad news. The room at Prince Charles Hospital had been decorated and furnished so that it provided a comfortable and quiet area for relatives to spend time away from the main clinical areas within each department. Further decoration work was planned for the room used at the Royal Glamorgan Hospital.

We saw that whilst staff were recording an assessment of patients' pain during the triage assessment, there was not always a record of further assessment and evaluation of the treatment provided. We were able to confirm that, where required, pain relieving medication had been administered to make patients comfortable. The health board needs to explore the reasons why subsequent pain assessments are not being recorded together with an evaluation of any treatment given.

Improvement needed

The health board is required to ensure that staff record their assessment of patients' pain, their evaluation of the actions taken to alleviate patients' pain and any further action taken following this evaluation.

Individual Care

Health services embed equality and human rights across the functions and delivery of health services in line with statutory requirement recognising the diversity of the population and rights of individuals under equality, diversity and human rights legislation (Standard 6.2).

We saw that patients were accompanied by their carers whilst waiting to be seen by healthcare staff. This meant they were able to maintain their involvement with their family whilst waiting in the emergency departments.

Comments we received from patients were positive regarding the attitude and approach by staff. We also saw staff being respectful to patients and their carers.

We saw that much work had been done at the department at Prince Charles Hospital to promote the wellbeing of patients with dementia.

People who receive care, and their families, must be empowered to describe their experiences to those who provided their care so there is a clear understanding of what is working well and what is not, and they must receive an open and honest response. Health services should be shaped by and meet the needs of the people served and demonstrate that they act on and learn from feedback (Standard 6.3).

The health board had arrangements in place so that patients and their carers could provide feedback on the care they had received at each of the emergency departments. We saw no information displayed for patients and carers, however, on these arrangements.

Improvement needed

The health board is required to make arrangements to display clear information on how patients and their carers can provide feedback on the care they have received.

Senior staff described a process for reviewing feedback from patients and their carers with a view to improving the service provided. A process was also described for dealing with concerns and incidents in accordance with *Putting Things Right*³.

³ *Putting Things Right* are the arrangements for dealing with concerns about NHS care and treatment in Wales.

Delivery of Safe and Effective Care

We found that staff teams were committed to providing patients with safe and effective care. Overall, both emergency departments were free from obvious hazards to safety. We identified that further improvement was needed around the security of the department at the Royal Glamorgan Hospital. Senior staff gave an assurance that this would be addressed.

Both emergency departments were clean and arrangements were in place to reduce cross infection.

We found that staff triaged patients to identify and prioritise their care needs to promote patients' wellbeing and safety. We identified, however, improvement was needed around the timeliness of completing risk assessments and have required that the health board review the approach to this.

We saw that medication was managed safely. We identified, however, that improvement was needed around monitoring and recording temperatures of fridges used to store some medication. This is to ensure these medicines are being stored at an appropriate temperature. We have required that the health board takes action to address this.

Some patients told us that they were not being kept informed of the waiting time to see a doctor. We have required the health board make improvements in this regard.

Staying healthy

People are empowered and supported to take responsibility for their own health and wellbeing and carers of individuals who are unable to manage their own health and wellbeing are supported. Health services work in partnership with others to protect and improve the health and wellbeing of people and reduce health inequalities. (Standard 1.1)

Health promotion information and advice leaflets were available to patients.

We saw that some information on healthy lifestyle choices was readily available to patients visiting the departments. For patients discharged directly from the emergency departments, following assessment and any treatment, staff provided aftercare advice leaflets.

We saw that information about local support groups/services was limited and the health board should make arrangements to make this readily available within the emergency departments.

Safe care

People's health, safety and welfare are actively promoted and protected. Risks are identified, monitored and where possible, reduced and prevented. (Standard 2.1)

Overall, we saw that both departments were free from obvious safety hazards, with corridors being clear of equipment. Whilst waste and cleaning equipment were stored in lockable rooms, we saw that the door to the cleaning equipment room at the Royal Glamorgan Hospital was wedged open and that the lock on the waste room was broken. We brought this to the attention of senior staff who gave an assurance that this would be addressed. When alerted to our findings, housekeeping staff closed the cleaning room door immediately. Staff must ensure these remain closed and secure on an ongoing basis.

Security staff covered both departments and they could be called upon by staff for assistance with security matters if needed. We did find, however, that further improvement was needed around the security of the department at the Royal Glamorgan Hospital. We found arrangements, which left the security office area and security monitoring equipment open and exposed and could allow unauthorised access into the department. We informed senior staff of this who provided an assurance that this would be addressed.

Improvement needed

The health board is required to ensure that as far as possible, the security office area and the Emergency Department at the Royal Glamorgan Hospital are secure against unauthorised access.

People are helped to look after their skin and every effort is made to prevent people from developing pressure and tissue damage. (Standard 2.2).

We found that staff made efforts to stop people from developing pressure sores. Improvement was needed around the timeliness of conducting risk assessments associated with identifying the risk of and the required intervention for preventing and managing pressure and tissue damage.

We looked at a random sample of care records for seven patients. This sample considered patients at both emergency departments. All patients were waiting on trolleys and specialist pressure relieving mattresses were being used to help prevent patients developing pressure sores.

We saw that four patients had not had a record made of their risk of developing pressure sores. Neither had a record been made of an appropriate skin assessment. The sample included three patients who had been waiting in the departments for over four hours and who may, therefore, be at risk of developing pressure sores. Written care plans/bundles had not been developed to instruct and guide staff on how to prevent pressure and tissue damage. Neither had a record been made of whether these patients had been assisted to move position to help prevent pressure damage.

Staff told us that patients were assessed on admission to the departments but that formal written risk assessments would only be completed when the decision was made to admit patients to hospital. The health board should review this approach to ensure that appropriate assessments and care plans/bundles are completed and care provided in a timely manner.

Improvement needed

The health board is required to revisit the approach for completing risk assessments with a view to ensuring that patients who are at risk of pressure and tissue damage within the department are identified and where appropriate a written care plan outlining the required care put in place.

People are assessed for risk of falling and every effort is made to prevent falls and reduce avoidable harm and disability. (Standard 2.3)

We found that improvement was needed around the record keeping associated with falls prevention.

We identified from the sample of patient records that two patients had a history of falls. Of these one had a completed falls risk assessment. Neither patient had a written care plan in place to instruct staff on how to reduce further falls. As described earlier, formal risk assessments were only completed when a decision had been made to admit patients to hospital.

Improvement needed

The health board is required to revisit the approach for completing risk assessments with a view to ensuring that patients who are at risk of falls within the department are identified and where appropriate a written care plan outlining the care required put in place.

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and based on the best available evidence so that people are protected from preventable healthcare associated infections (Standard 2.4).

Overall, we found effective arrangements in place at both departments for infection prevention and control.

Both departments appeared clean. Whilst the department at Prince Charles Hospital was also tidy, improvement in this regard was needed at the Royal Glamorgan Hospital. We saw clutter on tops of cupboards and the floor, which could make cleaning difficult. Due to space recently being made available within the department at the Royal Glamorgan Hospital for increased facilities, such as the relatives' room, storage facilities were being reviewed. In both departments, we saw that medical sharps⁴ had been disposed of using designated sharps bins for safety.

Hand washing sinks and hand sanitisation gel were available within both departments. Effective hand washing is essential to reducing cross infection. Both departments had single rooms available that could be used to isolate patients for infection control reasons.

We saw that personal protective equipment (PPE) was available at various points around both departments. We saw that this was used by staff to prevent cross infection. Whilst PPE was available, staff should ensure that stock is replenished regularly to ensure disposable aprons and gloves of different sizes are readily available. We saw some examples where staff were not wearing disposable aprons. Staff should ensure, where necessary, that they wear

⁴ Medical sharps are needles, blades and other medical instruments that are necessary for carrying out healthcare work and could cause an injury by cutting or pricking the skin.

disposable aprons as well as gloves when attending to patients/ carrying out procedures.

Staff confirmed that medical equipment, trolleys and the surrounding area were cleaned between patients to reduce the spread of infection. Where patients were suspected of having infections, such as *MRSA*⁵ or *C.difficile*,⁶ arrangements were in place to deep clean clinical areas to reduce the spread of infection.

People are supported to meet their nutritional and hydration needs, to maximise recovery from illness or injury (Standard 2.5).

Patients' were provided with food and drinks. Overall, their intake was being monitored by staff where this was required.

We saw that patients were offered hot/cold snacks and drinks at set times during the day. More substantial hot meals were available for those patients waiting 12 hours or more. We were told that sandwiches were always available should a patient miss a meal.

As described previously, formal assessments were not completed until patients were admitted to hospital. Of the sample of patients' records we considered, we saw that most patients who required it were having their fluid intake recorded and monitored. The health board should, however, remind staff teams of the importance of completing fluid intake and output charts for all patients who are nil by mouth or who require monitoring for other reasons.

⁵ Methicillin-resistant staphylococcus aureus (MRSA) is a type of bacteria that's resistant to a number of widely used antibiotics. This means MRSA infections can be more difficult to treat than other bacterial infections.

⁶ Clostridium difficile (also known as C. difficile or C. diff) is a bacterium that can infect the bowel and cause diarrhoea. The infection most commonly affects people who have recently been treated with antibiotics, but can spread easily to others. C. difficile infections are unpleasant and can sometimes cause serious bowel problems, but they can usually be treated with another course of antibiotics.

People receive medication for the correct reason, the right medication at the right dose and at the right time (Standard 2.6).

Overall, we saw that medicines were managed safely within both departments. We did find that improvement was needed so that fridge temperatures were monitored regularly and recorded.

Staff told us that the health board had a policy for the management of medicines. We were told that staff teams could access this via the health board's intranet.

We saw that medicines were securely stored when not being used. Whilst medicines requiring refrigeration were being stored in locked fridges within the department at Prince Charles Hospital, the fridges at the Royal Glamorgan Hospital were not locked. There were no records to show checks on refrigerator temperatures were being done regularly by staff to ensure they were maintained at an appropriate temperature to store medication (between 2°C and 8°C).

Improvement needed

The health board is required to ensure that refrigerators used to store medicines are locked to prevent unauthorised access.

In addition the health board must ensure that staff are aware of and adhere to:

- ***the health board's procedure for the storage of medicines in refrigerators***
- ***the process for recording and monitoring of temperatures and the action required when temperature deviations are recorded.***

The procedure should be in accordance with Patient Safety Notice 015 / July 2015⁷.

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<http://www.patientsafety.wales.nhs.uk/sitesplus/documents/1104/PSN015%20The%20storage%20of%20medicines%20-%20refrigerators.pdf>

We looked at a sample of patients' medication administration records and saw that these had been completed fully. We saw patient identification wristbands being used to help staff to correctly identify patients prior to giving medication. We observed nursing staff administer medication to patients safely and saw that they conducted checks to ensure the correct patient received the correct medication at the correct time.

Controlled Drugs (CDs) were being stored securely and records had been maintained of the amounts of drugs held and administered.

Staff working within both departments told us that a pharmacist was available to provide advice and support on medication related queries.

Staff at Prince Charles Hospital told us that due to security reasons, agency and locum staff were not authorised to access the medication storage unit. We were told that this could cause delays in obtaining medication. Senior staff at Prince Charles Hospital were aware of this and we were told action was being taken to resolve these issues.

Similarly, staff at the Royal Glamorgan Hospital told us that agency and locum staff could not access test results. We informed senior staff of our findings at and consideration should be given to addressing this.

Improvement needed

The health board should make suitable arrangements to allow locum staff working at the emergency departments to access medication and patients' test results for the purposes of patient care and treatment in a timely way.

Health services promote and protect the welfare and safety of children and adults who become vulnerable or at risk at any time. (Standard 2.7)

We found arrangements were in place to protect the welfare and safety of children and adults who become vulnerable or at risk.

We spoke to a number of staff working in both departments. They demonstrated an understanding of the process to follow should they suspect abuse.

At the time of our inspection, we were told that no patients were subject to a Deprivation of Liberty Safeguards⁸ (DoLS) authorisation.

Health services ensure the safe and effective procurement, use and disposal of medical equipment, devices and diagnostic systems. (Standard 2.9)

We saw that a range of medical equipment was available within the two departments we visited. Equipment was visibly clean and appeared well maintained.

Effective care

Care, treatment and decision making should reflect best practice based on evidence to ensure that people receive the right care and support to meet their individual needs. (Standard 3.1)

Both departments operated a triage system. Nursing staff conducted an initial assessment of patients to ensure that they were seen by a doctor in order of priority according to their care and treatment needs. We found that patients were triaged in a timely manner using a recognised assessment tool. Arrangements were in place to refer patients for investigations such as X-rays and for further assessment by other members of the multidisciplinary healthcare team.

We saw that 'grab bags' were in use to facilitate easy access to medical equipment. These were clearly labelled and stored in a central location so that staff could quickly and efficiently gather equipment needed for clinical procedures commonly performed within the emergency departments.

At our previous inspection to the Royal Glamorgan Hospital, we identified that improvement was needed around the provision of Child and Adolescent Mental Health Services (CAMHS). At this inspection, senior staff at both hospitals

⁸ The framework of safeguards under the Mental Capacity Act 2005 for people who need to be deprived of their liberty in a hospital or care home in their best interests for care or treatment and who lack the capacity to consent to the arrangements made for their care or treatment.

confirmed that the arrangements for accessing CAMHS, including out of hours, had since changed and the timeliness of accessing services had improved.

In communicating with people, health services proactively meet individual language and communication needs. (Standard 3.2)

People must receive full information about their care which is accessible, understandable and in a language and manner sensitive to their needs to enable and support them make an informed decision about the care as an equal partner (Standard 4.2)

Both departments had hearing loop systems to assist those patients and carers who have hearing difficulties.

At Prince Charles Hospital, there were two entrances, one for 'minors' and one for 'majors'. Whilst this arrangement is appropriate, patients and/or carers not arriving by ambulance appeared to be unaware of the correct entrance to use. We saw examples of reception staff redirecting patients and/or carers from the 'minors' reception area to the 'majors' reception area. This could cause unnecessary frustration for patients and/or carers. The health board should explore whether any further action can be taken to help patients and carers find the most appropriate entrance to use. Senior staff told us that during the night, patients and/or carers would be escorted by a member of staff through the department, rather than having to go outside, to promote their safety.

At both departments we found that improvement was needed around the information provided to patients and carers about waiting times. Patients and carers we spoke with did not feel that they had been kept suitably informed of how long they were likely to have to wait to see a doctor, after being seen by the triage nurse. During our inspection, there was an instance when the electronic waiting time sign at the Royal Glamorgan Hospital had not been updated. At Prince Charles Hospital the electronic display was disconnected.

Improvement needed

The health board is required to make suitable arrangements to effectively inform patients and their carers of the expected time they may have to wait to be seen by a doctor or other healthcare professional within the emergency departments.

Good record keeping is essential to ensure that people receive effective and safe care. Health services must ensure that all records are maintained in accordance with legislation and clinical standards guidance (Standard 3.5)

We looked at a random sample of seven care records. We saw that clear notes had been made of triage assessments with patients' care needs identified and prioritised.

As described earlier, we have identified that improvement was needed around the completion of risk assessments and have required that the health board addresses this.

Timely care

All aspects of care are provided in a timely way ensuring that people are treated and cared for in the right way, at the right time, in the right place and with the right staff (Standard 5.1).

We found staff teams worked together to ensure that patients' immediate care needs were identified via a triage system and attended to according to need.

During the course of our inspection, we saw that both departments experienced busy periods. Senior staff told us that waiting times within both departments are monitored regularly. We were told that when needed, additional staff are requested and/or redeployed within each of the departments to promote patient safety and to assist with reducing waiting times. We saw records supporting this process and at the Royal Glamorgan Hospital we observed how other areas of the hospital positively supported the Emergency Department.

As described earlier, we found that improvement was needed around the information provided to patients and their carers about waiting times. We have required that the health board addresses this.

Quality of Management and Leadership

Management structures with clear lines of reporting and accountability were described by senior staff. We saw effective leadership and support being provided by senior management and senior departmental staff.

Staff teams working at each of the departments presented as knowledgeable and demonstrated a commitment to providing high quality care to patients. Staffing numbers and skill mix appeared appropriate to meet the needs of the patients. Some staff, however, felt that additional staff would be beneficial.

Staff confirmed they were able to access training and that this had helped them to do their jobs.

Governance, leadership and accountability

Effective governance, leadership and accountability in keeping with the size and complexity of the health service are essential for the sustainable delivery of safe, effective person-centred care. (Health & Care Standards, Part 2 Page 8)

Management structures were in place and clear lines of reporting and accountability were described and demonstrated by senior staff.

Throughout the course of our inspection, we saw effective leadership being provided by senior departmental staff. Senior nursing staff and hospital managers also made themselves available to support staff teams and facilitate the inspection process.

During our inspection, we invited staff working within both emergency departments to complete a HIW questionnaire. Through our questionnaires we asked staff to provide their comments on a range of topics related to their work. In total, 16 completed questionnaires were returned by a range of staff working within each of the departments.

Overall, the staff who completed and returned questionnaires indicated their immediate managers were supportive, provided clear feedback on their work and encouraged team work. Overall, staff also indicated that they were able to make suggestions to improve the work of their teams. Comments were more mixed regarding change, with eight (out of ten respondents that this applied to) indicating that they 'sometimes' or 'never' feel involved in decisions made that

affected their work areas. The health board may wish to explore the reasons for this for the purpose of establishing how improvements can be made.

Comments made within completed questionnaires indicated that staff were aware of whom their senior managers were. Overall, staff who completed and returned questionnaires felt that communication between senior managers and staff was effective.

Senior nursing staff described a system of regular clinical audit as part of the overall quality monitoring activity. We were told that results of audits were provided to senior hospital staff so that any areas identified as needing improvement could be escalated and addressed as appropriate. A system for recording and investigating clinical incidents was also described. This was with a view to identifying any themes and to identify learning to promote patient safety and well being.

Staff and resources

Health services should ensure there are enough staff with the right knowledge and skills available at the right time to meet need (Standard 7.1).

Staff teams working at each of the departments we visited presented as knowledgeable and demonstrated a commitment to providing high quality care to patients.

Staffing numbers and skill mix appeared appropriate to meet the needs of the patients within the departments at the time of our inspection. Senior staff told us that additional staff could be requested via the health board's 'nurse bank' or an agency as needed. During our inspection, agency and bank staff were working in both departments. Comments from some staff, however, indicated that they felt more staff would be beneficial to promote patient safety and wellbeing. The health board may wish to explore the reasons for this and take action as needed.

All staff who returned questionnaires indicated they had attended training on topics such as; health and safety, fire safety and infection control. Most staff had attended training on the Mental Capacity Act, Deprivation of Liberty Safeguards, dementia and privacy and dignity. For those staff who haven't attended such training, the health board should explore the reasons for this and support them to attend training as appropriate.

The responses we received indicated that staff felt the training they had attended had helped them do their jobs and stay up to date with professional requirements.

When asked (via the HIW questionnaire) about an annual appraisal of their work, just under half of the staff that this applied to, told us that they had not had an appraisal within the last 12 months. The health board should therefore explore the reasons for this and ensure that appropriate support is provided to departmental managers so that staff appraisals can be completed.

Improvement needed

The health board should explore the reasons for staff not having an appraisal of their work within the previous year and make arrangements to support departmental managers to ensure staff appraisals are completed annually.

6. Next Steps

The health board is required to complete an improvement plan (Appendix A) to address the key findings from the inspection and submit this to HIW within two weeks of the publication of this report.

The health board improvement plan should clearly state when and how the findings identified will be addressed, including timescales. The health board should ensure that the findings from this inspection are not systemic across other departments/units within the wider organisation.

The actions taken by the health board in response to the issues identified within the improvement plan need to be specific, measureable, achievable, realistic and timed. Overall, the plan should be detailed enough to provide HIW with sufficient assurance concerning the matters therein.

Where actions within the health board's improvement plan remain outstanding and/or in progress, the health board should provide HIW with updates, to confirm when these have been addressed.

The health board's improvement plan, once agreed, will be published on HIW's website.

Appendix A

Hospital Inspection: Improvement Plan

Hospital: Prince Charles Hospital and the Royal Glamorgan Hospital

Department: Emergency Departments

Date of inspection: 29 and 30 November 2016

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
Quality of the Patient Experience					
11	The health board is required to provide an update on the progress of repairing the automatic door identified at the inspection.	4.1 and 2.1	This has been completed, the doors are now in working order.	Directorate Manager	Completed
11	The health board is required to make arrangements to ensure patients can wait and be cared for in appropriate clinical areas to promote their privacy, dignity and safety.	4.1 and 2.1	Cwm Taf escalation plan which is adhered to at all times by the Health Board employees At times of high levels of demand to ensure patients receive the correct care which includes having	Head of Nursing	Completed

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
			<p>care provision provided in the department (not in an ambulance outside)</p> <p>Senior Staff will surge the area to accommodate patients</p> <p>Care will be provided within the corridor/sub wait/designated area by deploying extra nurses to work in these areas to meet patient demand.</p> <p>Beds will be provided as necessary</p> <p>Only patients who are deemed appropriate based on their presenting condition and NEWS will be allocated to this area.</p> <p>Dignity and respect will be maintained throughout.</p> <p>Any treatments required will be carried out in an appropriate setting with the patient being moved in order for this to happen.</p>	Senior Nurse	March 2017

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
			<p>All the above will be monitored and managed by the Senior Nursing team.</p> <p>The patients quiet room in the Royal Glamorgan Hospital will need to be decorated.</p> <p>This work has now been completed and there is a formal opening of the room.</p>	<p>Departmental Manager</p>	<p>30th January 2017</p> <p>February 2017</p>
12	The health board is required to ensure that staff record their assessment of patients' pain, their evaluation of the actions taken to alleviate patients' pain and any further action taken following this evaluation.	4.1	Proactive work had already been implemented in order that Pain Assessment is a priority and appropriately assessed and monitored. The UHB has developed new documentation for A&E and is ready to pilot in February 2017 that addresses pain assessment.:-	Senior Nurse Professional Standards	April 2017

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
			<p>An audit of the new documentation related to the pain assessment will be undertaken on both sites.</p>	Senior Nurse	July 2017
			<p>All staff will be trained in the appropriate use of the documentation.</p>	Senior Nurse Professional Standards	March 2017
			<p>Staff will be instructed to ensure completion of further assessments utilizing the NEWS chart..</p> <ul style="list-style-type: none"> • An audit of pain assessment on NEWS will be undertaken to ensure compliance. 	Departmental Manager	<p>March 2017</p> <p>June 2017</p>

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
			<ul style="list-style-type: none"> Feedback following audit results will be given to staff in both departments following the audits and any improvements required will be actioned. <p>Both A&E departments will identify appropriate staff to be documentation Champions.</p> <p>All audit findings will be shared through the Directorates Governance Meetings. and any improvements required to be carried out by the appropriate staff</p>	<p>Senior Nurse</p> <p>Departmental Manager/Senior Nurse/Head of Nursing</p>	<p>August 2017</p> <p>April 2017</p> <p>September 2017</p>
12	The health board is required to make arrangements to display clear information on how patients and their carers can provide feedback on the	6.1	'Have YOUR SAY' boxes will be implemented throughout both A&E departments. This will provide patients with the opportunity to	Patient Experience Team/ Departmental	May 2017

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
	care they have received.		<p>feedback on their experiences in a confidential manner. Each box will be locked and the only access will be through the Patient Experience Team.</p> <p>Patient views will be collected two weekly and analyzed monthly by the Departmental managers / Senior Nurses</p>	Manager /Senior Nurse / Head of Nursing	
Delivery of Safe and Effective Care					
15	The health board is required to ensure that as far as possible, the security office area and the Emergency Department at the Royal Glamorgan Hospital are secure against unauthorised access.	2.1	<p>The University Health Board is currently reviewing the CCTV and access control system within the A&E department at the RGH.</p> <p>The CCTV review was carried out in January 2017 and along with consideration of access control measures appropriate security solutions are being considered and a bid for funding will need to be considered.</p>	Head of Facilities	April 2018

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
			<p>There is a proposal to move the security control area at A&E Royal Glamorgan to the front of the hospital as part of the CCTV and access control system upgrades that are required. In the meantime temporary measures will be carried out and the security control area will be partitioned off to secure the area from unauthorised access. Security staff patrols will be stepped up at this area.</p>		June 2017
16	<p>The health board is required to revisit the approach for completing risk assessments with a view to ensuring that patients who are at risk of pressure and tissue damage are identified and where appropriate a written care plan outlining the required care put in place.</p>	2.2	<p>The new documentation being developed by Cwm Taf University Health Board will address this action.</p> <p>The outcomes will be captured through the audit process as identified in point 2.</p>	Senior Nurses and Departmental Manager	<p>March 2017</p> <p>September 2017</p>

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
17	The health board is required to revisit the approach for completing risk assessments with a view to ensuring that patients who are at risk of falls within the department are identified and where appropriate a written care plan outlining the required care put in place.	2.3	As above.	Senior Nurses and Departmental Manager	Completion September 2017
19	<p>The health board is required to ensure that refrigerators used to store medicines are locked to prevent unauthorised access.</p> <p>In addition the health board must ensure that staff are aware of and adhere to:</p> <ul style="list-style-type: none"> the health board's procedure for the storage of medicines in refrigerators the process for recording and monitoring of temperatures and the action required when temperature deviations are recorded. <p>The procedure should be in accordance with Patient Safety Notice</p>	2.6	<p>All staff to be made aware of the correct procedure for storing medication. A&E Department.</p> <p>Documentation is in place to ensure staff record correct temperatures. Spot check audits to be carried out to ensure compliance.</p> <p>Patient Safety Notice disseminated to all staff for their action.</p>	<p>Departmental Manager/ Senior Nurse</p> <p>Departmental Manager / Senior Nurse</p>	<p>December 2016</p> <p>February 2017</p> <p>February 2017</p>

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
	015 / July 2015.				
20	The health board should make suitable arrangements to allow locum staff working at the emergency departments to access medication and patients' test results for the purposes of patient care and treatment in a timely way.	2.6 and 5.1	<p>A new medication system will be implemented into A&E IN RGH (Mediwell) in March 2017. Already in place in PCH</p> <p>This will facilitate locum staff accessing medications as passwords will be provided to the team.</p> <p>Accessing patient tests results will be an action for the Lead doctor in A&E, ECC at the time</p>	<p>Chief Pharmacist</p> <p>Senior Nurse A&E Consultant.</p>	May 2017
22	The health board is required to make suitable arrangements to effectively inform patients and their carers of the expected time they may have to wait to be seen by a doctor or other healthcare professional within the emergency departments.	3.2 and 4.2	<p>Within Prince Charles Hospital the electronic patient communication system is due to be moved to a more appropriate area where patients can more easily view waiting times.</p> <p>The departmental manager on both sites will ensure the clerical staff are advised of the need to ensure that the electronic systems</p>	<p>Estates Departmental Manager</p> <p>Departmental Manager</p>	<p>March 2017</p> <p>February 2017</p>

Page Number	Improvement Needed	Standard	Health Board Action	Responsible Officer	Timescale
			<p>have up to date information available at all times.</p> <p>The departmental manager is to instruct all staff who take charge of the department to ensure that this instruction is carried out</p> <p>The Patient Advice and Liason Officer to undertake spot checks to ensure compliance as requested by the Senior Nurse</p>	Senior Nurse/Patient Advice and Liason Officer	<p>February 2017-02-08</p> <p>March 2017</p>
Quality of Management and Leadership					
26	The health board should explore the reasons for staff not having an appraisal of their work within the previous year and make arrangements to support departmental managers to ensure staff appraisals are completed annually.	7.1	Senior nurses will identify those staff who have not had an appraisal and the reasons why on both sites. These will be made a priority and the senior nurse to monitor the progress to ensure compliance.	Senior Nurse	April 2018

Health Board Representative:

Name (print):LYNDA WILLIAMS.....

Title:DIRECTOR OF NURSING.....

Date:16 MARCH 2017.....