Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report
(Unannounced Follow-up)
Emergency Department, Ysbyty Glan Clwyd, Betsi Cadwaladr 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.

In May 2022, the Emergency Department (ED) at Ysbyty Glan Clwyd, Betsi Cadwaladr University Health Board ED was designated by HIW as a Service Requiring Significant Improvement (SRSI). This designation was based on an accumulation of evidence, originating in January 2022, leading to an unannounced onsite inspection that took place during May 2022. A follow-up unannounced onsite inspection which took place in November 2022 noted only minimal improvement and the ED remained a SRSI. On 29, 30 April and 01 May 2024 Healthcare Inspectorate Wales (HIW) completed a further unannounced, follow-up inspection of the ED. The aim of this inspection was to assess whether sufficient improvement had been made since the issues of concern that led to the SRSI designation.

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

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We received 26 responses from patients. Not all respondents completed the questionnaire to the end, and questions were skipped throughout. Feedback and some of the comments we received appear throughout the report.

Where present, quotes in this publication may have been translated from their original language.

We also invited staff to complete a questionnaire to tell us their views on working for the service. Only four responses were received. Staff responses were generally positive and those we spoke with during the inspection were generally happy with the working environment and commented positively on the support that they received from the ED matron and Head of Nursing.

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

2. Summary of inspection

We found that the health board has made progress in addressing or reducing risk in relation to the most significant areas of concern that led to the ED being designated as a Service Requiring Significant Improvement (SRSI) in 2022. Compared to 2022, there has been marked improvement in relation to the timely escalation of patients with time critical and high-risk conditions and we found strengthened oversight of the waiting area compared to previous inspections.

We saw an improved culture and found stronger local leadership with improvement in local oversight since our previous inspections. Staffing levels have increased, and the quality of documentation has improved in comparison with the levels of concern in 2022.

Overall, the service has improved and the arrangements in place have addressed the most significant areas of concern identified in 2022. However, significant challenges remain for a service that continues to operate in highly challenging conditions. The ability of staff to deliver a consistent level of care is significantly hindered by the number and acuity of patients attending the department and issues with the flow of patients within the hospital.

Some issues remain from our previous inspections. Excessive waiting times are still being experienced by patients. Resuscitation equipment checks are still not being carried out robustly enough. Improvements are still required around patients leaving the department without being assessed or treated by staff. Pressure area risks assessments and falls risks assessments are not being undertaken routinely. There are still issues around ensuring specialty doctors provide timely assessments to patients in the ED, and a need to strengthen how the GP out of hours service operates alongside the ED.

Some of the issues impacting the flow of patients and causing challenges within the ED require additional and continued focus and effort from the health board to resolve. The patient experience remains poor, with excessive waits being experienced. Whilst some of these challenges are not unique to this service, we feel there are still actions for the health board to take to lessen the impact of these on the service and ensure a coherent and robust whole-hospital approach is taken to improving the flow of patients through the ED.

In recognition of the overall progress made against the key areas of concern in 2022, we have decided that it is appropriate to de-escalate the ED from the SRSI designation. The health board must ensure that the improvements and processes implemented since 2022 continue, with further work needed to drive further

improvements in the service. We will continue to closely monitor these actions and improvements.

Quality of Patient Experience

Overall summary:
Staff continued to work hard under highly challenging conditions. Many staff members went above and beyond to ensure patients were well cared for. However, their efforts were often hindered by the number and acuity of patients attending the department and issues with the flow of patients into wards within the hospital.

The majority of patients we spoke with were generally happy with the way that staff interacted with them, and the care provided. However, patients were critical of waiting times. Although an improvement on what we saw on the previous inspection, we found that some patients had been waiting to be seen by a doctor for over 12 hours.

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

This is what we recommend the service can improve:

- Continue with efforts to improve patient flow through the department and re-enforce the need for a whole hospital approach and shared responsibility to address this
- Ensure patients are triaged promptly on arrival at the ED and continue with efforts to reduce the time patients wait to be seen by a doctor
- Continue with efforts to ensure that patients are moved from ambulances into the ED in a timely way
- Continue to monitor the number of clinically unwell patients self-presenting at ED and take steps to minimise the risk of harm to patients
- Review this process and explore more effective ways of processing and responding to GP referrals
- Ensure that there are sufficient staff and adequate equipment available to facilitate timely cleaning of the ED and ward areas in order to improve patient flow
- Ensure that staff keep all patients informed and updated during their journey through the ED and what will happen to them in terms of care and treatment
- Ensure that discussions with patients and their family representatives in relation to Do Not Attempt Cardio-pulmonary Resuscitation (DNACPR) are accurately recorded and readily available to staff involved in the care of the patient.

This is what the service did well:

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

Delivery of Safe and Effective Care

Overall summary:
There were significant challenges with patient flow through the department. This was due, in the main, to delays in discharging patients from other areas of the hospital, which meant there were insufficient numbers of spaces to move patients into. As a result, patients were spending in excess of 36 hours in the department. This should be regarded in the context of national pressures on emergency departments and is not unique to Ysbyty Glan Clwyd.

We found that the improved oversight of the waiting room had been sustained, with a registered nurse and healthcare assistant seen attending to patients and offering them food and drink when needed.

As was the case during the previous inspection, we observed a patient emergency in the waiting room and this was managed in an effective manner.

We found the whole of the department to be clean and tidy with evidence of robust infection prevention and control measures implemented. This was a significant improvement on the previous inspection.

The general health and safety risks were appropriately managed within the department. Again, this was a significant improvement on the previous inspection. However, we found inconsistencies in the recording of individual patient risk assessments such as falls and pressure area care. **These were dealt with under HIW's immediate assurance process and are referred to in more detail within Appendix B of this report.**

Medication management processes were found to be generally safe and in line with national standards and the health board's policies. However, we found that a patient being administered an intravenous infusion in a quantity that was not prescribed and there was no fluid balance chart or cannula care plan in place for the patient. We also found that fluid balance charts and cannula care plans were not in place for other patients whose care records we viewed. **These issues were**

dealt with under HIW's immediate assurance process and are referred to in more detail within Appendix B of this report.

We reviewed the resuscitation equipment checking process and records for resuscitation room 1, which is used by staff as a benchmark for audit and found that defibrillator checks had not been recorded on seven occasions since 01 January 2024. We also checked the resuscitation trolley check records for the majors area and found that daily checks were not recorded on 14 occasions and weekly checks not recorded on three occasions since 01 January 2024. **These issues were dealt with under HIW's immediate assurance process and are referred to in more detail within Appendix B of this report.**

In the case of one patient, we found that observations had not been undertaken at a frequency that would detect changes in the patient's condition at an early stage. The National Early Warning System (NEWS) was in place, which is good practice. However, observations were not being undertaken at the appropriate intervals when there was an increase in the patient's NEWS score indicating a deterioration in their condition. **This issue was dealt with under HIW's immediate assurance process and are referred to in more detail within Appendix B of this report.**

Immediate assurances:

- The health board must ensure that there are measures in place to ensure that risks to patient health and safety are assessed and mitigated in a timely way
- The health board must ensure that staff administer medication in line with prescriptions
- The health board must ensure that staff accurately record patient fluid intake and output
- The health board must ensure that staff complete a care plan when a patient has a cannula
- HIW requires details of how the health board will ensure that checks of resuscitation equipment are undertaken and recorded on a regular basis
- The health board must ensure that staff consistently monitor and record visual and physiological observations.

This is what we recommend the service can improve:

- Ensure that the furniture within the mental health assessment room is an appropriate design to ensure the safety of patients and staff
- Ensure that patients presenting at the ED with a transmittable disease are appropriately accommodated in order to reduce the risk of cross infection
- Ensure there are robust escalation and follow-up procedures in place to safeguard patients who leave the department without being seen or against medical advice, and that the actions taken are accurately recorded within patient notes
- Ensure that staff do not use abbreviations and symbols within patient notes

- Ensure that falls and pressure area risk assessments are undertaken routinely for patients whose presenting condition warrant such a risk assessment and not instigated solely on the basis of time spent in the department
- Continue to ensure that patients are assessed, treated and monitored in line with nationally recognised guidelines
- Ensure that staff complete patient records contemporaneously and record their grade and contact number to ensure effective communication and to prevent delays in the provision of care
- Develop a service wide electronic records management system to aid communication and ensure effective continuation of care
- Review patient notes storage arrangements and take measures to reduce the risk of staff completing the wrong patient notes
- Ensure that specialist assessments are conducted in a timely way.

This is what the service did well:

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

Quality of Management and Leadership

Overall summary:
There was a supportive culture in place which promoted accountability and safe patient care. The management and leadership within the department was sufficiently focused and robust.

We spoke with a cross-section of staff with many telling us that they felt well supported by the ED matron and Head of Nursing, but that they did not feel supported by the senior managers outside of the ED. The lack of support from senior managers outside of ED was highlighted as an issue during the previous inspection. Despite HIW receiving assurances from the health board that the issue had been addressed, it is clear that more focus is required in this area.

This is what we recommend the service can improve:

- Ensure a hospital and health board wide approach is accepted for driving and supporting improvements
- Continue with efforts to ensure that staff attend team meetings on a regular basis

- Reflect on the less favourable staff responses to some of the questions in the HIW online survey, as noted in the Quality of Management and Leadership section of this report and take action to address the issues highlighted
- Ensure that all staff conduct themselves in a professional and respectful manner at all times
- Ensure that complaints are dealt with in a timely and transparent way in line with Duty of Candour requirements and within the timescales specified by the health board's own complaint policy
- Take additional steps to ensure that staff lock computer screens when not in use to prevent unauthorised access
- Explore the relationship between the out of hours GP service and the ED to ensure effective joint working.

This is what the service did well:

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

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

3. What we found

Quality of Patient Experience

Patient Feedback

Responses from patients were positive across most areas, with most who answered rating the service as 'very good' (12/25) or 'good' (11/25). We received comments about the service and how it could improve. Patient comments included:

> *"It's very clear the department is not resourced to fit the patient cohort that accesses it."*
>
> *"I would like to say how hard the nurses in ED worked in such a polite respectful manner considering the pressure they were clearly under."*
>
> *"The staff were all incredible, very professional and great bedside manner. It was noted that the time I attended was not a busy night for the department, however there were not enough seats in the waiting rooms or treatment areas. There was over a 2-day wait on beds, so I was sat in a standard chair for 13 hours which became very uncomfortable even as a generally fit and healthy 22-year-old…"*
>
> *"The level of service is indicative of the hospital being too short staffed. For the most part staff tried very hard given the circumstances. However, it us like a full hive being run by only a handful of bees."*

Person-centred

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

We saw good interactions between staff and patients with staff attending to patients' needs in a discreet and professional manner. We saw staff spending time with patients and offering patients advice on how to improve and maintain their health and encouraging and supporting them to do things for themselves in order to maintaining their independence.

Dignified and respectful care
All patients spoken with during the inspection, and all but one of those who completed the questionnaire, told us that staff treated them with dignity and respect.

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

We found staff striving to maintain the privacy and dignity of patients whilst awaiting further assessment or treatment. This was clearly more difficult to achieve with regards to patients who were being cared for on trolleys in the corridor area. However, staff were mindful of the need to maintain patient privacy and dignity in corridor areas with patients being moved into more appropriate areas of the department when personal care was provided.

We found areas of the department were well decorated and appropriate for their intended use, for example the artwork within the paediatric area and the décor of the relatives' room.

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

Timely

Timely care
Patients spoken with during the course of the inspection, and those who completed a questionnaire, were generally critical of waiting times.

A third of patients who completed a questionnaire told us that they were assessed within 30 minutes of arrival (8/25) or immediately (7/25).

Less than half of the respondents told us that they waited less than four hours in total before receiving treatment or being referred on (11/24). Six waited over 12 hours.

Some comments we received on waiting times are shown below:

"Too long to wait, staff very attentive."

"Waiting times too long. Not that informed re delays."

"Comfort of areas where people wait could improve, make seats really comfortable so as the trend is for staying nights in A&E so as you can sleep. Tell patients more about what is happening to them."

"Despite the waiting times (3 hours+ to begin treatment despite direct referral through a GP), I was still satisfied with my experience overall due to how brilliant the staff are. Thanks so much for all your hard work!"

"I don't feel safe and that my health can be looked after. I don't feel that my life could be saved in an emergency due to waiting times."

Waiting times were displayed on TV monitors in the main waiting area and in the paediatric waiting area. Waiting times were also announced over loudspeaker.

We found the ED waiting area to be busy throughout the course of inspection. Despite this, the waiting area and other areas of the ED were found to be relatively calm, despite the high number of patients accommodated.

There remained to be significant challenges in the flow of patients through the department. This was outside of the control of the staff and managers within the department and were mainly due to delays in discharging patients from other areas of the hospital. On the second and third day of the inspection there were 47 and 55 patients, respectively, clinically well enough to be discharged from wards in the hospital (full capacity being around 400 beds). However, their discharge was delayed for various reasons such as awaiting further rehabilitation, awaiting a care package to be put in place or awaiting a placement in another care facility.

This clearly had an impact on the flow through the ED and meant that some patients were spending in excess of 48 hours in the department at times. As was the case during previous inspections, the staff in the department are not trained or used to managing patients who are past the initial urgent stage of their treatment. In addition, the department is not set up to be able to accommodate patients for this length of time.

These issues continue to have an impacted on patient safety, experience and dignity but not to the same extent as we witnessed during previous inspections. The health board remained acutely aware of this issue and continue to explore different initiatives to improve flow within the hospital.

The health board must continue with efforts to improve patient flow through the department.

Patients with time critical and high-risk conditions were being escalated in a timely way and moved from the waiting area to other more appropriate areas within the ED for treatment. This was a marked improvement on what we saw during the previous inspection. However, there remained some delay in triaging during busy periods and delays of over ten hours in some patients being seen by a doctor. Of the ten patient notes reviewed as part of the desk top exercise, only three were triaged with 15 minutes of arrival as recommended by the Royal College of Emergency Medicine (RCEM), with the longest wait for triage being 58 minutes.

The health board must ensure that patients are triaged promptly on arrival at the ED and must continue with efforts to reduce the time that patients wait to be seen by a doctor.

We were told that speciality support remained an issue despite the best efforts of ED staff. Some speciality doctors remained unwilling to respond in a timely way to requests for patient assessments. As a result, some patients experienced delays in their treatment and the lack of prompt response also significantly impacted the flow of patients through the ED.

The health board must remain focused on this area and reinforce the need for a whole hospital approach and shared responsibility to improving the flow of patients through the ED.

There also remained some delays in offloading patients from ambulances. However, the situation had improved slightly compared to the previous inspection and there were appropriate escalation arrangements in place.

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

We were told that there were good working relationships between the ED and ambulance staff.

As was the case during the previous inspection, patients waiting in ambulances were well cared for and, when required, ED staff would provide care in the ambulance. Patients would also be brought into the department to start treatment then returned to the ambulance.

During the previous inspection, we found that unloading times and the ability of ambulance crews to respond to patients in the community was having a negative effect on the ED front door presentations, with many clinically unwell patients

making their own way to the ED. Although this remained an issue, it was not at the levels we observed and reported on previously.

The health board must continue to monitor the number of clinically unwell patients self-presenting at ED and take steps to minimise the risk of harm to patients.

We were told that all patients who are referred to a specialty service within the hospital by a GP have to book in at ED reception and were triaged regardless of the referral and that direct admissions onto the wards was no longer an option. ED staff then contacted the relevant speciality team to attend and assess the patients. This places an additional burden on the ED staff and adds to the issues of overcrowding in the waiting area and patient flow through the department.

The health board should review this process and explore more effective ways of processing and responding to GP referrals.

We were told that, on occasions and due to lack of staff and equipment, there were lengthy delays in cleaning areas of the department following patient discharges and delays in deep cleaning ward areas prior to patient transfers. These delays were adding to issues with patient flow through the ED.

The health board must ensure that there are sufficient staff and adequate equipment available to facilitate timely cleaning of the ED and ward areas in order to improve patient flow.

Equitable

Communication and language
Patients spoken with during the inspection were generally happy with the information provided by staff, with most respondents to the questionnaire telling us that they felt that staff explained what they were doing (22/24) and listened and answered their questions (20/23).

There was a flow diagram posted withing the waiting area showing the patient journey through the department. However, a small number of patients told us that they were not always kept fully informed about their journey through the ED and that they were not always aware of what was happening to them with regards to care and treatment.

The health board must ensure that staff keep all patients informed and updated during their journey through the ED and what will happen to them in terms of care and treatment.

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

We were told that some staff working within the ED were bilingual (Welsh/English) and that translation services were available for patients who wished to communicate in other languages.

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

The majority of the information displayed within the ED was available in both Welsh and English.

Rights and Equality
We saw that staff were striving to provide care in a way that promoted and protected people's rights.

However, on review of patient records we found that improvement was needed in the recording DNACPR discussions and decisions.

The health board must ensure that discussions with patients and their family representatives in relation to DNACPR are accurately recorded and readily available to staff involved in the care of the patient.

Delivery of Safe and Effective Care

Safe

Risk management
Risks to health and safety within the ED were being managed appropriately. This was a significant improvement on the previous inspection.

There was good oversight of the waiting area with a trained nurse and healthcare assistant in attendance to monitor patients and to provide food and drink.

Storage cupboards were locked when not in use and cleaning materials were securely stored.

The automatic doors leading to the ambulance bay and resuscitation area had been repaired and were in good working order.

Consultation rooms and connecting doors were locked when not in use, reducing the risk of unauthorised access from the waiting room into the main department.

However, we found that the furniture within the mental health assessment room was not fit for purpose and included potential self harm/ligature risks. We were told that patients are not left unsupervised whilst accommodated in this room.

The health board must ensure that the furniture within the mental health assessment is of an appropriate design in order to ensure the safety of patients and staff.

Infection, prevention and control and decontamination
Most patients spoken with, and the majority of those who completed a questionnaire, felt that the department was ‘very clean’ (15/24) or ‘fairly clean’ (8/24).

There were policies and procedures in place to manage the risk of cross infection.

Cleaning staff were visible within the department throughout the course of the inspection.

We found significant improvement in the cleanliness of the department compared to the previous inspection. However, we saw that a patient with a transmittable disease was sat in the waiting room when they should have been accommodated in a cubicle to reduce the risk of cross infection.

The health board must ensure that patients presenting at the ED with a transmittable disease are appropriately accommodated in order to reduce the risk of cross infection.

Safeguarding of children and adults

The staff we spoke with demonstrated a satisfactory knowledge of matters relating to safeguarding, deprivation of liberty safeguards and mental capacity. However, the arrangements for following up and safeguarding of patients who did not wait to be assessed or treated remained insufficient to ensure their safety and wellbeing. On inspection of patient files, we came across two examples where adult patients had left the department without being assessed or treated by staff. One of the patients had mental health care needs and was deemed at risk of absconding. The patient had been referred to the psychiatric team for assessment, but the patient had walked out before assessment could be conducted. This patient should have been prioritised for assessment in line with RCEM Mental Health in Emergency Department guidance 2021. The assessment should have considered the patient's capacity and there should have been a note entered of their physical description to assist the police in searching for them.

We also found that a child had been brought into the department by their parent. However, the child was taken out of the department without being seen by a doctor. Although the child's notes were checked by a senior paediatric nurse, we were unable to confirm what further action was undertaken to escalate this issue.

The health board must ensure that there are robust escalation and follow-up procedures in place to safeguard patients who leave the department without being seen or against medical advice and that the actions taken are accurately recorded within patient notes.

Blood management

There was evidence of good practice with regards to the management of blood products with generally good record keeping. However, we found that a doctor from outside of the ED was using symbols within patient notes to denote number of units of blood required which could lead to errors in the amount of blood being administered. This was challenged by the ward manager at the time and the entry was amended by the doctor involved.

The health board must take steps to ensure that staff do not use abbreviations and symbols within patient notes.

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

Medicines management
In contrast to the previous inspection, we found medication management processes to be generally safe and in line with national standards and the health board policies. However, we found that a patient had been administered an intravenous infusion in a quantity that was not prescribed and there was no fluid balance chart or cannula care plan in place. We also found that fluid balance charts and cannula care plans were not in place for other patients whose care records we viewed. **These issues were dealt with under HIW's immediate assurance process and are referred to in more detail within Appendix B of this report.**

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

Preventing pressure and tissue damage
We found that pressure area risk assessment documentation was available for staff to complete. However, as was the case during the previous inspection, pressure area risks assessments were not undertaken routinely or in a timely way. We were told by staff that pressure area risk assessments were only conducted on patients who had been in the department for over six hours. In addition, we found that, where patient's risk assessments were scoring high, pressure relieving equipment was not being provided in a timely way. This exposed patients to risk of harm and meant mitigations were not always put in place for those patients who were at risk, regardless of the time spent in the department.

The health board must ensure that pressure area risk assessments are undertaken routinely for patients whose presenting condition warrant such a risk assessment and not instigated solely on the basis of time spent in the department.

Falls prevention
Physiotherapy and occupational therapy staff were seen in the department supporting patients to mobilise and maintain their independence.

Falls risk assessment documentation was available for staff to complete. However, we found that falls risks assessments were not undertaken routinely for patients whose presenting condition warrant such a risk assessment. We were told by staff that falls risk assessments were only conducted on patients who had been in the department for over six hours. This exposed patients to risk of harm and meant

mitigations were not always put in place for those patients who were at risk due to mobility issues or frailty, regardless of time spent the department.

The health board must ensure that falls risk assessments are undertaken routinely for patients whose presenting condition warrant such a risk assessment and not instigated solely on the basis of time spent in the department.

Effective

Effective care
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.

During the inspection, we reviewed the care records of five patients and we undertook a desk top review of a further 10 patient care records off-site.

During the previous inspection we found significant issues relating to the timely provision of medical and nursing care for many patients and the on-going assessment, monitoring, observation and escalation of those who were either unwell or at risk of becoming unwell. We found an improved picture on this inspection with patients, in the main, being assessed and monitored appropriately and in line with RCEM and the National Institute for Health and Care Excellence (NICE) guidance. However, we found one example where a patient had presented to the ED with a head injury. The Glasgow Coma Scale (GCS) observations were not undertaken within the timeframes set out within NICE Head Injury: assessment and early management guidance 2023. In addition, the triage process did not take account of the cause of the injury, whether or not the patient was on anticoagulant medication or of any possible safeguarding risks.

In another example, we found that a patient with a suspected neck of femur fracture was not seen by a doctor for over 10 hours, although an x-ray was performed within 90 minutes of arrival as per RCEM, Improving Emergency Department Care and Treatment for People with a Hip Fracture guidelines 2023. In addition, there was no record of the patient having been administered pain relief despite a pain score of five.

The health board must continue to ensure that patients are assessed, treated and monitored in line with nationally recognised guidelines.

We found that there was a significant delay in the clinician signing documentation relating to an unwell patient. This could have resulted in nursing staff not being

aware of the treatment plan. In addition, the delay in signing the documentation meant that this would not be considered a contemporaneous entry as per General Medical Council Good Medical Practice 2024 guidance. Additionally, doctors did not routinely record their grade or telephone number when completing patient notes so that they could be contacted should other staff have any queries.

The health board must ensure that staff complete patient records contemporaneously and record their grade and contact number to ensure effective communication and to prevent delays in the provision of care.

Nutrition and hydration

Patients were able to access food and drink, and the nutrition and hydration needs of patients were generally met within the department. This included patients who were being held on ambulances outside of the ED. Patients who required assistance were seen to be supported by staff and the Red Cross volunteers.

Patient records

We noted further improvement in the quality of the record keeping across the ED compared to previous inspections. However, there remained to be some inconsistencies and lack of detail in some of the patient notes we viewed and, in one case, the entry in the patient notes was made some time after the event and therefore not considered to be contemporaneous. This aspect of the service will require ongoing monitoring by the health board.

In addition, ED notes are maintained on an electronic system whereas notes completed by specialist doctors outside of the ED are maintained in paper format. This made it difficult for HIW to form a complete and detailed picture of the assessment and treatment process as we only had sight of the electronic ED notes for desk top case tracking. The implementation of a health board wide electronic records management system would greatly improve the recording, navigating and sharing of information across services.

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

We found that, in some areas of the ED, patient notes were stored in plastic envelopes and others in open plastic racks in the clinical areas, usually behind the nurses station. However, the notes for patients cared for in the corridor in majors ‘A’ were all in the same plastic rack. This increased the risk of staff completing the wrong patient notes.

The health board must review patient notes storage arrangements and take measures to reduce the risk of staff completing the wrong patient notes.

Efficient

Efficient
As was the case during the previous inspections, we found evidence of good medical leadership in the ED.

We spoke to a number of clinical staff across the ED, and all demonstrated a desire to provide patients with a good standard of care.

We witnessed effective response from the stroke specialist nurse who attended and assessed a patient within 30 minutes of their arrival at the ED. However, as during the previous inspection, we were told that other specialist medical staff within the wider hospital were failing to respond in a timely way to the needs of acutely unwell and deteriorating high risk patients.

The health board must ensure that specialist assessments are conducted in a timely way.

We found that there was generally good communication between staff working within the ED and the sharing of information during shift handover meetings was, in the main, detailed and effective. This was an improvement on the previous inspection.

Quality of Management and Leadership

Staff

Most of the staff members we spoke with were very positive about working in the department and were committed to improving the quality of care provided. Staff told us that they were happier in their work compared to how they felt at the time of the previous inspection. They said that this was, in the main, due to improved staffing levels and better support from the ED managers.

Staff comments included:

"I feel part of a great team and we all support each other in a very challenging environment with very high numbers of patients. We need more nursing staff to provide better care to patients, particularly in front of house. It's really stressful working we're so out-numbered, especially if there are long doctor waits."

"More appropriate facilities should be available to patients being nursed on a corridor if that's our common practice. We would rather not nurse on a corridor, but if we are doing it, we should provide plug sockets for equipment such as IV fluid pumps."

"The matron is highly supportive in ED and has supported me throughout."

"Overcrowded department, patients in waiting room / corridor for 2 days, no facilities for patients to have a shower or even wash themselves, as there is very few toilets."

Leadership

Governance and leadership
Once again, we found general improvement in the ED leadership and oversight. It was evident that the ED leadership team was committed to further improving the service and that they responded positively to the challenges presented by addressing entrenched poor practice and cultural issues. However, some areas of the service remain in need of improvement and continue to present a risk to patients' health and welfare.

Staff told us that the local ED leadership team were visible and approachable, and that the Matron frequently worked alongside staff to assist them in times of increased pressure. However, staff told us that they still feel unsupported and

undervalued by the senior managers outside of ED. Staff told us that some managers outside of the department are reluctant to accept shared responsibility for supporting the ED and to play a part in improving the quality of the service provided.

The lack of support from senior managers outside of ED was highlighted as an issue during the previous inspection and despite HIW receiving assurances from the health board that the issue had been addressed, it appears that more focus is required in this area.

The health board must ensure a hospital and health board wide approach is accepted for driving and supporting improvements.

Workforce

Skilled and enabled workforce

We found that maintaining nurse staffing levels was less challenging than during previous inspections, with significantly less reliance on agency staff to fill vacancies or absences.

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

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

The health board must continue with efforts to ensure that staff attend team meetings on a regular basis.

There was a training and development program in place supported by a practice development nurse based in the ED.

The practice development nurse was proactive and worked effectively to address areas of improvement.

Compliance data showed a sustained improvement on completion of mandatory training.

The health board must reflect on the less favourable staff responses to some of the questions in the HIW online survey and take action to address the issues highlighted.

Culture

People engagement, feedback and learning

We found that there was improvement in the culture within the ED compared to previous inspections. However, we observed one incident where a doctor, from outside the ED, responded in an abrupt and unprofessional manner, in the presence of other staff members and patients, to one of the nurses who had queried an entry they had made in a patient's notes.

The health board must ensure that all staff conduct themselves in a professional and respectful manner at all times.

Patients and their representatives had opportunities to provide feedback on their experience of services provided, through face-to-face discussions with staff. There were formal systems in place for managing complaints and there was a formal complaints procedure in place which was compliant with Putting Things Right.

Notices were posted within the ED informing patients and visitors about the action taken by the health board as a result of the concerns or suggestions made.

We were told that patient feedback was shared with staff, together with learning from incidents and national reviews, in order to improve the service.

A communication group has been set up to aid in the sharing of information between staff.

Whilst the general management of incidents and concerns appears to be in order, we were told that there were delays in processing complaints and that this was, in part, due to lack of medical input and support with the process.

The health board must ensure that complaints are dealt with in a timely and transparent way in line with Duty of Candour requirements and within the timescales specified by the health board's own complaint policy.

Information

Information governance and digital technology

Electronic board round monitors were in used in the ED to help support the efficient care and treatment of patients.

An electronic patient management and records system was in use within the ED. Staff, in general, commented positively on the system, and we noted further improvement in staff use of the system compared to previous inspections.

As was the case during previous inspections, some computer screens were left unlocked when not in use.

The health board must take additional steps to ensure that staff lock computer screens when not in use to prevent unauthorised access.

Learning, improvement and research

Quality improvement activities

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

Whole-systems approach

Partnership working and development

There were examples of good partnership working between various staff disciplines and professions within the department with patients benefitting from designated pharmacy, occupational therapy and physiotherapy input.

However, we were told that there was a general lack of support from out of hours GP services which was contributing to issues with patient flow within the ED.

The health board must explore the relationship between the out of hours GP service and the ED to ensure effective joint working.

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

Immediate concerns Identified	Impact/potential impact on patient care and treatment	How HIW escalated the concern	How the concern was resolved
No immediate concerns were identified during this inspection.			

Appendix B – Immediate improvement plan

Service: Emergency Department, Ysbyty Glan Clwyd

Date of inspection: 29, 30 April and 01 May 2024

The table below includes any immediate non-compliance 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.

	Risk/finding/issue	Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	We looked at a sample of five patient records and found that falls and pressure damage risk assessments had not been undertaken in a timely way. We found that some at risk patients had been in the department for over six hours before falls and pressure area risk assessment were completed. This placed the patients at risk of harm.	HIW requires details of how the health board will ensure that there are measures in place to ensure that risks to patient health and safety are assessed and mitigated in a timely way.	Safe Care and Timely Care	Assessments are recorded in the Symphony system. The falls and pressure area risk assessment facility is displayed in a prominent position on the system for staff to complete. We currently have a performance of 60%. Our immediate focus will be to aim to achieve 75% in the first instance, with ongoing improvements to continue throughout the year.	Head of Nursing, Emergency Quadrant (EQ) / Deputy Director of Operations / Head of Site Management	Following recent ED Governance Meeting on 09/05/2024 this action has commenced and remains an ongoing action. Target date to achieve 80% is December 2024.

				The focus being on patients over 65years. Communications have been circulated to wider team as an immediate action as part of the Emergency Department Teams Communication Channel. Staff training and awareness will continue and be enhanced to ensure that these are completed on patients that clinically require an assessment of their risk. Performance monitoring of all falls risk assessments and pressure damage will be undertaken weekly. In addition, weekly Band 7 ED Manager audit will be undertaken.		Completed 08.05.2024 Following recent ED Governance Meeting on 09/05/2024 this action has commenced and remains an ongoing action. Target date to complete staff training is June 2024. Ongoing progress reviewed at

				Compliance against these audits will be reviewed at the Operational ED Governance Meetings and escalated/reported through the Hospital Management Team as part of monthly accountability reviews. An all-site focus group on flow performance is in place which monitors against all key ED performance indicators.		HMT accountability with first meeting scheduled for 24/05/2024. Frequency of meetings is monthly. Conducted three times daily to ensure oversight of patient flow and issues for escalation. The oversight of this is through the Hospital Management Team (HMT).
2.	HIW was not assured that medication management	HIW requires details of how the health board will ensure that staff administer	Safe Care Effective Care	Communication sent to the ED team reminding all staff	Head of Nursing,	Completed 08.05.24

	processes are sufficiently robust and safe and that all aspects of care were being delivered in a safe and effective manner. We found that a patient in the Majors A area of the department had been prescribed 500mls of sodium chloride, to be administered intravenously over a period of one hour, prior to receiving a blood transfusion. However, we noticed that a 1000ml bag of sodium chloride was hanging from the drip stand next to the patient with approximately 350ml remaining in the bag. The bag was capped and not attached to the giving set as blood transfusion was in progress.	medication in line with prescriptions. HIW requires details of how the health board will ensure that staff accurately record patient fluid intake and output.		that the administration of medicines must be in line with prescriptions. Communication to all staff informing them that the correct volume prescription is used to administer to a patient. Errors will also be highlighted in the May Medication Management Newsletter to remind staff of appropriate administration of medication. Emergency Department to enrol on the new Medications Management Electronic Dashboard to monitor monthly audit compliance with	Emergency Quadrant (EQ)	 Completed 08.05.24 End of May 2024. New audit process to commence by end of August/Early September 2024.

	This meant that the patient had been administered more than the prescribed amount of sodium chloride which could have caused them harm. We looked at the patient's paper care notes and the notes entered on the electronic records management system (Symphony) and found that there was no fluid balance chart or cannula care plan in place. This was also the case in respect of other patients whose care records we viewed. The absence of a fluid balance charts meant that patients were placed at risk of harm as staff were unable to accurately	HIW requires details of how the health board will ensure that staff complete a care plan when a patient has a cannula.		the aim to achieve 95% compliance going forward. Communication shared with the ED team to accurately record patient fluid intake and output. This should be recorded on Symphony. Training will be delivered by the ED Practitioner Development Nurse (PDN) to all staff to raise awareness of the importance of maintaining an accurate fluid balance and how to record observations on Symphony. Launch a quality improvement project using the PDSA cycle to aim to achieve 90% compliance with the		Completed 08.05.24 Commencing on the 14.05.2024. Target date to complete training for all staff is June 2024. Commencing on the 14.05.2024. The project deliverables will be

	determine how much fluid patients had received or how much urine patients had passed. The absence of a cannula care plan meant that staff could not adequately demonstrate that they were appropriately monitoring patients cannula sites to ensure that cannulas were patent and that there were no signs of infection or tissue damage. This placed the patient at risk of harm.			completion and accuracy of a fluid balance chart. This will involve the transformation team, Matron and PDN. Communication will be shared with the ED team to complete a care plan when a patient has a cannula. This should be recorded on Symphony. Launch of quality improvement project using the PDSA cycle to achieve 90% compliance with the cannulation bundle. This will involve the transformation team, Matron and PDN.		monitored through the ED Governance and HMT Reporting mechanisms. Completed 08.05.24 Commencing on the 14.05.2024. The project deliverables will be monitored through the ED Governance and HMT Reporting mechanisms.

3.	HIW was not assured that all risks to health and safety are managed appropriately. We reviewed the resuscitation equipment checking process and records for resus room 1, which is used by staff as a benchmark for audit and found that defibrillator checks had not been recorded on seven occasions since 01 January 2024. We checked the resuscitation trolley check records for the majors area and found that daily checks were not recorded on 14 occasions and weekly checks not recorded on three occasions since 01 January 2024. This meant that we could not be assured	HIW requires details of how the health board will ensure that checks of resuscitation equipment are undertaken and recorded on a regular basis.	Safe Care	Due to issues with connectivity the QR codes in resus are unable to be uploaded once checked. There will therefore be a further review of the I.T. systems in place used to record completed resuscitation equipment checks and connectivity of personal hand-held devices used to complete the checks. IT have shared guidance on connecting to the Wifi should there be an issue with connectivity. These have been put up in Resus and added to the Emergency Department Teams Communication Channel. QR codes for the resus kits have also been uploaded to	Head of Nursing, Emergency Quadrant (EQ)	Completed 10.05.24 and monitoring remains ongoing via HMT. Completed 08.05.24 and monitoring

	that the resuscitation equipment was being regularly checked to ensure that all required items are available and that they are safe to use in an emergency. This places patients at risk of harm.			SharePoint should staff experience issues with connectivity via smart phones. The Band 7 with a special interest in resuscitation, and the unit managers to check daily compliance with the checks. Compliance will be reviewed by the ED Matron and Senior Nurse. This will be presented within the Emergency department governance meeting held monthly to provide assurance to the Hospital management team (HMT)		remains ongoing via HMT Completed 08.05.24 and monitoring remains ongoing via HMT Ongoing progress reviewed at HMT accountability with first meeting scheduled for 24/05/2024. The frequency of meetings is monthly.

4.	HIW was not assured that all aspects of care were being delivered in a safe and effective manner. We looked at one patient's care notes and found that observations were not undertaken at a frequency that would detect changes in the patient's condition at an early stage. The National Early Warning System (NEWS) was in place, which is good practice. However, observations were not being undertaken at the appropriate intervals when there was an increase in the patient's NEWS score indicating a deterioration in their condition. This meant that we could not be assured that staff were	The health board must provide HIW with details of the action to be taken to ensure consistent monitoring and recording of visual and physiological observations.	Effective Care	Communication will be shared with the ED team to ensure that repeated observations, to include the NEWS score, must be maintained and recorded on Symphony. This communication includes the frequency which observations must be repeated. Compliance will also be monitored using the managers' weekly audit. Launch a quality improvement project using the PDSA cycle to achieve 90% compliance with departmental guidelines for the recording of vital signs. This will involve the transformation team, Matron and PDN	Head of Nursing, Emergency Quadrant (EQ)	Completed 08.05.2024 Commencing on the 10.05.2024 Commencing on the 14.05.2024

	appropriately monitoring the patient's condition. This placed the patient at increased the risk of harm.			The ED PDN will deliver training awareness sessions to the ED team.		Commencing on the 14.05.2024

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): LIBBY RYAN-DAVIES

Job role: Integrated Health Community Director (Central)

Date: 13 May 2024

Appendix C - Improvement plan

Service: Emergency Department, Ysbyty Glan Clwyd

Date of inspection: 29, 30 April and 01 May 2024

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

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	There remained to be significant challenges in the flow of patients through the department.	The health board must continue with efforts to improve patient flow through the department.	Timely Care	1. Hospital Full & Escalation Policies to be reviewed, updated and re-implemented.	Head of Urgent, Emergency Care & Patient Flow (CSM)	31st August 2024
				2. Inpatient Boarding Policy to be reviewed, updated and re-implemented across the Wards.	Head of Urgent, Emergency Care & Patient Flow (CSM)	31st August 2024
				3. Establish focused task groups under the Six Goals Improvement Programme (Safe at Home / Right Patient,		30th September 2024

				Right Place / Optimal Flow) to progress with improvement work across the site	UEC Programme Manager	
2.	There remained to be some delay in triaging during busy periods and delays of over 10 hours in some patients being seen by a doctor. Of the ten patient notes reviewed as part of the desk top exercise, only three were triaged with 15 minutes of arrival as recommended by the Royal College of Emergency Medicine (RCEM, with the longest wait for triage being 58 minutes.	The health board must ensure that patients are triaged promptly on arrival at the ED and must continue with efforts to reduce the time that patients wait to be seen by a doctor.		1. Monitor performance against key Emergency Department & Flow metrics via the daily site huddle daily site safety huddles 2. Monitor & Scrutinise performance against key Emergency Department & Flow via the monthly Department Governance Meetings 3. Implement department escalation action plan to include triage. 4. Complete a review of the ED Medical roster management arrangements, ensuring it supports delivery of high quality patient care and	EQ Management Team Head of Urgent, Emergency Care & Patient Flow (CSM) / Clinical Director, EQ / HON EQ Clinical Director, EQ / HON EQ EQ Lead Manager & Consultant Staffing Lead (ED)	Ongoing Ongoing 30th September 2024 30th September 2024

				responsive to changing service and demand requirements. This includes a review of core clinical hour requirements inclusive of the middle grade and SHO establishment. 5. Implement Clinical Waiting Times – Monitoring & Escalation Procedure that describes how the department will mitigate specific risk of long waits to see a doctor in ED. 6. Develop Business Case that outlines the required Staffing Model (in line with EICST toolkit) to ensure the Department is better aligned to the demand. This will require consideration via HMT and IHC as to what can be funded.	Head of Urgent, Emergency Care & Patient Flow (CSM) & EQ Clinical Director EQ Lead Manager & EQ Clinical Director	31st August 2024 30th September 2024
3.	Speciality support remained an issue despite the best efforts of ED staff.	The health board must remain focused on this area and re-enforce the need for a whole		1. Hospital Full & Escalation Policies to be reviewed, updated and re-implemented.	Head of Urgent, Emergency	31st August 2024

	Some speciality doctors remained unwilling to respond in a timely way to requests for patient assessments. As a result, some patients experienced delays in their treatment and the lack of prompt response also significantly impacted the flow of patients through the ED.	hospital approach and shared responsibility to improving the flow of patients through the ED.		2. Inpatient Boarding Policy to be reviewed, updated and re-implemented across the Wards. 3. Review & Implement revised ED & Flow Performance Metrics to ensure appropriate and streamlined Speciality Outcome scrutiny & reporting 4. Update Internal Professional Standard Agreement and obtain sign off/up via Clinical Effectiveness Group and Clinical Directors Forum	Care & Patient Flow (CSM) Head of Urgent, Emergency Care & Patient Flow (CSM) Head of Urgent, Emergency Care & Patient Flow (CSM) / EQ Lead Manager /ED Matron Clinical Director – EQ / Site Medical Director (all Specialities)	31st August 2024 30th September 2024 30th Sept 2024
4.	There remained to be some delays in offloading patients	The health board must continue with efforts to ensure that patients		1. Continue to build on progress made during 2023/24 on handover times by	Head of Urgent, Emergency	Ongoing

	from ambulances. However, the situation had improved slightly compared to the previous inspection and there were appropriate escalation arrangements in place.	are moved from ambulances into the ED in a timely way.		consistently utilising ED Full Protocol, incorporating the internal offload escalation triggers. 2. Re-establish daily check and challenge meetings with EQ, Medicine & Surgery to review and scrutinise performance against ED metrics and speciality outcome metrics	Care & Patient Flow (CSM) / Clinical Director, EQ / HON EQ Head of Urgent, Emergency Care & Patient Flow (CSM)	 31st July 2024
5.	During the previous inspection, we found that unloading times and the ability of ambulance crews to respond to patients in the community was having a negative effect on the ED front door presentations, with many clinically unwell patients making their own	The health board must continue to monitor the number of clinically unwell patients self-presenting at ED and take steps to minimise the risk of harm to patients.		1. Implement department escalation action plan to include triage. 2. Undertake focused training and compliance monitoring with Specialities on the appropriate use of symphony & EAS to ensure speciality patients are monitored and actioned accordingly	Clinical Director, EQ / HON EQ Clinical Director, EQ / HON EQ	Early 30th September 2024 30th September 2024

	way to the ED. Although this remained an issue, it was not at the levels we observed and reported on previously.					
6.	We were told that all patients who are referred to a specialty service within the hospital by a GP have to book in at ED reception and triaged regardless of referral and that direct admissions onto wards was no longer an option. ED staff then contact the relevant speciality team to attend and assess the patients. This places an additional burden on the ED staff and adds to	The health board should review this process and explore more effective ways of processing and responding to GP referrals.		1. Agree and implement use of EAS across Medicine, Surgery and wider Specialities to ensure speciality patients and referrals required for speciality patients are picked up in timely manner	Clinical Director, EQ / Head of Urgent, Emergency Care & Patient Flow (CSM) / EQ Lead Manager / ED Matron / Speciality Clinical Directors	31st October 2024

	the issues of overcrowding in the waiting area and patient flow through the department.					
7.	We were told that, on occasions and due to lack of staff and equipment, there were lengthy delays in cleaning areas of the department following patient discharges and delays in deep cleaning ward areas prior to patient transfers. These delays were adding to issues with patient flow through the ED.	The health board must ensure that there are sufficient staff and adequate equipment available to facilitate timely cleaning of the ED and ward areas in order to improve patient flow.		1. Escalate concerns regarding timely cleaning regimes via Head of Facilities 2. Complete review and prioritisation of equipment/devices across the department and submit bids through appropriate funding streams	Head of Urgent, Emergency Care & Patient Flow (CSM) EQ Lead Manager & Matron	31st July 2024 30th September 2024
8.	A small number of patients told us that they were not always kept fully	The health board must ensure that staff keep all patients informed and updated during	Equitable Care	1. Launch Patient Information Televisions regarding ED waiting times and appropriate signposting in waiting area	EQ Lead Manager	31st August 2024

	informed about their journey through the ED and that they were not always aware of what was happening to them with regards care and treatment.	their journey through the ED and what will happen to them in terms of care and treatment.		2. Undertake audit and compliance monitoring regarding clinician communication with patients via patient feedback	Clinical Director, EQ / / ED Matron	Ongoing
9.	On review of patient records we found that improvement was needed in the recording of Do Not Attempt Cardiopulmonary Resuscitation DNACPR) discussions and decisions.	The health board must ensure that discussions with patients and their family representatives in relation to DNACPR are accurately recorded and readily available to staff involved in the care of the patient.		1. Ensure appropriate communication and direction via the Site Medical Director regarding DNACPR is undertaken to ensure consistent approach to patient discussions/decisions	Clinical Directors EQ, Medicine & Surgery	31st August 2024
10.	Furniture within the mental health assessment room was not fit for purpose and could be used as a to self-harm or cause harm to others.	The health board must ensure that the furniture within the mental health assessment is of an appropriate design in order to ensure the	Safe Care	1. Purchase appropriate furniture for Mental Health Assessment Unit – ***COMPLETED - evidence to be uploaded****	ED Matron	Completed - June 2024

		safety of patients and staff.				
11.	There was a significant improvement in the cleanliness of the department compared to the previous inspection. However, we saw that a patient with a transmittable disease was sat in the waiting room when they should have been accommodated in a cubicle to reduce the risk of cross infection.	The health board must ensure that patients presenting at the ED with a transmittable disease are appropriately accommodated in order to reduce the risk of cross infection.		1. Escalate concerns to Infection Prevention Team and obtain direction to ensure appropriate management of infectious patients is implemented within the Department. 2. Escalate concerns via the Local Infection Prevention Group for escalation to Strategic Infection Prevention Group to consider resolution of the issue.	Head of Urgent, Emergency Care & Patient Flow (CSM) – EQ / HON – EQ / IPC Team HON – EQ / IPC Team	31st August 2024 31st July 2024
12.	The arrangements for following up and safeguarding of patients who did not wait to be assessed or treated remain insufficient to ensure	The health board must ensure that there are robust escalation and follow-up procedures in place to safeguard patients who leave the		1. Implement SOP and ensure ongoing compliance for daily Ward Admin Reviews by ED Consultants ensuring additional safety netting in terms of reviewing/ensuring potential clinical/patient	EQ Clinical Director	Completed - June 2024

	their safety and wellbeing. On inspection of patient files, we came across two examples where adult patients had left the department without being assessed or treated by staff. One of the patients had mental health care needs and was deemed at risk of absconding. The patient had been referred to the psychiatric team for assessment, but the patient had walked out before assessment could be conducted. This patient should have been prioritised for assessment in line with RCEM Mental Health in Emergency Department guidance 2021. The assessment should have	department without being seen or against medical advice and that the actions taken are accurately recorded within patient notes.		safety risks are identified and actioned promptly – ***COMPLETED*** 2. Approve and Implement SOPs via Department Governance Meeting for the daily management of follow ups / DNWs	EQ Clinical Director /ED Matron	31st August 2024

	considered the patient's capacity and there should have been a note entered of their physical description to assist the police in searching for them. We also found that a child had been brought into the department by their parent. However, the child was taken out of the department without being seen by a doctor. Although the child's notes were checked by a senior paediatric nurse, we were unable to confirm what further action was undertaken to escalate this issue.					

13.	We found that a doctor from outside of the ED was using symbols within patient notes to denote number of units of blood required which could lead to the incorrect amount of blood being administered. This was challenged by the ward manager at the time and the entry was amended by the doctor involved.	The health board must take steps to ensure that staff do not use abbreviations and symbols within patient notes.		1. Ensure appropriate communication and direction via the Site Medical Director regarding use of abbreviations and symbols is undertaken to ensure consistent approach to recording of instructions on patient records 2. Undertake teaching session regarding appropriate recording of symbols / instructions via Medicine Integrated Board Meeting in August 3. Undertake weekly and monthly audits of documentation standards across nursing and medics within ED and report through ED Governance, Patient, Safety, Quality Group and Clinical Effectiveness Group	Site Medical Director Site Medical Director / Clinical Lead Medicine Clinical Director, EQ & HON	14th August 2024 23rd August 2024 1st September 2024
14.	Pressure area risk assessment documentation was available for staff to complete. However, as was the case	The health board must ensure that pressure area risk assessments are undertaken routinely for patients whose presenting		1. Re-outline standards for completion of assessments within the Emergency Department via the Band 6 and 7 Nurse staff meetings,	HON,EQ / Associate Director for Nursing	12th August 2024

	during the previous inspection, pressure area risks assessments were not undertaken routinely or in a timely way. We were told by staff that pressure area risk assessments were only conducted on patients who had been in the department for over 6 hours. In addition, we found that, where patient's risk assessments were scoring high, pressure relieving equipment was not being provided in a timely way. This exposed patients to risk of harm and meant mitigations were not always put in place for those patients who were at risk, regardless of	condition warrant such a risk assessment and not instigated solely on the basis of time spent in the department.		safety huddles and nursing handover 2. Undertake focused review of audit data via symphony patient records to identify average time to assessment and quality of assessments to further challenge compliance/completion of risk assessments 3. Work with Practice Development Nurse to identify training requirements and ensure training compliance remains above 85% for risk assessments 4. Undertake quality assurance checks of risk assessment via weekly Ward Manager Audits 5. Progress with regional piece of work (Task & Finish Group) to ensure systematic approach to risk assessment completion / compliance across all 3 Emergency Department site to ensure standardisation.	HON,EQ / Associate Director for Nursing / PDN HON,EQ HON,EQ HON,EQ	31st August 2024 31st August 2024 Remains ongoing as part of Ward Manager Weekly Audits 31st August 2024

	time spent in the department.			6. Development of Risk Matrix for patients who are high risk as part of site escalation and prioritisation of patients process	Head of Urgent Emergency Care and Patient Flow (CSM)	1st October 2024
15.	Falls risk assessment documentation was available for staff to complete. However, we found that falls risks assessments were not undertaken routinely for patients whose presenting condition warrant such a risk assessment. We were told by staff that falls risk assessments were only conducted on patients who had been in the	The health board must ensure that falls risk assessments are undertaken routinely for patients whose presenting condition warrant such a risk assessment and not instigated solely on the basis of time spent in the department.		1. Re-outline standards for completion of assessments within the Emergency Department via the Band 6 and 7 Nurse staff meetings, safety huddles and nursing handover 2. Undertake focused review of audit data via symphony patient records to identify average time to assessment and quality of assessments to further challenge compliance/completion of risk assessments 3. Work with PDN to identify training requirements and	HON,EQ / Associate Director for Nursing HON,EQ / Associate Director for Nursing / PDN HON,EQ	12th August 2024 31st August 2024 31st August 2024

	department for over 6 hours. This exposed patients to risk of harm and meant mitigations were not always put in place for those patients who were at risk due to mobility issues or frailty, regardless of time spent the department.			ensure training compliance remains above 85% for risk assessments 4. Undertake quality assurance checks of risk assessment via weekly Ward Manager Audits 5. Progress with regional piece of work (Task & Finish Group) to ensure systematic approach to risk assessment completion / compliance across all 3 Emergency Department site to ensure standardisation. 6. Development of Risk Matrix for patients who are high risk as part of site escalation and prioritisation of patients process	HON,EQ HON,EQ Head of Emergency Care and Patient Flow (CRM)	Remains ongoing as part of Ward Manager Weekly Audits 31st August 2024 1st October 2024
16.	We found one example where a patient had presented to the ED	The health board must continue to ensure that patients are assessed, treated and monitored	Effective Care	1. Continue to undertake audits/reviews of NOF & SNAPP Data to monitor compliance and ensure themes identified are actioned	ED Matron / Clinical Director – EQ	Ongoing

	with a head injury. However, the Glasgow Coma Scale (GCS) observations were not undertaken within the timeframes set out within NICE Head Injury: assessment and early management guidance 2023. In addition, the triage process did not take account of the cause of the injury, whether or not the patient was on anticoagulant medication or of any possible safeguarding risks. In another example, we found that a patient with a suspected neck of femur fracture was	in line with nationally recognised guidelines.		2. Undertake focused learning and teaching regarding Neurological / Neurovascular Injuries	Education Consultant Lead (ED) / ED Matron	30th September 2024

	not seen by a doctor for over 10 hours, although an x-ray was performed within 90 minutes of arrival as per RCEM, Improving Emergency Department Care and Treatment for People with a Hip Fracture guidelines 2023. In addition, there was no record of the patient having been administered pain relief despite a pain score of 5.					
17.	There was a significant delay in the clinician signing documentation relating to an unwell patient. This could have resulted in nursing staff not	The health board must ensure that staff complete patient records contemporaneously and record their grade and contact number to ensure effective		1. Undertake Campaign around the importance of timely and consistent record keeping in line with RCEM & RCN Standards	EQ Clinical Director / Matron & EQ Lead Manager	31st August 2024

	being aware of the treatment plan. In addition, the delay in signing the documentation meant that this would not be considered a contemporaneous entry as per General Medical Council Good Medical Practice 2024 guidance. Additionally, doctors did not routinely record their grade or telephone number when completing patient notes so that they could be contacted should other staff have any queries.	communication and to prevent delays in the provision of care.				

18.	There remained to be some inconsistencies and lack of detail in some of the patient notes we viewed and, in one case, the entry in the patient notes was made some time after the event and therefore not considered to be contemporaneous. This aspect of the service will require ongoing monitoring by the health board. In addition, ED notes are maintained on an electronic system whereas notes completed by specialist doctors outside of the ED are maintained in	The health board should develop a service wide electronic records management system to aid communication and ensure effective continuation of care.		1. Re-outline standards for record keeping / documentation completion in line with Emergency Medicine via Medical Teaching Programme, safety huddles and ED Communications channel/SharePoint 2. Deliver and monitor ongoing training programme and focused sessions via weekly teaching and daily handover on the importance of timely and accurate record keeping for clinicians 3. Undertake weekly and monthly audits of documentation standards across Nursing & Medics within the Emergency Department and report through ED Governance, PSQ and CEG 4. In collaboration with the Office of the Chief Clinical Information Officer, we will work to further develop our	Clinical Director – EQ / HON Clinical Director – EQ / HON Clinical Director – EQ / HON Chief Digital & Information Officer, Digital Data and Technology (DDAT)	Ongoing 1st September 2024 1st September 2024 31st December 2024

	paper format. This made it difficult for HIW to form a complete and detailed picture of the assessment and treatment process as we only had sight of the electronic ED notes for desk top case tracking. The implementation of a health board wide electronic records management system would greatly improve the recording, navigating and sharing of information across services.			tactical systems to digitise and improve process: 1. **EAS (Emergency Admission System):** Supports clinicians and ED staff in managing clerking tasks and ensuring workflow efficiency within the ED. 2. **Digital Blue Clerking Form:** Feeds into both Symphony and EAS, reducing manual data entry and updating both systems in real-time. Future integration with the BCU Patient Flow System (STREAM) and the Welsh Clinical Portal (WCP) is planned 5. In the longer term, we will explore opportunities and investment with Welsh Government to implement the Electronic Record Health Care System.	Chief Digital & Information Officer, Digital Data and Technology (DDAT)	January 2025

19.	In some areas of the ED, patient notes were stored in plastic envelopes and others in open plastic racks in the clinical areas, usually behind the nurses station.	The health board must review patient notes storage arrangements and take measures to reduce the risk of staff completing the wrong patient notes.		1. Source alternative patient records storage to ensure clearer filing of admitted patients records within the department is maintained	ED Matron	31st August 2024

	However, the notes for patients cared for in the corridor in majors 'A' were all in the same plastic rack. This increased the risk of staff completing the wrong patient notes.					
20.	As during the previous inspection, specialist medical staff within the wider hospital were failing to respond in a timely way to the needs of acutely unwell and deteriorating high risk patients.	The health board must ensure that specialist assessments are conducted in a timely way.	Efficient Care	1. Ensure appropriate communication and direction via the Site Medical Director regarding the need to ensure specialties respond to referrals in a timely way 2. Update Internal Professional Standard Agreement and obtain sign off/up via Clinical Effectiveness Group and Clinical Directors Forum 3. Agree and implement use of EAS across Medicine, Surgery and wider Specialities to ensure speciality patients and referrals required for	Site Medical Director Clinical Director – EQ / Site Medical Director (all Specialities) Clinical Director, EQ / Head of Urgent, Emergency	31st August 2024 30th September 2024 31st October 2024

				speciality patients are picked up in timely manner	Care & Patient Flow (CSM) / EQ Lead Manager / ED Matron / Speciality Clinical Directors	
21.	Staff told us that they remain to feel unsupported and undervalued by the senior managers outside of ED. Staff told us that some managers outside of the department are reluctant to accept shared responsibility for supporting the ED and to play a part in improving the quality of the service provided. The lack of support from senior managers outside of ED was highlighted	The health board must ensure that senior managers outside of the ED are focused on and are responsive to the needs of staff within the and that they accept a shared, hospital and health board wide responsibility for driving and supporting improvements in the service provided.	Leadership	1. Undertake staff engagement event within the Emergency Department to discuss and celebrate/acknowledge ongoing improvements across the department 2. Organise regular Open Sessions / Monthly Drop in session with Senior Management	Associate Director of Nursing / Site Medical Director & Hospital Director of Operations	30th September 2024

	as an issue during the previous inspection and despite HIW receiving assurances from the health board that the issue had been addressed, it appears that more focus is required in this area.					
22.	There were good processes to in place to ensure that information was shared and understood by staff, including alerts and bulletins. However, we were told that staff attendances at team meetings remained was poor.	The health board must continue with efforts to ensure that staff attend team meetings on a regular basis.	Workforce	1. Ensure key messages and communication is captured via the Departments Monthly Newsletter, ED Teams Communication Channel and focused sessions at handovers / huddles	Clinical Director, EQ / HON – EQ	30th September 2024 and ongoing
23.	Staff responses to the online survey were mixed with some staff critical of staffing levels, patient flow and	The health board must reflect on the less favourable staff responses to some of the questions in the HIW online survey, as		1. Review feedback via Department Governance Meetings and obtain support from Workforce / HR to agree plan for responding to wider staffing concerns	Clinical Director, EQ / Head of Urgent, Emergency Care &	30th September 2024

	lack of equipment and appropriate facilities to care for patients who are accommodated within corridor areas.	noted in the Quality of Management and Leadership section of this report and take action to address the issues highlighted.		2. Complete review and prioritisation of equipment/devices across the department and submit bids through appropriate funding streams	Patient Flow (CSM) – EQ / HON – EQ EQ Lead Manager & Matron	30th September 2024
24.	We observed an incident where a doctor, from outside the ED, responded in an abrupt and unprofessional manner, in the presence of other staff members and patients, to one of the nurses who had queried an entry they had made in a patient's notes.	The health board must ensure that all staff conduct themselves in a professional and respectful manner at all times.	Culture	1. Ensure appropriate communication and direction via the Site Medical Director regarding conduct / professionalism within the workplace 2. Update Internal Professional Standard Agreement and obtain sign off/up via Clinical Effectiveness Group and Clinical Directors Forum	Site Medical Director Clinical Director – EQ / Site Medical Director (all Specialities)	31st August 2024 30th September 2024
25.	Whilst the general management of incidents and concerns appeared to be in order, we were told that there were delays in	The health board must ensure that complaints are dealt with in a timely and transparent way in line with Duty of Candour requirements and within the		1. Continue to undertake ongoing scrutiny of complaints handling across the department through weekly scrutiny meetings with Corporate Governance and collectively agree appropriate allocation to service leads	EQ Clinical Director /, Head of Nursing EQ / EQ Lead Manager	Ongoing

	processing complaints and that this was, in part, due to lack of medical input and support with the process.	timescales specified by the health board's own complaint policy.		2. Implementation of quality governance process across Department.	EQ Clinical Director / Head of Nursing EQ / Lead Manager	30th September 2024
26.	As was the case during previous inspections, some computer screens were left unlocked when not in use.	The health board must take additional steps to ensure that staff lock computer screens when not in use to prevent unauthorised access.	Information	1. Communications to be shared regarding the importance of Data Protection and securing digital patient information within the Department 2. Department Management to ensure this is monitored via their daily walkabouts of the Department 3. Ensure implementation of single sign on / off across department (to include speciality staff working within the department)	Head of Nursing EQ & EQ Clinical Director Directorate Management IT Consultant Lead / Symphony Administrator	31st July 2024 Ongoing – daily 31st October 2024
27.	We were told that there was a general lack of support from out of hours GP services which was	The health board must explore the relationship between the out of hours GP service and	Whole System Approach	1. Undertake stakeholder engagement to consider geographical locations/ Local demographics and seasonal demands, along with staff input from those that work in	Associate Director for Emergency Care	16th September 2024

	contributing to issues with patient flow within the ED.	the ED to ensure effective joint working.		the areas mentioned above. The initial key stakeholder's day is planned for the 16*th* September 2024. 2. Implement working group with ED and GPOOH to progress plans to streamline current pathways into GPOOH instead of ED. 3. Commence a review of all elements within UEC that support preventing ED attendances (MIUs/GPOOH/SDEC/UTC/UPC) with the intention to streamline elements into a user friendly service that ensures ED's are the last resort. This will also allow streamlining for those that attend the ED that may have their complaints managed elsewhere in a timely fashion.		November 2024 September 2025

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

Service representative

Name (print): **Libby Ryan-Davies**

Job role: **IHC Community Director (Central)**

Date: **19th July 2024**

Name (print): **Gareth Evans**

Job role: **IHC Community Director (Central)**

Date: **8th August 2024**