

Hospital Inspection (Unannounced)

**Betsi Cadwaladr University
Health Board:**

**Ysbyty Glan Clwyd,
Emergency Department**

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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 of the Emergency Department of Ysbyty Glan Clwyd within Betsi Cadwaladr University Health Board on the 15 and 16 November 2016. Specifically the following areas were visited during this inspection:

Ysbyty Glan Clwyd

- Emergency Department (ED)
- Acute Medical Unit (AMU)

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 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 Department, Ysbyty Glan Clwyd within Betsi Cadwaladr University Health Board comprised of two HIW

Inspection Managers, two clinical peer reviewers and one lay reviewer. A further two HIW staff were present during the inspection for internal developmental purposes.

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
- Scrutiny of policies and procedures which underpin patient care
- 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.

Context

The Emergency Department of Ysbyty Glan Clwyd was opened in June 2014. It is attached to a busy general hospital and treats a high number of patients.

The ambulance arrival entrance is separate to the walk-in entrance. Walk in patients are triaged¹ after their arrival and are then seen in whichever clinical area is appropriate for their clinical needs. Four treatment rooms are available adjoining reception in which a patient may be seen by the triage nurse, an Emergency Nurse Practitioner (ENP) or a doctor.

There are four resuscitation bays (including one paediatric), eight bays and two rooms in the major injuries unit, and seven bays in the minor injuries unit. The minor injuries unit also had space set aside for ambulatory patients who may be waiting for further assessment or treatment. There is a separate paediatric waiting room for children and three rooms designated as paediatric rooms, but which are also used as overspill for adult patients.

Attached to the ED were a number of other units and services

- The GP out of hours service is located next to reception. A GP is permanently based here.
- The Emergency Department Observation Unit (EDOU) had ten bays (although staffed for eight). It was intended to hold patients according to strict criteria for a period of no more than 24 hours
- The Rapid Assessment Unit (RAU) and the Acute Medical Unit (AMU) are located together and comprise 24 beds for AMU and eight beds for the RAU. The RAU receives direct referrals from GPs for assessment and the AMU receives patients from both RAU and from ED to be seen by a consultant physician
- A Surgical Assessment Unit (SAU) is also attached.

On arrival during the initial day of the inspection the ED department appeared relatively quiet. There were a small number of patients waiting in reception to

¹ Triage of patients is the process of determining the priority of patients' treatments based on the severity of their condition

be seen and the television monitors in the department announced that the average wait was two hours. There were no ambulances waiting at the door at the time of arrival. A number of bays were available in the resuscitation area and two bays were available in major injuries. However, it was clear that the department was busy coping with a number of patients who had been present in the department for some time due to an inability to move patients on to more appropriate settings.

On average the department treats approximately 160 patients a day.

Summary

During the course of the inspection, positive comments were made by patients and their relatives receiving care within both the ED and AMU. People we spoke with commented that they were generally happy with the care and treatment provided by the staff teams. We observed staff during both days of the inspection providing dignified care and treatment to patients in a compassionate and respectful manner.

Overall patients felt they have a good experience and are happy with their care. In areas where patients were waiting to be admitted to an appropriate admission area they were experiencing delays in having assistance at mealtimes and to be supported with activities of daily living. Patients acknowledged how busy staff were.

We noted that the surroundings were clean, tidy and had recently been refurbished. Staff were considered professional and friendly in their approach.

The Emergency Department was observed to be providing safe and effective triage and emergency care at initial presentation into the department. However, it was not providing the same level of care in the EDOU area.

We made a number of observations during our inspection which informed us that the health board was not fully compliant with all Health and Care Standards.

We observed effective multi-professional teamwork. The Department was observed to have strong medical and nursing leadership with good communication and professional relationships. The hospital site management team provided a supportive presence on site as well as an effective joined up approach with the rest of the health board senior management.

Findings

Quality of the Patient Experience

Overall patients felt they have a good experience and are happy with their care. In areas where patients were waiting to be admitted to an appropriate admission area they were experiencing delays in having assistance at mealtimes and to be supported with activities of daily living. Patients acknowledged how busy staff were.

We noted that the surroundings were clean, tidy and had recently been refurbished. Staff were considered professional and friendly in their approach.

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)

We found a range of information was available to patients to help them manage their own health and well-being. In reception a display by the entrance provided information on additional local services available at community hospitals as an alternative to the main emergency department.

Leaflets were available on issues such as getting well without antibiotics and flu vaccinations. Information was also available on support groups such as walking groups. In addition to reception a good range of information was available within the AMU including the telephone number of the department, visiting times for relatives and information for patients and relatives.

Dignified care

People's experience of healthcare 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 observed care and treatment being provided in a caring and compassionate way.

During this inspection we spoke with patients and relatives to seek their views on their experience of care whilst in the department. This was done through individual conversations and we also received ten completed questionnaires. Overall patient questionnaires showed that patients were very positive about the way in which they had been treated by staff and the care that they had received.

People were receiving care in a clean and tidy environment which had recently been refurbished. However, some relatives commented that they did not always have a good experience due to limited car parking near to the department.

It was clear that the department faced difficulty in moving patients on from the ED to a setting more appropriate for their care. This placed pressures on staff within the department and at times staff were challenged to maintain patients dignity. For example:

- One patient who was observed calling for a nurse to assist them to the toilet stated that they had already been waiting ten minutes
- One patient reported having treatment administered in a small waiting area as no bay was available
- One person raised a concern that their relative (the patient) who required showering facilities in the minor injuries area had to be led along a public corridor to the ED Observation Unit in order to access a shower.

The health board must ensure that both the environment of care and staffing levels are sufficient to ensure the delivery of dignified care.

It was also noted that only two toilets were available to patients and relatives in the reception area and one of these had been out of use since Monday. When the department is particularly busy this may cause access problems for patients and should be addressed promptly.

The health board must ensure that there are adequate toilet and washing facilities for people using the department.

During our time in AMU we observed that patients were consistently treated with dignity and respect and that the environment supported this through single sex accommodation and en-suite facilities in eight cubicles and 4-bedded sections.

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)

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

Overall communication with patients was generally regarded as good by the patients we spoke to. However, the busy nature of the department had resulted in some relatives feeling unsighted on what care had been received by confused patients during their absence. For example, one patient commented that their relative had been receiving care overnight, but in over four hours since their arrival in the morning their relative had not been offered the opportunity to wash or go to the toilet. Another relative commented on the difficulty in obtaining timely information on what would happen next given the length of time their confused relative might be held in the department prior to being admitted to a bed in the main hospital.

We observed that a hearing loop system was available, although the signage informing patients of this was only presented at one desk in reception and was therefore not clearly visible. We also noted that staff we spoke to were unaware that the loop system was in place.

We spoke to a patient who was pleased to have had the opportunity to communicate with nursing staff in Welsh.

The health board must ensure that people (patients and relatives) are supported to communicate to ensure a clear understanding of their treatment plan.

Individual Care

Care provision must respect people's choices in how they care for themselves as maintaining independence improves quality of life and maximises physical and emotional well being. (Standard 6.1)

Although patients received a prompt and timely individual triage and assessment there were areas of the assessment that did not reflect a wholly individual assessment of ongoing care and treatment needed, given the time they spent in the department. For example where individual risks were identified these were not always carried forward in to individual care plans.

The health board must ensure that there is an emphasis on individualised care for all patients.

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).

From discussions with patients and relatives we did not hear of any examples of patients who were not happy that their rights had been maintained.

Mandatory training records show a high level of completion of training on equality, diversity and human rights, although we noted that nurse training in this area has stalled at 90% since July 2016 following improvements earlier in the year.

However, discussions with staff indicated a lack of knowledge and awareness specifically of issues surrounding Deprivation of Liberty Safeguards and only a small number of staff in the ED had specific training in this area. This becomes even more important as patients are cared for in the department for longer periods of time.

The health board must ensure that all staff receive training and are fully aware of their obligation to meet equality, human rights, and Deprivation of Liberty standards.

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).

We observed that leaflets were available at a number of locations within the ED to enable patients to provide feedback on the care that they had received. We also observed information available on the “Putting Things Right” process for patients who wished to make a complaint about the service.

We were, however, told by one patient that they had submitted a complaint in July 2015 and they still had not received a satisfactory response to indicate any resolution of the concerns.

Also, during the course of the inspection only three of the eight staff who completed our questionnaire were aware that patient feedback was collected and only three said that updates on patient experience were fed back to the department. None were able to confirm that feedback from patients was used to inform decisions within the department.

The health board needs to ensure that they capture and listen to patient feedback and that this is used to inform developments in care.

Delivery of Safe and Effective Care

The Department was observed to be providing safe and effective triage and emergency care at initial presentation into the department. However, it was not providing the same level of care in the EDOU area.

We made a number of observations during our inspection which informed us that the health board was not fully compliant with all Health and Care Standards.

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)

We noted that the immediate and emergency care provided in the Emergency Department (ED) was good. Treatment rooms were adjoining the reception area of the ED in which nurse triage took place and treatment by Emergency Nurse Practitioners and Doctors. Although there were no patients waiting on ambulances on the day of inspection we were told that when this happens the patients would be assessed and prioritised as soon as they arrive at the ED.

However, the core challenge facing the department is that patients stay in ED longer than they should, due to difficulties identifying bed capacity elsewhere in the hospital when they need to be admitted.

A consequence of this is that full risk assessments, which would typically be undertaken when patients would normally be admitted to a ward if there were beds available, are not triggered when patients are remaining longer in the ED. Although the practice of intentional rounding was occurring in the EDOU to provide care at regular intervals, we observed that the delay to undertaking full risk assessment of individual patient risks and needs was delaying appropriate care interventions; these related to areas such as nutrition, preventing falls and tissue damage and are discussed further below.

The ED needs to consider how it is effectively assessing and managing risk for those who stay longer than expected

The longer term challenge for the health board is to look carefully at the wider capacity of the whole system to meet the needs of patients in collaboration with partners in social care.

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 detailed assessment and recording of issues relating to pressure area damage were not routinely taking place on admission. This is demonstrated in the following case study.

“A patient was admitted to AMU in the early hours of the morning having been in the department already for over seven hours. No skeletal chart or full risk assessment was undertaken until admission to AMU. The patient had grade 1 pressure damage. It had not been recorded where the pressure damage was acquired. This was reported through DATIX, but unfortunately follow-through actions did not take place and no pressure relieving mattress was in place at nine hours after admission to AMU.”

It is important that where patients are identified as being at risk of pressure area damage that appropriate and timely care and intervention is carried through.

The health board must ensure that all patients are both assessed for their risk of developing pressure area damage and that appropriate and timely care and intervention occurs.

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 observed that risk assessments were not happening across the department. Although we noted from discussions with management that this had been a focus of activity for management and staff we did not see evidence of this within individual care plans.

The health board must ensure that all patients are assessed appropriately for risk of falls and actions taken as needed.

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 the department was clean and tidy.

On AMU in particular we saw evidence of cleaning audits and public facing information on infection incidence was presented on the notice board. Mandatory training of staff in this area is also actively monitored.

Personal Protective Equipment (PPE) appeared to be readily available and used appropriately. We also observed visible reminders of the importance of hand hygiene and, in general, staff were observed utilising appropriate strategies for infection prevention and control.

However, we also observed two occasions on which two members of hospital staff entered a room in which a patient was being barrier nursed² without undertaking appropriate precautions and using the correct PPE. The ward sister was notified of this immediately and dealt with the situation accordingly.

The health board must ensure that it adheres to the All Wales Code of Practice for Infection Prevention and Control

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

We found that the mealtime for patients in ED and in the EDOU was not well co-ordinated. Some patients who required assistance to eat, experienced significant delays in getting assistance. We escalated this during our inspection and the problem was resolved by the nursing team. Although the food trolley was delivered to the department between 11:30am and 12pm we noted delays of up to 50 minutes in food being provided.

Our interviews with patients also highlighted that patients were not being offered an opportunity to clean their hands before receiving their meals.

² *Extra precautions are implemented to prevent spread of infection. This type of nursing care is carried out by placing the patient in a single room or side room. This includes the utilisation of Personal Protective Equipment (PPE) such as gloves and aprons. The benefit of wearing PPE is two-fold, it offers protection to both patients and those caring for them.*

The health board must ensure that mealtimes in the ED, in particular the EDOU area, are co-ordinated and that patients receive meals and assistance to eat, where required, in a timely manner.

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

We checked the systems for the storage, recording and administration of medication to varying degrees in a number of parts of the ED. We observed some good practice, particularly with regard to the new electronic system.

However, we were not assured that the arrangements for medication management were robust across the ED. Specific issues observed in each of the areas are below.

EDOU

- We found that controlled drugs were being signed for by one registered nurse and one health care support worker instead of two registered nurses as required.
- We noted that two patients had not received their required medication in a timely way due to delays in prescribing on the All Wales Chart. One of these patients had missed two doses of a drug for the management of their long term condition: a second patient had not received their prescription for over 24 hours.
- A further patient on intravenous fluids was not having their fluid input and output monitored.

AMU and RAU

- We observed two patients without identification bands in place
- We noted that there was inconsistency in the application of daily checking of controlled drugs. This was also the case for the daily checking of fridge temperatures for which no formal process or guidance was in place
- The door to the medication room was not locked. Although the cupboard and fridge were locked, patient medication was out on a worktop.

Minor Injuries Area

- We observed a patient without an identification wristband who was in receipt of Intravenous fluids and medication.

Local abbreviations were used in all areas across the Department such as “Px” meaning prescription and “Pxd” meaning prescribed. It was accepted that these

were not formal abbreviations and had the potential to cause confusion particularly with use of agency staff.

We escalated all of the above issues during our inspection and they were dealt with immediately.

The health board must ensure that both the National and the Health Board policies for all aspects of medicines management are applied in practice at all times.

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)

The department was assessed to provide a good standard in meeting the needs of children and young people.

A separate paediatric waiting room and separate treatment rooms were available. Although the department only had access to one paediatric nurse, it was reported that other nurses were trained in advanced paediatric life support and that the ED was able to draw on the skills and knowledge of the Paediatric Department with the main hospital.

Training records for the department showed that over 90% of staff were up to date with their training on safeguarding adults and safeguarding children.

The health board must continue to support the development of and the addition to the team of staff with specialist paediatric training.

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)

We identified a number of issues during the inspection which indicated that patients were not receiving the right care to meet their individual needs and that such care, treatment and decision making was not appropriately documented.

In particular in the minor injuries area we noted that:

- 4 patients were considered to be at risk and needed fluid balance charts
- Fluid balance charts were not always complete

- One patient did not have an identification band, but was on intravenous fluids and medication
- One patient was diabetic, but had not had a blood sugar level monitored, recorded and re-assessed since that recorded as taken on the ambulance

We also noted a further two patients in the AMU who were without patient identification armbands.

In AMU there was a lack of awareness of the All Wales weekly fluid chart and we did not find that it was used.

It is important that the needs of patients for ongoing monitoring and care are recognised and met.

The specific areas that we found on inspection include: The need to ensure effective fluid balance monitoring and recording, effective monitoring and recording of blood glucose in patients with diabetes, and the safe positive identification of all patients receiving care and medication.

Improvement needed

The health board must ensure that individual care, treatment and decision making reflects best practice based on evidence and that individual patients care and treatment is effectively documented.

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 set of patient records on each of the minor, major and EDOU areas of the emergency department as well as a set on the AMU.

Overall the records were completed in a timely and legible fashion with pain assessment being well monitored and recorded. However, a number of issues emerged from the reviews:

- In a number of cases we identified inconsistency in the use of fluid monitoring charts which needed to be escalated to staff
- Practice on intentional rounding was inconsistent: it was used in majors; initiated on clinical judgement in the EDOU and in minors we escalated an issue and were told that it had been used, but was not in the documentation.
- We found that for a patient with sepsis in the major area, although appropriate care was being given, the sepsis bundle had not been triggered.

The reviews noted the lack of more comprehensive patient risk assessments that would be expected for a longer stay environment as discussed earlier in this report.

Improvement needed

The health board must ensure that all patients receive the right care to meet their individual needs and that all records are maintained in accordance with legislation and clinical standards guidance.

Quality of Management and Leadership

We observed effective multi-professional teamwork. The Department was observed to have strong Medical and Nursing leadership with good communication and professional relationships. The Hospital site management team provided a supportive presence on site as well as an effective joined up approach with the rest of the Health Board Senior management.

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)

There was clear medical and nursing leadership in the department. During discussions with a variety of management and staff we were informed that they had good professional relationships and we observed effective multi-professional teamwork. Domestic staff told us that they enjoyed working in the department and they felt part of the team. There were clear lines of accountability and delegation for staff which they easily described to the inspection team and felt comfortable working in.

The department has a Quality and Safety lead and a Practice Development lead who work with all staff in the department and support and work with the managers to drive the quality, safety and professional standards agenda. The department holds regular quality and safety meetings and management meetings which report into the hospital board and health board governance arrangements.

Our inspection found that whilst the health board had policies and procedures in place, not all were consistently applied at all times by all staff in practice.

The Clinical Director is taking the lead on complaints and the hospital management team acknowledge that there is more to do to improve complaints handling. Indeed one patient reported to us that they had submitted a complaint in July 2015 and still had not received a response or any satisfactory resolution to the concerns they raised.

Improvement needed:

The health board must deal promptly with all concerns and complaints and effectively implement the All Wales putting things right guidance.

Within the department the quality and safety lead has developed one improvement plan which brings together all themes from incidents and complaints ensuring that team learning and service development is taking notice of the lessons learned. However, the departmental team recognise that this is work in progress and needs to continue to be embedded in the day-to-day work.

There was evidence of health and safety briefings being communicated by staff during shift to shift handover.

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).

We observed that in all areas apart from the EDOU that there were sufficient staff on duty to meet the needs of patients. Agency staff are regularly used and we observed that there should have been better use of skill-mix with a balance of substantive staff and agency staff to avoid agency staff being left in charge of an area on their own; such as EDOU. In the EDOU it was usual for the Department to roster one Registered Nurse with one Unregistered Support Worker in this area where patients have longer term needs and often need the help of two staff to assist with their activities of daily living such as eating and drinking and toileting. We gained records of staffing rotas which confirmed that the department are staffed to levels agreed as acceptable by senior managers, however from the findings during the inspection in the EDOU area HIW has recommended the health board, with the Nurse in Charge of this area to review the staffing levels using an acuity tool in order to ensure patients care and treatment is delivered effectively to meet the needs of all patients.

Improvement needed

The health board must review the staffing of the EDOU to ensure that the needs of all patients in this area are met at all times.

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: Ysbyty Glan Clwyd

Ward/ Department: Emergency Department & Acute Medicine Unit

Date of inspection: 15 & 16 November 2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	Quality of the Patient Experience			
9	<i>The health board must ensure that both the environment of care and staffing levels are sufficient to ensure the delivery of dignified care.</i>	Daily Scrutiny of unit staffing levels by Nurse in Charge to ensure safe and equitable nurse staffing is in place across all areas of the department	Nurse in charge	Daily
		Monthly scrutiny of approved E-roster to ensure compliance in relation to annual leave, study leave, sickness/absence, working restrictions and lost/unused hours	Medicine Head of Nursing	Monthly

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		Undertake a skill mix review and benchmark skill mix against an agreed best practice acuity tool for Emergency Departments to ensure right staff, right place, at right time.	Medicine Head of Nursing	30/04/2017
		Implement a 7 day house keeper service to ensure the release of core nursing time by maintaining core stock levels and providing assistance with IPC.	Matron	01/04/2017
9	<i>The health board must ensure that there are adequate toilet and washing facilities for people using the department</i>	<p>Planning and the provision of toilet and washing facilities within the Emergency department have been designed to HBN-22 (Facilities for Adults and Children).</p> <p>An additional patient shower provision has been identified and added to Estates work plan for completion</p>	Head of Estates	01/06/2017
10	<i>The health board must ensure that people (patients and relatives) are supported to communicate to ensure a clear understanding of and involvement in their treatment plan.</i>	Review all admission and Intentional Rounding documentation to identify the opportunity to reinforce effective communication with patients and relatives to ensure a clear understanding of and involvement in their treatment plan - provide any recommendations for improvement to the Secondary Care Nurse Director.	Heads of Nursing Matron	30/03/2017

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		Communication boards to be placed above patient beds clearly identifying the patients nurse and doctor, the patients preferred name, the patient's dietary requirements, expected admission ward, and/or expected date of discharge/transfer.	Directorate General Manager Medicine Head of Nursing	30/03/17
		Adherence to the "Hello My Name Is..." campaign to be monitored monthly by Matron Quality and Safety audits and every visit to the clinical areas	Matron Senior Leadership Team	Monthly 01/03/2017
		Formalise expected Standards of Communication for the department and in collaboration with service users produce a public facing guide for patients and relatives with regards to what to expect, and the provision of services in ED	Medicine Head of Nursing Consultant Lead for ED Directorate General Manager	1/05/2017

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<i>HIW Glan Clwyd Hospital Inspection 2016 - A 10 Minute Teaching Pack</i> to be provided to all staff to remind them of the findings of the inspection and areas in need of improvement. To be delivered via the department/ward safety brief which takes place 3 times per day.	Medicine Head of Nursing Consultant Lead for ED	01/03/2017
		Implement a collaborative pilot with British Red Cross in the Emergency Department to provide a befriending service and hospital at home scheme	Directorate General Manager Medicine Head of Nursing	1/03/2017
		Set up a Task and Finish Monitoring Group to oversee the completion of the HIW Improvement Plan and provide monthly reports to: <ul style="list-style-type: none"> 1. Glan Clwyd Hospital Quality and Safety meeting 2. Secondary Care Divisional Quality and Safety committee meeting 	Directorate General Manager Medicine Head of Nursing	28/02/2017 Monthly Reports to the YGC and Secondary Care Q&S Committee
11	<i>The health board must ensure that there is an emphasis on individualised care for all patients.</i>	Remind all staff via the safety briefing that all patients are to have a risk assessment and that the frequency of Intentional Rounding is to be clearly identified within 1 Hour of arrival	Nurse in Charge	Completed 01/12/2016

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		Monitor via quality assurance assessments that the patient risk assessments have been undertaken and that Intentional Rounding frequency has been clearly identified and adhered to in order to ensure individual care needs are identified and met.	Matron	Audit 30/01/2017 Weekly – to continue for 4 weeks after 100% compliance achieved
		Equality and Diversity Champions (minimum of two) are to be identified for the department	Matron	30/01/2017
		Gap analysis assessment of current equality and human rights standards to be conducted in Emergency Department by Head of Equality, Diversity & Human Rights	Head of Equality	01/03/2017
11	<i>The health board must ensure that all staff receive training and are fully aware of their obligation to meet equality, human rights, and Deprivation of Liberty standards.</i>	Baseline training needs analysis to be undertaken by the Emergency Department Practice Development Nurse to identify medical and nursing staff requiring Deprivation of Liberty standards training	Practice Development Nurse	01/02/2017

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>Deprivation of Liberty standards training to be delivered to all the medical and nursing staff identified through the baseline training needs analysis. Training progress to be reported monthly to the:</p> <ol style="list-style-type: none"> 1. Glan Clwyd Hospital Quality and Safety Meeting 2. Secondary Care Divisional Quality and Safety Committee Meeting 	Practice Development Nurse	100% Compliance to be achieved by 30/06/2017
12	<i>The health board needs to ensure that they capture and listen to patient feedback and that this is used to inform developments in care.</i>	Roll out of 'real time' patient feedback system across the Health Board by 1 July 2017 to capture patient experience	Head of Patient Experience	01/07/2017
		<p>Liaise with the Patient Experience team and invite a patient representative as a core member to the monthly Emergency Department Safety and Governance (SAGE) meeting in order to:</p> <ol style="list-style-type: none"> 1. Embed a culture of patient participation 2. Ensure that the voices of patients can be heard and that their views positively influence the work that we do. <p>Communicate the dates of future SAGE meetings to all staff via the staff notice board, staff email</p>	<p>Medicine Head of Nursing</p> <p>Lead Consultant</p>	<p>Complete</p> <p>Monthly</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		accounts and Twitter account and encourage staff to attend and share the learning in relation to patient safety and experience incidents.	for Emergency Department	30/01/2017
		Provide monthly SAGE exception reports to the Glan Clwyd Hospital Quality and Safety Meeting	Lead Consultant for Emergency Department Head of Nursing	Monthly 30/01/2017
		Engage positively and proactively with patients and relatives by displaying feedback in a public facing manner in order to demonstrate a department that listens and acts. This will be achieved through: 1) Quarterly ED newsletter that is to be available in all public areas 2) Patient/relative suggestion boxes 3) "You Said, We Did.." information boards, updated monthly	Medicine Head of Nursing	30/06/2017 28/02/2017 30/03/2017
Delivery of Safe and Effective Care				
14	<i>The health board must ensure that all patients are both assessed for their risk of</i>	Emergency Department (modified) Unified Assessment to implemented across the Health Board Emergency Departments	Assistant Director of Nursing	30/03/2017

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
	<p><i>developing pressure area damage and that appropriate and timely care and intervention occurs.</i></p>	<p>All patients attending the department will receive:</p> <ol style="list-style-type: none"> 1) An initial high level assessment of need within 1 hour of arrival clearly identifying the frequency of Intentional Rounding 2) The Modified Unified Assessment of need in 4 hours of arrival 3) A full individual assessment of need within 12 hours of arrival 	Nurse in Charge	30/03/2017
<p>Assistant Directors of Nursing to undertake peer review Quality Rounds in the Emergency Departments across the Health Board</p>		Assistant Directors of Nursing	Quarterly 01/03/2017	
<p>Matrons to undertake peer review audit of pressure area assessments and the implementation of the All Wales Integrated Pressure Area Pathway</p>		Matron	Monthly 01/03/2017	
<p>Establish a Standard Operating Procedure to ensure that staff have timely access to appropriate pressure relieving equipment 24 hours per day</p>		Directorate General Manage	30/03/2017	

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
14	<i>The health board must ensure that all patients are assessed appropriately for risk of falls and actions taken as needed.</i>	Baseline training needs analysis to be undertaken by the Emergency Department Practice Development Nurse to identify staff requiring training in relation to falls	Practice Development Nurse	01/03/2017
		Training in relation to falls to be delivered to all the staff identified through the baseline training needs analysis. Training progress to be reported monthly to the: <ol style="list-style-type: none"> 1. Glan Clwyd Hospital Quality and Safety Meeting 2. Secondary Care Divisional Quality and Safety Committee Meeting 	Practice Development Nurse	100% Compliance to be achieved by 30/06/2017
		All patients attending the department will receive: <ol style="list-style-type: none"> 1. An initial high level assessment of need within 1 hour of arrival clearly identifying the frequency of Intentional Rounding 2. The Modified Unified Assessment of need in 4 hours of arrival 3. A full individual assessment of need within 12 hours of arrival 	Nurse in Charge	30/03/2017

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		Assistant Directors of Nursing to undertake peer review Quality Rounds in the Emergency Departments across the Health Board	Assistant Directors of Nursing	Quarterly 01/03/2017
		Matrons to undertake peer review audit of Falls risk assessments and the implementation of the Falls Pathway	Matrons	Monthly 01/03/2017
		Launch of the updated BCUHB Falls Policy in November 2016	Area Director Clinical Services (central)	Complete
		Launch of the updated BCUHB Falls Pathway in December 2016 detailing the assessment and intervention of all patients	Area Director Clinical Services (central)	Complete
15	<i>The health board must ensure that it adheres to the All Wales Code of Practice for Infection Prevention and Control.</i>	Local infection prevention improvement plan implemented and monitored via local infection prevention group.	Infection prevention Team	Complete
		Compliance in relation to 10 Key Standards visible to the public and at the entrance to each ward/clinical area	Ward Manager Nurse in Charge	Complete

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		Quarterly Glan Clwyd Hospital Infection Prevention exception report provided to the Health Board Strategic Infection Prevention Group identifying areas of good practice and areas in need of improvement	Assistant Director of Nursing	Quarterly
		Weekly infection prevention walkabout with any immediate issues highlighted and actioned.	Infection prevention Team	Weekly
		Daily commode audits undertaken by Nurse in Charge to ensure 100% compliance against Infection prevention Standards	Nurse in Charge	Daily
15	<i>The health board must ensure that mealtimes in the ED, in particular the EDOU area, are co-ordinated and that patients receive meals and assistance to eat, where required, in a timely manner.</i>	<p>A Nutritional Task and finish group to be established to set standards to include:</p> <ol style="list-style-type: none"> 1) All nursing staff expected to assist at patient mealtimes 2) Daily identification of a designated member of staff, delegated by the Nurse in Charge, to oversee the timely distribution of meals. 3) All patients who need assistance are identified at hand over and assistance is offered. 4) An effective method for the collection of meals by patients relatives where appropriate 	<p>Medicine Head of Nursing</p> <p>Head of Catering</p>	16/02/2017

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
16	<i>The health board must ensure that both the National and the health board policies for all aspects of medicines management are applied in practice at all times.</i>	Baseline training needs analysis to be undertaken by the Emergency Department Practice Development Nurse to identify staff requiring medicine management training in relation to Second Checker.	Practice Development Nurse	1/03/2017
		Accredited Second Checker training to be delivered to staff identified through the training needs analysis to ensure the consistent application of local and national policies in relation to medicine management.	Medicine Management Nurse	1/06/2017
		Stop Notice issued and in place from November 2016 to ensure no Health Care Support Workers second check medications whilst the Medicine Code was reviewed.	Executive Director of Nursing	Complete
		Weekly unannounced spot checks to ensure 100% compliance undertaken for 4 weeks following the Stop Notice (November/December 2016)	Lead Pharmacist	Complete

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		All nursing staff to receive a copy of the BCUHB Medicines Code (MM02.1). This has been sent via e-mail with read receipts	Matron Practice Development Nurse	Complete
		Revised draft of Health Board Medicine Code (MM02.1) to be taken to the January Policy and Procedure meeting. The revised code will make explicit the following standards: <ul style="list-style-type: none"> 1. The exceptional circumstances when a Health Care support Worker (HCSW) could act as a second checker for controlled drugs. 2. The training, authorisation and control required if second checking is allowed by HCSW in specific areas. 	Lead Pharmacist	January 2017
17	<i>The health board must continue to support the development of and the addition to the team of staff with specialist paediatric training.</i>	The department has an identified champion for Safeguarding Children and Children Right's	Matron	Complete
		Implementation of a Clinical Supervision model in relation to Safeguarding Children	Safeguarding Children Specialist Liaison Nurse	Bi-monthly sessions 30/03/2017

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		E-roster rules to ensure an APLS /PILS trained member of staff is on every shift and clearly identified at the beginning of every shift by the shift lead.	Nurse in Charge	01/04/2017
19	<p><i>The health board must ensure that all patients receive the right care to meet their individual needs and that this is appropriately documented</i></p> <p><i>The specific areas that we found on inspection include: The need to ensure effective fluid balance monitoring and recording, effective monitoring and recording of blood glucose in patients with diabetes, and the safe positive identification of all patients receiving care and medication.</i></p>	Emergency Department (modified) Unified Assessment implemented across the Health Board Emergency Departments	Assistant Director of Nursing	30/03/2017
		<p>All patients attending the department will receive:</p> <ol style="list-style-type: none"> 1) An initial high level assessment of need within 1 hour of arrival clearly identifying the frequency of Intentional Rounding 2) The Modified Unified Assessment of need in 4 hours of arrival 3) A full individual assessment of need within 12 hours of arrival <p>Standards of safe positive identification to be included at each level of assessment.</p>	Nurse in Charge	30/03/2017
		Assistant Directors of Nursing to undertake peer review Quality Rounds in the Emergency Departments across the Health Board and report to the Secondary Care Divisional Quality and Safety Committee	Assistant Director of Nursing	Quarterly

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		Matrons to undertake peer review audits to include effective monitoring of fluid balance, blood glucose in patients with diabetes and the safe identification of all patients receiving care and medication and report monthly to the Glan Clwyd Hospital Quality and Safety Meeting	Matron	Monthly
	Quality of Management and Leadership			
20	<i>The health board must deal promptly with all concerns and complaints and effectively implement the All Wales putting things right guidance.</i>	There has been a focus on reducing the number of complaints open over 6 months with the intention of having no cases open over 6 months (unless beyond the control of the Health Board).	Director of Corporate Services	

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>The Health Board position at the end of December 2016 was that there were 24 complaints over 6 months open in total, all of which are either beyond the control of the Health Board or scheduled to close in January 2017.</p> <p>MHLD and all Area divisions have no cases over 6 months.</p> <p>There will be zero tolerance to >6 months complaints moving forward.</p>	<p>Director of Corporate Services</p>	<p>31/01/2017</p>
		<p>There is a continuing focus on those cases waiting over 3 months to provide the head room to prevent complaints (unless beyond the control of the Health Board) waiting beyond 6 months</p> <p>The Corporate Concerns Team are making direct contact with complainants where possible and agreeing issues to be investigated and responded to and including these in the acknowledgment letter.</p>	<p>Director of Corporate Services</p>	

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>The Concern Process is being reviewed and revised January and will be relaunched. A training needs analysis and training programme will be developed to support the implementation of this and Putting Things Right process.</p> <p>1:2:1 coaching available for staff that are new to the concerns investigation process.</p> <p>The BCUHB Ward Manager Leadership Programme, <i>Generation 2015</i>, now includes a full day session with regards to dealing with concerns to improve the timeliness of investigations and learning from patient experience</p> <p>Managing Concerns forms part of the Health Board induction programme for new starters</p> <p>The divisions are reviewing and revising their governance structures to improve the timeliness of investigations into concerns.</p> <p>The measures described above will equally relate to incident management. In addition there has been additional capacity (Nov- Jan 17) within the</p>	<p>Director of Corporate Services</p>	<p>31/01/2017</p>

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		<p>corporate concerns team to support the focus on closing overdue WG reported incidents.</p> <p>Information regarding the open reported incidents is provided on a monthly basis to services and departments to aid performance management.</p> <p>Local KPIs for the Corporate Concerns Teams are in place and monitored monthly.</p> <p>Datix hierarchies being revised and updated to allow accurate and prompt allocation of incidents</p> <p>Patient Advice and Support Service (PASS) to be implemented (Spring 17) at Glan Clwyd Hospital</p>	<p>Head of Risk and Assurance</p> <p>Patient Experience Team</p>	<p>28/04/2017</p> <p>30/04/2017</p>
21	<i>The health board must review the staffing of the EDOU to ensure that the needs of patients in this area are met at all times.</i>	Daily Scrutiny of unit staffing levels by Nurse in Charge to ensure safe and equitable nurse staffing is in place across all areas of the department	Nurse in charge	Daily
		Monthly scrutiny of approved E-roster to ensure compliance in relation to annual leave, study leave, sickness/absence, working restrictions and lost/unused hours	Medicine Head of Nursing	Monthly

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
		Undertake a skill mix review and benchmark skill mix against an agreed best practice activity tool for Emergency Departments to ensure right staff, right place, at right time.	Medicine Head of Nursing	30/04/2017
		Implement a 7 day house keeper service to ensure the release of core nursing time by maintaining core stock levels and providing assistance with IPC.	Matron	01/04/2017

Health Board Representative:

Name (print): Alison Griffiths

Title: Assistant Director of Nursing, Glan Clwyd Hospital

Date: 23 January 2017