Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Hospital Inspection Report
(Unannounced)
Emergency Department, Wrexham Maelor Hospital, Betsi Cadwaladr University Health Board

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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 at the Emergency Department (ED) at Wrexham Maelor Hospital on 09, 10 and 11 December 2024.

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

As part of the inspection, we undertook a remote, desk top exercise looking at the records of nine patients who had attended the ED, with various needs, over the past six weeks.

During the inspection we invited patients or their carers to complete a questionnaire to tell us about their experience of using the service. We received eight 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. Eight responses were received.

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

2. Summary of inspection

Quality of Patient Experience

Overall summary:
Staff were working hard under highly challenging conditions. Many staff 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.

Patients were treated with dignity and respect, and confidentiality was generally maintained despite the busy environment. Although maintaining privacy and dignity was challenging for patients on trolleys in corridor areas, staff made efforts to minimise these difficulties by moving patients to more suitable areas when necessary. The health board should continue efforts to reduce the need for corridor care.

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

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. Consequently, patients were spending over 36 hours in the department. This, however, should be regarded in the context of national pressures on emergency departments and is not unique to Wrexham Maelor Hospital. Nevertheless, the health board must ensure prompt triage of patients upon arrival at the department, to maintain patient safety.

Despite the issues highlighted, there has been improvement since the last inspection in August 2022, and the health board is acutely aware of the ongoing issues and continues to explore different initiatives to improve flow within the hospital.

Overall, compliance with risk management was not always adequate. We found some issues within the mental health assessment room presenting risks for self-

harm, the completion of timely patient risk assessments could be strengthened and aspects of infection prevention and control.

Most medication management processes were in line with national standards and the health board's policies. However, we found some medication and intravenous fluids that were passed their expiry dates, and some medication not stored within their original dispensing boxes. These issues were dealt with under HIW's immediate assurance process and are referred to in more detail within Appendix B of this report.

The ED records are maintained on an electronic system, whereas documentation completed by specialist doctors from other departments reviewing ED patients were in paper format. We only had sight of the electronic records, this therefore made it difficult for us to gain a complete and detailed picture of the overall assessment and treatment process. The implementation of a health board wide electronic records management system would greatly improve the recording, navigating and sharing of information across and between services.

We found an appropriate level of communication between staff working within the ED, which included the sharing of information during shift handover, which was overall, detailed and effective. This was an improvement on the previous inspection in 2022.

Immediate assurances:

- Put measures in place to ensure that medication and intravenous infusions expiry dates are checked on a regular basis, and to remove any items past their expiry dates
- Ensure that medication is always stored in its original dispensing boxes, along with the relevant information sheets.

Quality of Management and Leadership

Overall summary:
The ED leadership team was visible, approachable, and committed to service improvement, with the Matron assisting staff during high-pressure times. However, staff feel unsupported by senior managers outside the ED. To address this, it is essential for the health board to ensure proper support from external key leaders and implement a hospital-wide approach to drive improvements.

We found that nurse and medical staffing levels were acceptable with minimal use of agency staff, showing improvement from the previous inspection. Despite a busy department, staff managed well and were attentive to patient needs.

Overall, the culture within the ED was positive, supportive, and inclusive, with staff working well together. Patients could provide feedback directly to staff, and there were formal systems for managing complaints, aligned with the NHS Wales Putting Things Right process. Notices informed patients and visitors about actions taken in response to concerns, and staff shared patient feedback and learning from incidents and national reviews to improve the service. Incident and concern management was deemed appropriate.

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

3. What we found

Quality of Patient Experience

Patient Feedback

Throughout our inspection we engaged with patients and received eight responses to our patient survey. Responses were generally positive across all areas. However, patients were critical of waiting times.

Person-centred

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

We saw good interactions between staff and patients with staff attending to patients' needs in a discreet and professional manner. We saw staff spending time with patients encouraging and supporting them to do things for themselves to maintain their independence.

Dignified and respectful care
We saw staff treating patients with dignity and respect, and confidentiality was maintained, as much as a busy environment allowed. All patients spoken with, and those who completed the questionnaire felt that staff treated them with dignity and respect.

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

The health board must continue with efforts to reduce the number of patients receiving care in corridor areas.

We found areas of the department were well decorated and appropriate for their intended use, for example the artwork and Christmas decorations within the paediatric area.

Individualised care

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

Timely

Timely care

Patients we spoke with and those who completed a questionnaire, were generally positive about the care provided but were critical of waiting times.

Five questionnaire respondents felt they were assessed within 30 minutes of arrival, and one said they were assessed immediately. Of the nine patients case tracked as part of our desk top exercise, only three were triaged within 15 minutes of arrival, as recommended by the Royal College of Emergency Medicine (RCEM), with the longest wait for triage being one hour seven minutes.

The health board must ensure that patients are triaged promptly on arrival at the ED.

Six of the respondents to the patient questionnaire felt they had waited less than two hours before receiving treatment or being referred on.

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

There were significant challenges in the flow of patients through the department. This was beyond the control of ED staff, and was mainly due to delays in discharging patients from other areas of the hospital. These delays were caused by patients awaiting further support, such as rehabilitation, care packages, or placements in other facilities. Some patients spent over 36 hours in the department, which is not equipped to accommodate them for such extended periods.

Whilst these issues have an impact on patient safety, experience and dignity, there has been some improvement since our last inspection in August 2022 The health board is acutely aware of these issues and continues to explore different initiatives to improve flow within the hospital.

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

Patients with time critical and high-risk conditions were being escalated in a timely way and moved from the waiting area to other more appropriate areas within the ED for treatment. We were told that speciality support was good, with speciality doctors responding in a timely way to requests for patient assessments.

There were some delays in offloading patients from ambulances. However, this was being appropriately managed 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.

Staff described the good working relationships between the ED and ambulance staff, and patients waiting in ambulances were well cared for, and when required, ED staff would provide care in the ambulance. Patients would also be brought into the department to start treatment then returned to the ambulance.

Equitable

Communication and language

Patients spoken with were generally happy with the information provided by staff, and all respondents to the questionnaire felt that staff explained what they were doing and listened to and answered their questions.

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

We were told that some ED staff were bilingual (Welsh and English), and that translation services were available for patients who wished to communicate in other languages. Most of the information displayed within the ED was available in both Welsh and English.

There was information displayed on minor injuries and detailing appropriate use of ED and signposting to other services. However, we recommended that the signage from hospital main entrance to the ED be improved, and were told that this matter was being addressed by the estates and facilities department.

Rights and Equality

We saw that staff were striving to provide care in a way that promoted and protected people's rights, regardless of their gender or background. This is aligned to Welsh Governments approach to deliver good quality patient-focused care in EDs.

Welsh Government's quality statement for EDs emphasises providing the right care, in the right place, at the right time, and staff endeavoured to do this to the best of their ability, in a high-pressure environment.

Delivery of Safe and Effective Care

Safe

Risk management

Overall, compliance with risk management was not always adequate. We found some furniture within the mental health assessment room was not fit for purpose and included potential self-harm/ligature risks, although staff told us that patients are supervised whilst accommodated in this room. We also found that the completion of timely patient risk assessments could be strengthened, and aspects of infection, prevention and control, which is highlighted later in the report.

The health board must ensure that the furniture within the mental health assessment is of an appropriate design to ensure the safety of patients and staff, and that ligature risks are assessed and addressed.

There was good oversight of the waiting area by a trained nurse, which helped maintain the safety of patients waiting ongoing assessments or treatment.

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

Infection, prevention and control and decontamination

The whole of the department was found to be clean and tidy with cleaning staff visible within the department throughout the inspection. All the patients who completed a questionnaire felt that the department was very clean.

There were policies and procedures in place to manage the risk of cross infection. However, we saw patients presenting with potentially transmittable infections being cared for in open areas of the ED when they should have been accommodated in a cubicle to reduce the risk of cross infection.

There were numerous points where staff could practice hand hygiene, and personal protective equipment was also available in all areas.

The health board must ensure that patients presenting at ED with potentially transmittable infections are appropriately accommodated, to reduce the risk of cross infection.

Safeguarding of children and adults
The staff we spoke with demonstrated a satisfactory knowledge of safeguarding children and adults, and for the deprivation of liberty safeguards and mental capacity.

We found appropriate safeguarding procedures in place for referral, escalation and follow up of safeguarding concerns, and this was supported by the Wales Safeguarding Procedures. Staff training compliance for safeguarding was appropriate.

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

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

Medicines management
Most medication management processes were in line with national standards and health board policies. However, we found medication for injection and fluids for intravenous infusion within the resus area that were past their expiry date. We also found items of medication not stored within the original dispensing boxes. **These issues were dealt with under HIW's immediate assurance process and are referred to in more detail within Appendix B of this report.**

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

Preventing pressure and tissue damage
On review of patient records, we found that skin pressure area risk assessment were not undertaken routinely or in a timely way. This can therefore impact patients receiving pressure relieving mattresses or cushions in a timely manner, therefore exposing them to risk of skin pressure damage.

The health board must ensure that pressure area risk assessments are undertaken routinely for patients whose presenting condition warrant such a risk assessment.

Falls prevention
Whilst physiotherapy and occupational therapy staff were seen in the department supporting patients to mobilise and maintain their independence, falls risk assessment were not undertaken routinely for patients when appropriate to do so.

The health board must ensure that falls risk assessments are undertaken routinely for patients whose presenting condition warrant such a risk assessment.

Effective

Effective care

There were multidisciplinary care planning processes in place which took account of patients' views on how they wished to be cared for.

We reviewed the care records of five patients onsite, and undertook an offsite desk top review of a further nine patient care records. In general, patients were being assessed and monitored appropriately and in line with Royal College of Emergency Medicine and the National Institute for Health and Care Excellence (NICE) guidance. We did, however, find examples where repeat patient observations were not being conducted and recorded consistently.

The health board must ensure that repeat observations are conducted and recorded consistently.

We found that pain assessment and management was generally effectively. However, there were inconsistencies in the way that pain management evaluation was recorded within patient records.

The health board must ensure that pain management evaluation is recorded consistently.

Nutrition and hydration

Patients could access food and drink when needed, and the nutrition and hydration needs of patients were generally being met within the department. This included patients who waited on ambulances outside the department. Patients who required assistance with eating or drinking were seen to be supported by staff and the Red Cross volunteers.

Fluid balance charts were in use where indicated, however, these were not completed consistently, therefore, not providing an accurate reflection of fluid intake and output. Similarly, food intake was being recorded in the same way.

The health board must ensure that fluid and food intake and output balance charts are being completed consistently.

Patient records
Whilst the quality of the record keeping across the ED was generally good, we found some inconsistencies or lack of detail in some patient records we reviewed, including risk assessment and fluid balances as highlighted earlier.

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

The ED records are maintained on an electronic system, whereas documentation completed by specialist doctors from other departments reviewing ED patients were in paper format. We only had sight of the electronic records, this therefore made it difficult for us to gain a complete and detailed picture of the overall assessment and treatment process. The implementation of a health board wide electronic records management system would greatly improve the recording, navigating and sharing of information across and between services.

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

Efficient

Efficient
We spoke to several clinical staff across the ED, and all demonstrated a desire to provide patients with a good standard of care, and we found that leadership was good between medical and nursing teams.

We witnessed effective responses to patients presenting with time critical conditions, and for those whose condition deteriorated whilst in the department.

We found an appropriate level of communication between staff working within the ED, which included the sharing of information during shift handover which was overall, detailed and effective. This was an improvement on the previous inspection in 2022.

Quality of Management and Leadership

Staff feedback

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

Staff responses to our questionnaire were mixed, with most comments relating to workload, the demands of the department and support from senior management teams external to the ED. Staff comments included:

> *"Despite the very hard work, care and continued commitment of the staff who work here it sometimes feels like we can't do our job properly. IT is poor, always issues, just printing an X-ray form you have to walk out of your way to get it. We are not a ward environment but an emergency department yet expected to care for patients for days on end in an environment which is not built for it. Despite all the positive changes we make patients still line the corridors in beds and chairs. We do our very best but we leave feeling like we achieved nothing, we are working in a broken system."*

> *"I feel that management are not visible on the floor at all. When in charge you feel alone and not supported. Multiple staff in the department feel like they are not supported by management at all which leads to sickness and staff leaving."*

> *"There is very little visible senior management / exec. presence in the ED. The ED management team are ever present & visible, but very rarely, if ever, above this. I have long a frequently stated that senior managers / execs., should regularly come & meet patients and staff, whilst providing a visible presence & support. This would not only demonstrate that they care about patients but also their hard-working staff facing impossible challenges at the coal face, rather than merely interested in numerical targets that are rarely individual patient-centric. This visible presence requires them to walk within the ED, speaking to staff & patients rather than merely having "drop-in" sessions that require minimal engagement on their behalf, and that staff are too busy to attend. There was an HIW report from a number of years ago stating a distinct lack of communication*

from the "ward to the board", which is still unfortunately the case. The frontline staff do an amazing job, and are rarely told this by those upon high…"

The health board must consider the staff comments above relating to poor support from mangers external to the ED, and seek feedback more widely form ED staff, to help consider how improvements can be made in the interest of both patients and staff.

Leadership

Governance and leadership

Staff told us that the ED leadership team were visible and approachable, and that the Matron frequently worked alongside staff to assist them in times of increased pressure. However, they felt unsupported and undervalued by the senior managers outside of ED.

Despite the staff feedback relating to managers outside of ED as highlighted above, in general, we found the leadership and engagement within the ED was good. In addition, it was evident that the ED leadership team was committed to further improving the service, but the support external to the ED was making this difficult.

The health board must ensure the overall ED team is supported appropriately by key leaders and managers external to the department. In addition, that a hospital and health board wide approach is implemented to drive and support improvements.

Workforce

Skilled and enabled workforce

We found nurse and medical staffing levels to be acceptable, with little reliance on agency staff to fill vacancies or absences. This was an improvement from our previous inspection.

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

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

The health board must ensure staff are supported and encouraged to attend team meetings on a regular basis.

There was a training and development program in place for all staff and this was supported by a practice development nurse, who was based in the ED.

Compliance with the completion of mandatory training was good, which is consistent with the findings in our previous inspection.

Culture

People engagement, feedback and learning
We found the culture within the ED to be generally positive, supportive and inclusive with staff working well together.

Patients and their representatives had opportunities to provide feedback on their experience of services provided.

There were formal systems in place for managing complaints, and this aligned to the NHS Wales Putting Things Right process.

Notices were present within the ED informing patients and visitors about any action taken by the department following concerns or patient feedback. Staff also described how patient feedback was shared with staff, together with learning from incidents and national reviews, to help improve the service.

The management of incidents and concerns was appropriate.

Information

Information governance and digital technology
Electronic board round monitors were used in the ED to help support the efficient care and treatment of patients. In addition, an electronic patient management and records system was in use within the ED, and staff, in general, commented positively on the system.

Staff were mindful not to leave computer screens unlocked when not in use, to ensure unauthorised access and maintain patient confidentiality.

Learning, improvement and research

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

It is positive to note that action had been taken to address and sustain improvements highlighted during the previous inspection of Wrexham Maelor ED. In addition, changes had been made to reflect improvement highlighted during previous inspection of the other emergency departments within the health board.

Whole-systems approach

Partnership working and development
There were examples of good partnership working between various staff disciplines and professions within and external to the department, including pharmacy, occupational therapy and physiotherapy services.

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
No immediate concerns were highlighted during this inspection.			

Appendix B – Immediate improvement plan

Service: Emergency Department, Wrexham Maelor Hospital

Date of inspection: 09, 10 and 11 December 2024

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.

Risk/finding/issue		Improvement needed	Standard / Regulation	Service action	Responsible officer	Timescale
1.	HIW was not assured that medication management processes are sufficiently robust and safe. We looked at the medication storage arrangements in the resus area of the emergency department and found	HIW requires details on how the health board will ensure that measures are in place to make sure that medication and intravenous infusions expiry dates are checked on a regular basis, and to remove any items past their expiry dates.	Delivery of Safe and Effective Care	Review and update the SOP for supply of stock medicines to clinical areas using the standard quality management system. Ensure the process and timetable for stock rotations, expiry date checks and removal of expired medications is explicit within the SOP.	Chief Pharmacy Technician	28th February 2025

	medication for injection and fluids for intravenous infusion that were past their expiry date. We also found items of medication not stored within the original dispensing boxes. This placed the patients at risk of harm.			Measurement: Updated SOP in place, expiry date checks as per policy, annual report to monthly Emergency Quadrant (EQ) Quality Delivery Group (QDG), unless exceptional reporting required. Annual review ED stocklist, removing medicines no longer regularly used to prevent stock medicines expiring within clinical areas. Utilise data from the Pharmacy Stock Control System including issue data, to determine stock use. Agree an annual work programme of stock list reviews, which is monitored via the Pharmacy QDG.	Lead Pharmacist – Emergency Quadrant Lead Pharmacist – Emergency Quadrant	28th February 2025 28th February 2025

				Exploration of technological solutions for completing expiry checks of medicines will be undertaken and discussed with directors of pharmacy, digital and finance to determine appetite for implementation. Recruit permanently in to the Medicines Housekeeper role in ED – this role will increase the transfer of patients own medicines, support expiry date checks, general medicines management housekeeping. Until recruitment of medicines housekeeper, Pharmacy Stores Staff will undertake	Chief Pharmacy Technician Lead Pharmacist Emergency Quadrant/Chief Pharmacy Technician Chief Pharmacy Technician	1st September 2025 31st March 2025 immediately

				monthly expiry checks of all medicines stocked within EQ.		
2.	We looked in the medication storage refrigerator in the resus area of the emergency department and found two boxes containing ampoules of Suxamethonium Chloride 50mg/ml for injection with an expiry date of October 2024. We also found a box containing Atracurium 10mg/ml for injection with an expiry date of October 2024. We looked in a medication storage cupboard in the resus area of the emergency department and found Sodium Chloride 0.9% 500ml intravenous infusion with an expiry	HIW requires details on how the health board will ensure that medication is always stored in its original dispensing boxes, along with the relevant information sheets.	Delivery of Safe and Effective Care	Complete education programme (Medicines Management training) for all clinical staff working in ED. Target is 80% of staff by end of Feb 25 with 100% by end of March 25. As part of the training Registrants will be reminded of HB Policy around safe storage of medicines and professional responsibility around the control of medicines. Understanding will be measured during the training sessions. Success will be monitored via the senior nursing	Medicines Management Nurse/HON ED/Lead Pharmacist Emergency Quarter	28th February 2025

	date of June 2024, and Sodium Chloride 2.7% 500ml intravenous infusion with an expiry date of November 2024. We also found blister packs containing Apixaban 5mg tablets and Clarithromycin 250mg tablets which were not stored within their original dispensing boxes. This meant that they did not have any accompanying information leaflet for staff to refer to. In the same cupboard, we also found seven ampoules of various medication for injection that were not stored within their original dispensing boxes. This meant that they did not have any accompanying			medicine management checks that are up loaded in to the Medicines Management Dashboard and will be reviewed at the EQ QDG Medicine safety – display laminated signage enforcing /communicating zero tolerance, empowering staff to challenge others. Medicines Management Dashboard will be monitored by Senior nursing and the medicines management nurses weekly to ensure compliance with expected standards. Deviations will be reported via IHC Q+S Delivery Groups and BCUHB Patient Safety Meeting and further		31st Jan 2025 Reviewed Monthly

	information leaflet for staff to refer to. This meant that we could not be assured that the risks of harm to patients was appropriately managed.			action implemented if required.		

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): Sue Robinson

Job role: Director of Pharmacy and Medicines Management

Date: 19/12/2024

Appendix C - Improvement plan

Service: Emergency Department, Wrexham Maelor Hospital

Date of inspection: 09, 10 and 11 December 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.	Some patients were being cared for in corridor areas. This could compromise their privacy and dignity.	The health board must continue with efforts to reduce the number of patients receiving care in corridor areas.	Safe Care	1. Clinical Risk assessments undertaken, reviewed, and recorded for each patient to ensure that patients are cared for within the most suitable environment available at that time. 2.Corridor waits escalated through daily site calls, to monitor length of stay.	Site Director Oversight maintained by the EC Manager of the	31st May 2025 30th June 2025

				3.Hospital Full & Escalation Policies to be reviewed, updated, and re-implemented to improve flow and reduce the number of patients receiving are in corridor areas 4.To recognise and mitigate the impact on patients the following actions are already in place; these standards will be Re-outlined and reinforced via the nursing staff meetings, safety huddles and nursing handover) Multi-purpose room utilised/available for privacy and dignity purposes if required. b) Intentional rounding maintained to support improved patient experience, inclusive	Day and Nurse in charge. ED Matron	30th June 2025 29th February 2025 31st March 2025

				of food and beverage rounds to be audited monthly Weekly feedback at the Band 7 & Matron meeting regarding audit findings. Individual feedback is provided to staff where improvement is needed. Wider themes are shared via safety brief and departmental and senior nurse meetings c) designated nurse/HCSW allocation to provide care for those patients on the corridor Availability to be audited monthly Weekly feedback at the Band 7 & Matron meeting regarding audit findings. Individual feedback is provided to staff where improvement is needed. Wider themes are shared via safety brief and departmental		31st March 2025

				and senior nurse meetings d) ensure that incidents of failure to provide adequate privacy and dignity are reported and apologies provided to patients and families. 5. Inpatient Boarding Policy to be reviewed, updated and reimplemented across the Wards. Finance have costed an option to improve suitable lighting, equipment, and privacy/dignity mitigations in an area to be staffed by WAST the cost was circa £400k and therefore this has not progressed at this time.	Directors of Nursing as part of workstream 2 Hospital Director / Director of Operations	Immediately 30th June 2025 Sept 30th 2025

				6.Review of what other mitigation can be taken to improve environment of care		30th June 2025
2.	Not all patients were triaged within 15 minutes of arrival at the ED, as recommended by the Royal College of Emergency Medicine (RCEM).	The health board must ensure that patients are triaged promptly on arrival at the ED.	Timely Care	Monitor performance against key Emergency Department & Flow metrics via the daily site huddle daily site safety huddles including the continuation of streaming at the front door. Real time monitoring of triage times to continue with corrective action taken when the 15-minute standard is exceeded.	DGM Emergency Care Oversight maintained by the EC Manager of the Day and Nurse in charge	

				The lead Rapid Assessment and Treatment (RAT) clinician will determine the resources allocated to support mitigation of the risk including second/third triage (one of whom will prioritise red flag presentations if required). De-escalate and reallocate resources as required. To be evaluated by 6 goals local programme and implemented if impact on triage times is improved. 2. Monitor & Scrutinise performance against key Emergency Department & Flow via the monthly Department Governance Meetings	DGM Emergency Care	

3.	There were significant challenges in the flow of patients through the department.	The health board must continue with efforts to improve patient flow through the department.		Significant work is on-going to improve the position via the 6 Goals performance trajectory for improvement and 50 day USC programme aligned to the Ministerial Targets set by Welsh Government. Twice weekly mtgs with LA (Matron/HoN) led re complex pts • Daily Check & Challenge with ward managers re discharge actions Daily review of p/way zero pts learning /improvement to be reviewed at 6 goals programme	Site Director	30th April 2025 31st May 2025

4.	There were some delays in offloading patients from ambulances.	The health board must continue with efforts to ensure that patients are moved from ambulances into the ED in a timely way.		1. Continue to build on progress made during 2024/25 on handover times by consistently utilising ED Full Protocol, incorporating the internal offload escalation triggers. • Reinforce and monitor the impact of 3 x daily huddles between ED and Site Team	HoN / DGM Emergency Care. DGM emergency care and Clinical site Manager	31st May 2025 31st March 2025
5.	Furniture within the mental health assessment room was not fit for purpose and included potential self-harm/ligature risks.	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 and that ligature risks are addressed.	Safe Care	Risk assessment completed by Mental Health Colleagues which identified the need for the room to be upgraded. Review the existing risk entry on the Risk Register. Outcome of Application made for Capital Estates funding	HoN Emergency Care DGM Emergency Care	31st March 30th April

				to support room upgrade including anti ligature compliance spot checks of the room to check any moveable equipment is safe for the patient within the room. Undertake quality assurance checks of risk assessment via weekly Ward Manager Audits Weekly feedback at the Band 7 & Matron meeting regarding audit findings. Individual feedback is provided to staff where improvement is needed. Wider themes are shared via safety brief and departmental and senior nurse meetings Datix any Ensure staff training compliance remains above 85% on the	 HoN Emergency Care HoN and DGM Emergency Care	30th April 2025 31st March 30th April

				management of removing ligatures		
6.	Patients with potentially transmittable diseases were being cared for in open areas within ED 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 potentially transmittable diseases are appropriately accommodated in order to reduce the risk of cross infection.		A risk matrix is used to ensure that as far as possible any patient with an infectious condition is segregated and housed appropriately. • Daily input and review from IPC team as needed • IPC attend site huddles Capital options are under consideration (recent estates presentation to HMT) with options to address this but due to cost and physical footprint this will not be easy or quick to resolve	HoN/ Site Director	31st August 2025 31st August 2025

7.	Pressure area risks assessments were not undertaken routinely or in a timely way.	The health board must ensure that pressure area risk assessments are undertaken routinely for patients whose presenting condition warrant such a risk assessment.		1.Re-outline standards for completion of assessments within the Emergency Department via the nursing staff meetings, safety huddles and nursing handover 2.Undertake a 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 Daily checks of records undertaken by the Nurse in Charge on each shift. As part of quality assurance checks of risk assessment Weekly feedback at the Band 7 & Matron meeting regarding audit findings. Individual	HoN / ED Matron Assoc Director of Nursing H/ HoN / PDN	31st March 30t June 2025 31st May 2025

				feedback is provided to staff where improvement is needed. Wider themes are shared via safety brief and departmental and senior nurse meetings 4. Identify training requirements and ensure training compliance remains above 85% for risk assessments 5. Pressure Ulcer Prevention and Learning Forum to be attended by relevant staff.		30th June 2025 31st August 2025
8.	Falls risks assessments were not undertaken routinely for patients whose presenting condition warrant such a risk assessment.	The health board must ensure that falls risk assessments are undertaken routinely for patients whose presenting condition warrant such a risk assessment.		1. Re-outline standards for completion of assessments within the Emergency Department via Nurse staff meetings, safety	HoN / Matron Emergency Care	30th April

				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. Undertake quality assurance checks of risk assessment via weekly Ward Manager Audits 4. Daily checks of records undertaken by the Nurse in Charge on each shift. Individual feedback is provided to staff where improvement is needed. Wider themes are shared via safety brief and departmental and senior nurse meetings.	Assoc Dir Nursing /HoN /Matron Emergency care	30th June 3Oth June 2025

				5. Cohorting of patients risk assessed as at risk of falls in the CDU area of ED. 6. Ensure training compliance remains above 85% for risk assessments		Immediately June 30th 2025
9.	Repeat observations were not being conducted and recorded consistently.	The health board must ensure that repeat observations are conducted and recorded consistently.	Effective Care	1. Re-outline standards for completion of observations and record keeping within the Emergency Department via Nurse staff meetings, safety huddles and nursing handover. 2. Undertake quality assurance checks of risk assessment via weekly Ward Manager Audits 3. Daily checks of records undertaken by the Nurse in Charge on each shift. Individual	HoN/ Matron Emergency Care	30th April 30th June 2025 30th May 2025

				feedback is provided to staff where improvement is needed. Wider themes are shared via safety brief and departmental and senior nurse meetings. 4. Ensure training compliance for record keeping, achieves and remains above 85%		June 30th 2025
10.	There were inconsistencies in the way that pain management was recorded within patient notes.	The health board must ensure that pain management evaluation is recorded consistently.		1. Re-outline standards for completion of observations and record keeping within the Emergency Department via Nurse staff meetings, safety huddles and nursing handover . 2. Undertake quality assurance checks of risk assessment via weekly Ward Manager Audits Weekly feedback at the Band 7 & Matron	HoN / ED Matron	30th April 2025 30th June 2025

				meeting regarding audit findings. Individual feedback is provided to staff where improvement is needed. Wider themes are shared via safety brief and senior nurse meeting 3. Daily checks of records undertaken by the Nurse in Charge on each shift. Individual feedback is provided to staff where improvement is needed. Wider themes are shared via safety brief and departmental and senior nurse meetings. 4. Ensure training compliance for record keeping, achieves and remains above 85%		30th May 2025 By 30th May then ongoing
11.	Fluid balance charts were being completed	The health board must ensure that fluid and food		Re-outline standards for completion of fluid	HoN / Matron emergency Care	31st March 2025

	intermittently and consequently did not give a true reflection of fluid intake and output. Similarly, food intake was being recorded in the same way.	intake and output balance charts are being completed consistently.		and food balance charts and record keeping within the Emergency Department via Nurse staff meetings, safety huddles and nursing handover 2.Remove hybrid system of using Symphony and paper records for fluid balance and food charts. Paper copies only will be used to document fluid and food intake. 3.Undertake quality assurance checks of documentation via weekly Ward Manager Audits 4.Daily checks of records undertaken by the Nurse in Charge on each shift. Individual feedback is provided to staff where		30th April 2025 31st March 2025 31st March 2025

				improvement is needed. Wider themes are shared via safety brief and departmental and senior nurse meetings. 5. Ensure training compliance for record keeping, and WAASP achieves and remains above 85%		
12.	There were some inconsistencies and lack of detail in some of the patient notes we viewed.	The health board must ensure that staff documentation in patient records provide sufficient clinical/ care details, and records are completed consistently.		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. Patient records are reviewed within the monthly Mortality, Morbidity and Trauma Meetings. Overall findings from audit	Clinical Director / HoN Emergency Care	30th June 2025 30th June 2025

			have showed there is a good standard of documentation within the ED specific patient records. Where issues are identified it is highlighted at safety brief and teaching sessions about the need for accurate records.		
			3. 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.		31st July 2025
			4.Undertake weekly and monthly audits of documentation standards across Nursing & Medics within the Emergency Department and report		30th June 2025

				through ED Governance, PSQ and CEG		
13.	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 health board should consider implementing a service wide electronic records management system to aid robust communication and ensure effective continuation of care.		In collaboration with the Office of the Chief Clinical Information Officer, we will work to further develop our 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	Clinical Director/ Hospital Director Chief Digital & Information Officer, Digital Data and Technology (DDAT) Chief Operating Office /Chief	30th June 2025 30th June 2025 31st August 2025

	the recording, navigating and sharing of information across services.			integration with the BCU Patient Flow System (STREAM) and the Welsh Clinical Portal (WCP) is planned. In the longer term, we will explore opportunities and investment with Welsh Government to implement the Electronic Record Health Care System.	Digital and information officer	
14.	Staff told us that they feel unsupported and undervalued by the senior managers outside of ED.	The health board must ensure the overall ED team is supported appropriately by key leaders and managers external to the department. In addition, that a hospital and health board wide approach is implemented to drive and support improvements. The health board must also seek feedback more widely	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	IHC Directors DGM and HoN for Emergency Care	30th June 2025 31st April 2025

		form ED staff, to help consider how improvements can be made in the interest of both patients and staff.		3. Increased visibility of Senior Leaders – particularly at times of significant pressure in the ED		31st March 2025
15.	Staff attendances at team meetings was poor.	The health board must continue with efforts to ensure that staff attend team meetings on a regular basis.	Workforce	1. Where team meetings are arranged, if it is deemed service pressures will limit attendance on the day then these will be rearranged to support maximum attendance. 2. Staff are also able to look back and listen to recorded transcripts in order not the miss any learning opportunity 3. Ensure key messages and communication is captured via Monthly Newsletter, ED SharePoint Site and focused sessions at handovers / huddles	Clinical Director /Lead Manager/ Matron Emergency Care	30 April 2025 30th April 2025 31st May 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): **Hazel Davies**

Job role: **Director of Operations (Wrexham Maelor Hospital)**

Date: **07.02.2025**