Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report (Unannounced)

Emergency Department, Princess of Wales Hospital, Cwm Taf Morgannwg University Health Board

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

In writing:

Communications Manager

Healthcare Inspectorate Wales
Welsh Government

Rhydycar Business Park

Merthyr Tydfil

CF48 1UZ

Or via

Phone: 0300 062 8163

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

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

Our purpose

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

Our values

We place people at the heart of what we do. We are:

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

Our goal

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

Our priorities

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

Contents

1. What we did

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

Healthcare Inspectorate Wales (HIW) completed an unannounced inspection of the Emergency Department at Princess of Wales Hospital, Cwm Taf Morgannwg University Health Board on the 17, 18 and 19 October 2022.

Our team for the inspection comprised of two HIW Senior Healthcare Inspectors, three clinical peer reviewers and one patient experience reviewer. The inspection was led by a HIW Senior Healthcare Inspector.

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

This (full) report is designed for the setting and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients.

A summary version of the report, which is designed for members of the public can be found on our website.

2. Summary of inspection

Quality of Patient Experience

Overall summary:
We found that staff worked hard to provide patients with a positive experience despite the pressures on the department. Staff were observed providing respectful care, and patients were generally positive of the care they received from staff.

The patient experience however was affected by the lengths of stay patients encountered. Patients, once clinically reviewed, referred and a decision to admit made were in the department for longer than they should expect due to poor flow which affected the department and wider hospital. At the time of the inspection, there were 87 medically fit for discharge patients who were awaiting an appropriate package of care.

We found areas of the department to be overcrowded and lacking privacy, particularly in the lounge and corridor area in the majors area. which negatively impacted upon patient dignity.

This is what we recommend the service can improve:

- The health board must ensure that patients are accommodated in suitable areas of the department for appropriate lengths of time
- The health board must ensure that the environment promotes patient privacy and dignity.

This is what the service did well:

- The department provided a calm and welcoming paediatric area
- We observed staff providing respectful care at all times.

Delivery of Safe and Effective Care

Overall summary:
We found that patients were provided with a generally safe level of care. However, this was negatively impacted by poor patient flow out of the emergency department (ED) and wider hospital site. Specifically, the inability to transfer patients from the ED to wards within the hospital in a timely manner once patients no longer require emergency care.

Immediate assurances:

- We found gaps in resuscitation trolley checks which meant that we could not be assured that consistent and comprehensive checks of the equipment on these trollies took place. More details can be found in Appendix B.

This is what we recommend the service can improve:

- Generally, medicines were managed appropriately, however we noted some issues relating to sharps waste and medicines storage
- Provision of better facilities for patients presenting with mental health issues
- Generally, infection prevention and control was managed appropriately, however we noted some issues in relation to housekeeping, disposal of PPE and isolation facilities
- Evidence of good record keeping was identified, but areas requiring improvement in relation to medical and nursing entries were identified.

This is what the service did well:

- There was appropriate clinical oversight of patient waiting areas
- We found a responsive rapid assessment and treatment model in lieu of the traditional triage process, which provided an overall timely medical review of newly presenting patients
- Regular review of clinical pathways to help promote clinically safe and optimal care.

Quality of Management and Leadership

Overall summary:
We found cohesive teamworking in the ED. Staff were complementary about the way in which they supported each other and provided positive feedback about local managerial support.

Staff responses to the HIW questionnaire were mixed, with positive comments relating to local ED and site management, good professional development and visible leaders. However, staff also raised issues regarding feedback not being acted upon by senior managers, poor staffing skill mix and aspects of wellbeing. The health board is strongly encouraged to ensure that staff have appropriate channels of communication to provide feedback and to ensure that this is acted upon where appropriate.

This is what we recommend the service can improve:

- Staff told us that senior managers could improve how effectively they act upon on staff feedback
- Staff felt that aspects of the staffing skill mix needs to be strengthened and that staff wellbeing could be improved.

This is what the service did well:

- Staff described a cohesive and supportive team
- Staff provided positive comments relating to local and immediate managerial support
- Staff told us that professional learning and development helped them to do their job effectively.

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

3. What we found

Quality of Patient Experience

Patient Feedback

During the inspection we used paper and online questionnaires to obtain views and feedback from patients and carers. A total of 14 were completed. Patient comments included the following:

> *"Doctor was excellent explained everything clearly. Nursing care was excellent too"*
> *"No privacy in the corridor. Give [patients] a bed"*
> *"Patients should be checked more often"*

Staying Healthy

Health Protection and Improvement
We found health promotion and support information displayed around the ED. This included smoking cessation advice and information on other services, such as NHS 111 and out of hours GP services.

Where appropriate, patients told us that they had been given advice on how to prevent their condition re-occurring.

Timely care

Timely Access
We found that patients did not always receive care within the ED or wider hospital in a timely manner.

Whilst patients experienced variable waits to be seen by the relevant healthcare professional, acutely unwell patients who presented at the department were generally reviewed in a timely manner. This was noticeable in the majors area of the department which had implemented a rapid assessment and treatment (RAT) pathway in lieu of the traditional triage system until 21.00 each day. After 21.00, the nurse-led Manchester triage system was re-implemented.

However, we found that, once clinically reviewed, referred and a decision to admit made, patients were in the ED for longer than expected due poor flow within the wider hospital. This resulted in the ED accommodating patients for longer than they should, including in seated areas of the department unsuitable for the lengths of time we observed.

Staff told us that this was primarily due to the inability to discharge medically fit patients and a particular problem within the Bridgend locality of sourcing appropriate packages of care. Senior management informed us that there were 87 patients within the Princess of Wales Hospital who were fit for discharge and were awaiting a package of care at the time of the inspection taking place.

We reviewed data in the week leading up to the inspection of patients who had been clinically reviewed, but who were waiting in the department for further investigations or a bed space on a ward within the hospital. We found one older patient had been waiting for almost 22 hours in a corridor chair located in the majors area and another older patient who had been on a recliner style chair in the majors lounge area for 37 hours.

Whilst these examples were at the upper end of the data that we reviewed, there were numerous other examples of excessive lengths of stay in these areas. This negatively impacted upon privacy and dignity, but also timely and optimal care for those whose care needs would be better provided for in a more suitable clinical environment.

Despite the lengths of waits patients were required to sit in these areas for, we found that there was a generally good nursing allocation and oversight of these areas to ensure patients received a generally safe level of care. There was established staffing for these areas, including a float nurse. However, the health board must aim to ensure that the placement of patients in this manner is not normalised.

We confirmed that the nurses in charge of each shift and senior nursing staff escalated concerns relating to the operation of the department through an appropriate incident reporting channel for the health board to review. Twice daily meetings at 08.30 and 15.00 Monday to Friday took place across departments in the hospital in effort to tackle flow and to begin each shift in a safe manner.

The health board must continue to acknowledge the significant patient flow challenges affecting the department and wider hospital site. It must provide HIW with an update on the actions taken and processes in place to ensure a system wide solution to poor flow and overcrowding in the ED and wider site.

The health board is encouraged to continue to engage with staff due to the level of feedback and suggestions provided to us during this inspection.

Dignified care

Dignified care

When asked if staff treated them with dignity and respect, all but one patient who completed a HIW questionnaire agreed. All but one patient that we spoke with confirmed that they were very happy with the care they received.

We found staff were working hard to ensure that patients were provided with dignified and respectful care. However, poor patient flow and placement of patients in the department significantly impacted the ability of staff to deliver the standard of care they told us that they strive for.

The seated areas in the majors area of the department, notably the corridor chairs, did not provide patients with privacy and dignity. The corridor chairs were part of the main thoroughfare of the department and were adjacent to the toilet. Whilst the lounge area provided slightly improved comfort and privacy, chairs were in close proximity to one another and were unsuitable for sustained periods of time.

Whilst staff told us that they attempt to carefully place patients in these areas according to an agreed criterion, other staff told us that this wasn't always possible. Some staff also commented that the lounge area was not suitable for certain patients owing to their clinical presentation and the need for an appropriate bed.

Patient dignity was further compromised by the lack of washing and toilet facilities in the department. We found there to be only one toilet which was insufficient for the numbers of patients and visitors. Whilst ED is intended to only accommodate patients for a short length of stay, the increased length of stays occurring heightens the need for the health board to provide sufficient and appropriate facilities. **The health board must review washing and toilet provisions in the department.**

It was positive to note that an area of the department had recently been repurposed and refurbished to accommodate paediatric patients. This area provided a calm and age-appropriate environment for children to be seen and treated.

Communicating effectively and Patient information

We observed respectful and sensitive conversations between staff and patients at all times. Patients told us that staff provided explanations about their care and treatment and kept them informed about what will happen next.

Appropriate treatment and condition specific information leaflets were available for staff to provide to patients at the point of discharge to take away.

We observed that some staff working within the ED wore a 'Iaith Gwaith' badge to indicate that they could communicate bilingually (Welsh/English) and overall, the main signage displayed throughout the department was bilingual.

Patient waiting times in the ED were not displayed, but patients were able to speak to staff should they wish for an update.

Individual care

Planning care to promote independence
We found that there were multidisciplinary care planning processes in place which took account of patients views on how they wished to be cared for. All but one patient agreed that they were involved as much as they wanted to be in decisions about their healthcare.

We observed initiatives, including the butterfly scheme, in use in the department. Patients were clearly identified in their notes and on their person. Dementia patients had access to some sensory tools, including fidget mats, to help keep their hands occupied.

Patients had access to occupational therapist and physiotherapist input on an as required basis to review and assess their safe discharge from hospital.

Listening and learning from feedback
There were opportunities for patients to provide feedback, including posters and comments cards located in the department and main waiting areas. However, we noted that some of the details on this literature was incorrect, such as referring to the previous health board. **The health board must ensure that accurate patient feedback literature is available.**

We reviewed a recent complaint submitted to the department and found that this had been responded to sensitively, within the required timeframes, and that learning had been shared with the wider team to help prevent a recurrence. The majority of staff who responded to the HIW questionnaire agreed that they receive updates on patient experience feedback.

Delivery of Safe and Effective Care

Safe Care

Managing risk and promoting health and safety
We found that access to the ED was secure and generally accessible to all patients and visitors. However, the department remained busy throughout the inspection and an increasing number of patients in the department increased potential risks.

Staff we spoke with were aware of the escalation procedures in place in the department, for example patient deterioration or collapse. All medical and nursing leaders were also confident on how to escalate concerns they have about the running of the department.

We found that there was no dedicated mental health room in the ED and staff described rooms that would often be used. This included the relatives or plaster room, both inappropriate for this purpose. Senior staff told us that plans had been submitted to design aspects of patient waiting areas, including provision for a mental health assessment room. **The health board must provide HIW with progress against these plans to ensure that patients are assessed and accommodated in a suitable location in the department.**

There was a dedicated children's waiting room, which contained appropriate toys and a television. Access to the newly refurbished paediatric area of the department was located next to this waiting area and access was controlled.

We noted that there were processes in place to protect staff and other ED attendees from violence and aggression. We were informed that there is access to security on-site if required.

Preventing pressure and tissue damage
We found that patients at risk of tissue damage were generally appropriately managed within the department. Patients were risk assessed and pressure relieving equipment was in use where required.

Access to tissue viability nurses could be requested as required if a specialist review of patients was required.

We confirmed that risks to skin integrity for patients arriving by ambulance who may be involved in a delayed transfer of care are reviewed. Initial review is

completed by the rapid assessment team, with the float nurse taking responsibility for on-going monitoring.

Falls prevention

We found that patients at risk of falls were generally appropriately managed within the department. Patients were assessed for mobility and call bells were within reach of most patients in the department. Where call bells were not available, for example in seated areas, staff told us that every effort is made to ensure that patients are placed in these areas of the department on a risk assessed basis.

Staff told us that any concerns relating to patients at risk of falls was discussed during shift handover meetings.

There were a low number of falls recorded in the department and we confirmed that there was an appropriate governance process in place to scrutinise falls incidents to aid learning.

Infection prevention and control

We found good compliance with infection prevention and control (IPC) procedures in all areas that we inspected. Staff we spoke with were knowledgeable and were able to describe how they maintained good IPC practices relevant to their roles and responsibilities.

Staff were well presented in clean uniforms, were bare below the elbow and were observed adhering to good hand hygiene principles in between tasks.

There was a lead IPC nurse within the department who supported audit activity and shared learning for staff. Audit activity had been completed consistently and was positively scored. Where maintenance issues affecting IPC had been identified, we noted that these issues had been appropriately escalated.

When asked if appropriate infection prevention and control procedures are in place, 47 of the 56 staff who responded to the HIW questionnaire agreed. Of those staff who disagreed, comments included:

> *"… they [housekeeping] only clean floors. The nurses have to clean everything else while dealing with 2 wards of patients, numerous ambulances and a corridor of patients as well as an emergency department."*
> *"… false promises of more cleaners, and a better environment. It's dirty and tired and our patients and staff deserve better."*

We noted that there was dedicated housekeeping based within the ED on a 24-hour basis. However, staff told us that they did not feel there was sufficient coverage overnight. The health board is advised to consider the adequacy of housekeeping arrangements in the department.

We found that the department had no designated isolation rooms to accommodate infectious patients. Staff informed us that they would attempt to accommodate the patient in a cubicle if required. During the inspection, an infectious patient was accommodated in this manner. However, we found that the clinical waste bin outside of their cubicle was open with used PPE on top and open to the environment.

We noted a low number of reported healthcare acquired infections relating to the ED. However, we reviewed the most recent incident report which noted that the incident was avoidable. Some of the reasons provided in the report for the cause of the incident reflected some of the findings in this report, specifically relating to the environment and lengths of time patients were required to stay in the ED. In this specific incident, we noted that the patient was adjacent to an infectious patient during this time.

The health board must reflect on the issues highlighted in this section relating to IPC and take action to mitigate the risk to staff, patients and visitors.

Nutrition and hydration
We found that nutrition and hydration needs were generally well met in the department.

Patients and visitors had access to a vending machine and a hot drinks machine in the main waiting areas. Patients admitted into the ED or who were waiting on an ambulance had access to a hot meal at lunch time and light breakfast and dinner choices.

We noted that Red Cross support was provided to the ED, but that this had been recently withdrawn due to funding. Some staff commented they felt that the support at mealtimes and in other areas, such as talking to patients and patient transport, was a valuable aspect of the patient experience to lose.

Generally, we found that nursing documentation in relation to nutrition and hydration to be good. This included recording the offer of food and drink and the time this was offered. We noted in all but two records that we reviewed that a nutritional risk assessment was completed, and that food and fluid intake was appropriately monitored. For longer term ED patients, an appropriate care plan was in place where required.

Medicines management
We found that patient documentation relating to the assessment, administration and review of medications were overall appropriately completed. However, we found that one patient had been newly prescribed oral antibiotics, but this was recorded as 'not administered' as the patient was too drowsy. Yet this medication could have been administered intravenously to ensure timely treatment. This was escalated and resolved during the inspection. See Appendix A for further details.

It was positive to find that the completion and review of pain assessments were completed at the appropriate intervals, with prescription and administration of pain relief when required.

We reviewed aspects of controlled drugs security and found that controlled drugs were securely stored, administered and logged appropriately. We confirmed that audits are routinely completed by dedicated pharmacy staff based within the ED.

Fridge temperatures were checked and logged daily to ensure the integrity of medicines held inside. The exception to this was the fridge located next to the ward clerk which contained tetanus immunoglobulin. Staff confirmed that no checks on this medication are completed. This was escalated and resolved during the inspection. See Appendix A for further details.

Sharps boxes were accessible to staff in all areas of the department, except we noted during our tour of the department that one box located in an open area of the department was full and required emptying. This was escalated and resolved during the inspection. See Appendix A for further details.

Medicines were stored securely in the department in an automated dispensing cabinet. However, we found the IV fluids storage cupboard in the corridor area was unlocked. Whilst the doors appeared locked with a keypad, the doors could be pulled open without needing to enter the code. This was escalated and resolved during the inspection. See Appendix A for further details.

Safeguarding children and safeguarding adults at risk
There were clear health board policies and procedures in place for staff to follow in the event of a safeguarding concern. Staff we spoke to were aware of the process for reporting any concerns and would feel comfortable to do so.

We found that there was generally good compliance with safeguarding mandatory training amongst clinical staff. The safeguarding lead also informed us that bespoke safeguarding training and awareness is provided to staff within the ED in addition to mandatory training.

There was a good system in place to flag patients known to the department. This supports staff and patients in providing and receiving an appropriate form of care.

At the time of the inspection, we noted that there was a Deprivation of Liberty Safeguards (DoLS) assessment being completed for a patient, and staff were aware of the process to follow.

Blood management
We found that there were appropriate systems and processes in place relating to blood management and transfusion.

This included a double check procedure by two nursing staff, appropriate storage and handling of blood products, and appropriate training for staff relating to the administration and monitoring of patients.

We reviewed one patient who was receiving a blood transfusion at the time of the inspection and found that all documentation relating to its administration had been completed appropriately.

Medical devices, equipment and diagnostic systems
We found medical devices and equipment to be in date and in working order. Devices we observed had a label to indicate when they had last been serviced and staff were clear regarding the reporting of faulty equipment.

When asked if they have adequate materials, supplies and equipment to do their work, only 23 of the 55 staff who answered agreed. Comments included:

> *"Not enough basic facilities for example toilets, showers, equipment, storage"*
> *"Need more equipment, e.g. ECG"*
> *"We are often very short of vital equipment due to delays or shortages with stores"*

The heath board must reflect on this staff response to ensure that staff have adequate materials, supplies and equipment to do their work effectively.

Effective care

Safe and clinically effective care
Local managers and clinical leaders within the department had worked hard to ensure a positive learning and development culture within the department to develop systems, processes and the workforce.

This included the development of clinical handbooks and regular audits and reviews of clinical pathways to help promote clinically safe and optimal care.

We considered the clinical education programme to be robust for both nursing and medical staff. This included supernumerary time for newly qualified staff and a good induction programme. Staff were overall complementary of the professional development provision.

We found that the department undertakes a breadth of nursing and medical audit activity. This was reported through an appropriate framework of local and directorate wide governance meetings.

Information governance and communications technology
We found generally suitable information communications technology (ICT) systems in place to enable staff to complete their tasks in support of patient care. However, when asked if they can access ICT systems they need to provide care to patients, a third of staff disagreed. Two staff told us that there was an insufficient number of computers to review patient notes.

Record keeping
We reviewed 23 patient records across the department, including majors, minors and paediatrics. Overall, we found generally well completed nursing and medical entries in almost two thirds of the records reviewed. We found that patient care and treatment was responsive, appropriately assessed, monitored and recorded. This included initial review, completion and implementation of risk assessments, relevant charts and observations.

However, in a third of the records that we reviewed, we found areas which require strengthening to maintain professional standards. Findings included:

- In two records, we found that fluid provision and monitoring to be poor
- In one record, we noted pressure area checks to be well documented, but there was a lack of escalation when required
- In six records, we found a lack of pain assessments
- In four records, we noted a lack of timely care, treatment or documented outcome, following initial triage, medical review or specialist referral
- The need to ensure that all written entries are legible, timed and linked to the relevant healthcare professional.

It was positive to find examples of good practice in the minor injuries area. This included robustly documented assessments and safety netting.

Whilst we acknowledge the pressures on staff, **the health board must ensure that patient records and associated documentation is completed correctly and comprehensively to ensure that appropriate care and treatment is provided. We recommend that audit activity in this area is increased.**

Quality of Management and Leadership

Governance, Leadership and Accountability
We confirmed that there was an appropriate management structure within the department. Staff were clear on who their managers were and how to escalate any issues.

When asked if their immediate manager can be counted on to help with a difficult task at work, the majority of staff who responded agreed.

There were positive comments from staff in the ED in relation to their immediate line manager and local ED management, which included non-clinical managers, clinical director, matron and site head of nursing. Questionnaire comments included:

> *"POWH ED is a very good ED with strong internal team leadership and a desire to provide good quality of care to patients."*
> *"Our immediate managers, who's offices are in the department, go above and beyond to ensure we operate as safe as we can."*
> *"If it wasn't for the strong management in ED and the sense of teamwork, the care would be falling far short of what we currently deliver."*
> *"The matron and CD of the department do genuinely appear to care about the staff and the department."*

The majority of staff agreed that they know who the senior managers are and just over two thirds agreed that they are visible. Whilst just over two thirds of staff agreed that communication with senior management is effective, almost half of staff did not feel that staff feedback is acted upon. Comments included:

> *"Senior management do not listen to the concerns of anyone below a band 6…"*
> *"… [some senior managers] are very supportive and understanding and try to help all they can, but the lack of understanding by other seniors is shocking…"*
> *"The senior management structure have run out of ideas to help us. They now disengage from us; I feel to avoid the problem."*

It was positive to note that a staff complement system called Greatix had been introduced to enable colleagues to pass on their thanks.

Throughout the course of the inspection, management and staff made themselves available to the inspection team and were open and engaging.

Workforce

We found committed staff in all roles working hard to provide patients with a positive experience and good levels of care despite extreme pressures. There was a good sense of team working displayed within the department and staff appeared supportive of each other.

It was positive to note that there was an overall stable and substantive medical workforce. We were told that there had been a recent recruitment effort to backfill many nursing vacancies in the department. As a result, there were minimal nursing vacancies on the department at the time of the inspection.

However, less than half of staff agreed that there was an adequate skill mix in the department. There was a consensus amongst staff comments that this was due to the loss of senior, experienced colleagues and the number of newly qualified nursing staff. There was also a strong sense of concern amongst staff relating to the numbers of nursing staff who have left the organisation to undertake work with agencies. Only a quarter of staff agreed that there are enough staff to enable them to do their job properly. Comments included:

> *"Need more qualified nurses. More band 4"*
> *"There has been a huge turnover of staff during and after COVID… heavily reliant on agency staff to fill gaps."*
> *"… sometimes short of senior doctors on the weekends"*
> *"We have very few health care assistants on shift (although our numbers have improved recently). More HCAs would be invaluable to our patients care."*
> *"… one rota requires 9 people to staff it, we only have funding for 7.5 staff, which leaves us short of night shift staff on a regular basis. We have to go out to agency staff to fill the deficit."*

Additional Staff Feedback

During the inspection, we distributed online questionnaire to obtain views and feedback from staff. We received 56 responses in total. These responses have been included within the relevant sections of this report and additional responses and comments are included below.

When asked whether the ED environment is appropriate in ensuring patients receive the care they require at their 'point of attendance', less than half agreed. The majority of comments related to lack of flow, overcrowding and a lack of appropriate space for the clinical presentation.

Half of respondents agreed they are satisfied with the quality of care they give to patients. Comments included:

> *"… the lack of social care provisions means that 'medically fit patients' are in hospital for sometimes in excess of a year creating a front door block where there are no beds for sick patients, and creates an unsafe and demoralising working environment at times, despite [this], the amazing staff that I work with [are] doing their absolute upmost to ensure morale and provide dignified, evidence-based care."*
> *"Demands on staff working in an unsafe, unsustainable environment, unable to deliver the care is causing many to leave."*
> *"… I feel ED process is excellent, and mitigates a lot of the risk that is placed on it by the lack of support and flow into the hospital…"*

Two thirds of staff agreed they are satisfied with the quality of care they give to patients.

When asked whether their organisation encourages teamwork, the majority of staff agreed. However, only a little over half of staff agreed that partnership working with other departments is effective.

When asked whether their job is detrimental to their health, half of the staff who answered stated that it is. However, only just over half agreed their organisation takes positive action on health and wellbeing.

When asked whether they had seen errors, near misses or incidents that could have hurt staff or patients almost half who answered stated they had. However, over two thirds agreed that the Health Board takes action to ensure that they do not happen again.

In relation to professional development, over two thirds of staff agreed they have had full training on all areas within the department. However, comments included:

> *"Staff are expected to work in all areas but have no training with paeds [paediatrics], minors [minor injuries], etc."*
> *"I feel like training in ED is excellent, always happy to help push and develop nurses' skills and facilitate learning*
> *"… We have a full-time clinical educator who has been [in] post for approximately a year and this has made a huge difference to staff training."*

"Adding the odd bit of training here and there alongside the shifts has proven that there is little turn out of staff, or people are just too exhausted to take things in properly."

When asked if there was any other training staff would find use, we were told:

"I feel the band 3 staff should have much more training, and should be able to do a lot more, like other hospitals"
"More access to emergency nurse practitioner training, i.e. developing staff with the department rather than appointments from outside"
"Yes! Paeds [Paediatrics]. Resus [Resuscitation] … In house scenario training for all sorts."
"There should be more simulation training within the department and study days; however, the barrier to this is staffing and the department is always too busy to be able to train on shift."
"Taking arterial blood gases"
"Major Incident training not covered sufficiently."

When asked whether training, learning and development helped them to do their job more effectively, almost all staff agreed.

We found that compliance with mandatory training was variable. However, the practice development sister provided with a comprehensive overview of the mitigations that are in place to ensure that staff can complete their training in a timely manner. This included requesting protected spaces for ED staff, internal training opportunities and allocated 1-1 sessions. **The health board must continue to ensure that the department and staff within the department are supported to undertake mandatory training required for their roles in a timely manner.**

Due to the number and breadth of comments received, it has not been possible to include all comments within this report. **The health board must review the less favourable responses identified in this report. The health board must also ensure that staff have appropriate and on-going channels of communication in which to provide feedback and that that this is acted upon where appropriate.**

4. Next steps

Where we have identified improvements and immediate concerns during our inspection which require the service to take action, these are detailed in the following ways within the appendices of this report (where these apply):

- Appendix A: Includes a summary of any concerns regarding patient safety which were escalated and resolved during the inspection
- Appendix B: Includes any immediate concerns regarding patient safety where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking
- Appendix C: Includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

The improvement plans should:

- Clearly state how the findings identified will be addressed
- Ensure actions taken in response to the issues identified are specific, measurable, achievable, realistic and timed
- Include enough detail to provide HIW and the public with assurance that the findings identified will be sufficiently addressed
- Ensure required evidence against stated actions is provided to HIW within three months of the inspection.

As a result of the findings from this inspection the service should:

- Ensure that findings are not systemic across other areas within the wider organisation
- Provide HIW with updates where actions remain outstanding and/or in progress, to confirm when these have been addressed.

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

Appendix A – Summary of concerns resolved during the inspection

The table below summaries the concerns identified and escalated during our inspection. Due to the impact/potential impact on patient care and treatment these concerns needed to be addressed straight away, during the inspection.

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
We found that access to the IV fluids storage cupboards in the corridor near to the ambulance arrivals area was unlocked. Whilst the doors appeared locked with a keypad, the doors could be pulled open without needing to enter the code.	This presented a risk of unauthorised access to IV fluids	We raised this with departmental management	Departmental management assured us that the doors had been locked and staff reminded of the passcode
We found that the sharps bin in the HDU required emptying on the evening of the first day of the inspection.	This presented a sharps injury risk to staff	We raised this with the nurse in charge	The nurse in charge resolved this at the time.

We found that one patient had been prescribed oral antibiotics, but this was recorded as ‘not administered’ as the patient was too drowsy. However, this medication could have been administered via an IV to ensure timely treatment.	This presented the risk of a patient not receiving their first round of antibiotics in a timely manner	We raised this with clinical staff	The patient was prescribed IV antibotics and treatment was commenced
We found that fridge temperature checks in the department were completed, except for a small fridge located next to the Ward Clerk which contained tetanus immunoglobulin.	This presented a risk to the integrity of the medication	We raised this with clinical staff and departmental management	This was resolved immediately, with a check list being put into place.

Appendix B - Immediate improvement plan

Service: Princess of Wales, ED

Date of inspection: 17-19 October 2022

The table below includes any immediate concerns about patient safety identified during the inspection where we require the service to complete an immediate improvement plan telling us about the urgent actions they are taking.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
Resuscitation trolley checks had not been completed in line with Health Board procedure and Resus UK guidance. This poses a patient safety risk due to the potential for equipment to be missing and not immediately available when required in an emergency. We found evidence of persistent gaps during September and October 2022 on the resuscitation trolleys located within the majors area of the Emergency Department. Gaps were also identified on the	Standards 2.1 / 2.9	To ensure all 7 resuscitation trollies in the Emergency Department are checked, all charge nurses are informed of expectation for daily checks to be completed and recorded on the daily checklist. To ensure that the nurse in charge or senior nurse performs a daily check which is recorded at Safe 2 Start meeting and on the daily checklist. The checklist is saved on a drive for reference and audit purposes.	Senior Nurse	Immediately Action complete and on-going Action complete and on-going Action Complete

resuscitation trolley within the minors area. The Health Board must ensure that checks are completed and logged at all times, and that there are robust mechanisms in place to identify and rectify when checks are not completed or logged.		Where non-compliance is highlighted this will be rectified by the Senior Nurse, Lead Nurse or Head of Nursing and feedback will be given to individual leaders as necessary. Plan to work with corporate nursing team to review options of creating a digital solution for audit surveillance and daily checks to further improve oversight of status. Work with Care Group Directors of Nursing and Midwifery and Heads of Nursing across the three acute sites and community hospital sites in establishing a consistent model of surveillance and checking practice.	With immediate effect February 2023

Appendix C - Improvement plan

Service: **Princess of Wales, Emergency Department**

Date of inspection: **17-19 October 2022**

The table below includes any other improvements identified during the inspection where we require the service to complete an improvement plan telling us about the actions they are taking to address these areas.

Improvement needed	Standard/ Regulation	Service action	Responsible officer	Timescale
The health board must continue to acknowledge the significant patient flow challenges affecting the department and wider hospital site. It must provide HIW with an update on the actions taken and processes in place to ensure a system wide solution to poor flow and overcrowding in the ED and wider site.	Standard 2.1 / 3.1 / 4.1 / 5.1	Ongoing Chair/CEO discussions with the leader and CEO of Bridgend council to seek system wide capacity solutions. Develop revised operating plans for use in times of full hospital capacity to incorporate the function of pre-emptive transfer and boarding in response to front door pressures. Develop revised operating plans for the improved access and	Chair/CEO Unscheduled Care Group Nurse Director	Ongoing. Complete Complete (version 1)

		function of discharge lounge facilities across CTM. As part of the CTM response to the increasing capacity issues, and in addition to other clinical areas across the organisation, ward 16 at POW is currently being refurbished in order to create additional beds to support flow across the acute site.	Unscheduled Care Group Nurse Director Deputy COO for Primary Care, Community and Mental Health Services	By February 2023
The health board must review washing and toilet provisions in the department.	4.1	Agreement for Emergency Department office to be repurposed as additional toilet with wash hand basin. Tender process complete 25/11/22. Pre-contract meeting w/c 19/12/22. Proposed start date 16/01/23	Capital Planning Officer	Within 3 months
The health board must ensure that patient feedback literature is accurate.	6.3	All Emergency Department signage and noticeboards to be reviewed and updated to show correct Health board branding	ED Management Team	By March 2023

The health board must reflect on the issues highlighted in the IPC section and take action to mitigate the risk to staff, patients and visitors.	2.4	Communication of IPC disposal procedures with all staff Awareness of isolation required for different infections – to circulate prioritisation of isolation from IPC team. IPC environmental review with Unscheduled Care Nurse Director planned across three EDs in January.	IPC Team and Head of Nursing Lead IPC Nurse and Nurse Director for Unscheduled Care	By January 2023 By February 2023
The health board must provide HIW with progress against the mental health assessment room plans to ensure that patients are assessed and accommodated in a suitable location in the department.	2.1 / 4.1	Agreement to adapt clinical room to become mental health assessment room. Tender process complete 25/11/22. Pre-contract meeting w/c 19/12/22. Proposed start date 16/01/23	Capital Planning Team	By April 2023
The heath board must reflect on this staff response to ensure that staff have adequate materials, supplies and equipment to do their work effectively.	7.1	ED Band 3 HCSW responsible for stock control. Procurement and human factors review across three EDs as to equipment and access to	Senior Nurse, ED Nurse Director and Service Director for Unscheduled Care	Complete By July 2023

		resources being planned for the first quarter of 2023/24. To develop a sustainable stock management system for Princess of Wales Site	 Acute Service General Manager, Princess of Wales Hospital	 By July 2023
The health board must ensure that patient records and associated documentation is completed correctly and comprehensively to ensure that appropriate care and treatment is provided. We recommend that audit activity in this area is increased.	3.1 / 3.5	All staff reminded, via essential communications group, about the need for accurate, legible and timely recordkeeping. Documentation Audit added to the ED audit programme with audits to be completed jointly by medical and nursing teams. Audits to be added to AMaT system. Next audit presentation March 2023.	Senior Nurse ED Senior Nurse, ED ED team	Complete Ongoing – Monthly audits By March 2023
The health board must continue to ensure that the department and staff within the department are supported to undertake mandatory training required for their roles in a timely manner.	7.1	Nurse Educator to continue to support staff with access to mandatory training. Use PADR process to monitor and support mandatory training completion	Senior Nurse and Nurse Educator ED	Ongoing

The health board must review the less favourable responses identified in this report. The health board must ensure that staff have appropriate and on-going channels of communication in which to provide feedback and that that this is acted upon where appropriate.	7.1	In response to the care group leadership team being substantively appointed to as of the 25th of December 2022, the leadership will facilitate a number of listening and action events to incorporate the feedback provided by staff during the inspection.	Unscheduled Care Group Nurse Director, Service Director and Medical Directors.	By February 2023
		The care group and ED leadership team in partnership with CTM patient experience leads will seek to the mechanism to best capture and respond to the feedback of patients, services users and their relatives.	Unscheduled Care Group Nurse Director	By March 2023
		As currently being planned the Acute Services leadership team will take the lead on establishing a weekly quality, safety and experience huddle using departmental data, narrative and other appropriate sources of evidence to isolate key issues for	Acute Services Head of Nursing and General Manager	By February 2023

		internal action and external escalation. These will be attended by senior managers and directors and will function as a formally documented meeting reporting in exception to the Unscheduled Care Quality, Safety and Patient Experience Committee.		
		Following on from engagement with local elected officials and in response to the recently published CHC 'patient/relative's experience report of Emergency Departments at CTM, the Nurse Director and an Independent Member have set out to conduct a formal review of public and patient accessible areas across the three EDs. Once complete the review will be shared with relevant committees and will be used as to form part of the approach in setting key priorities for 2023/24 in unscheduled care.	Unscheduled Care Group Nurse Director	By February 2023

		The Nurse Director for Unscheduled Care will be commissioning an independent listening project which has already proven to be a significant instrument at our PCH ED in seeking to understand the views of staff and colleagues in a safe and confidential environment. The information provided will then be used to form a response of tangible actions to support staff and leaders at the front door.	Unscheduled Care Group Nurse Director	By March 2023

The following section must be completed by a representative of the service who has overall responsibility and accountability for ensuring the improvement plan is actioned.

Service representative

Name (print): R Hughes

Job role: Care Group Director of Nursing, Unscheduled Care

Date: 21st December 2022