Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Inspection Summary Report

The Emergency Department, The Grange University Hospital, Aneurin Bevan University Health Board

Inspection date: 1 - 3 August 2022
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This summary document provides an overview of the outcome of the inspection

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Overall, we continue not to be assured that all the processes and systems in place were sufficient to ensure that patients consistently received an acceptable standard of safe and effective care. This was despite all the efforts of staff who were working hard under pressure from the number of patients presenting at the ED.

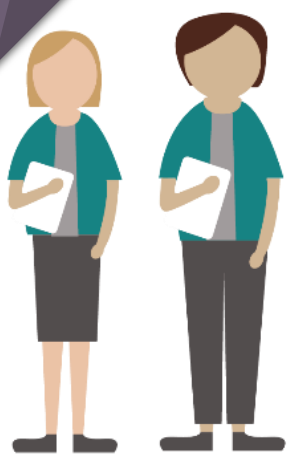
There were a number of issues identified where the health board needs to address issues to improve patient experience and to ensure dignified and timely care. This includes work required to the physical environment of the waiting room to ensure that it is fit for purpose.

Until the flow of patients into and through the ED can be improved, the health board may find it difficult to address a number of our concerns.

We observed all staff striving to deliver good quality, safe and effective care to patients, within very busy units. However, comments from staff show that they could not always deliver the care they wanted too.

The management and leadership was good, with management visible in the department.

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



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 at The Grange University Hospital, Aneurin Bevan University Health Board between 1 – 3 August 2022.

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

This summary version of the report is designed for members of the public.

A full report, which is designed for the setting, and describes all findings relating to the provision of high quality, safe and reliable care that is centred on individual patients can be found on our website.

Quality of Patient Experience

Overall Summary

Patients were happy with the way that staff interacted with them and were complimentary about the staff dedication and care provided. However, patients were critical of waiting times. We observed all staff striving to deliver good quality, safe and effective care to patients, within very busy units. During the inspection we found that some patients had been waiting on uncomfortable chairs and in the back of an ambulance for over 15 hours.

The waiting area was very small and cramped and unfit for purpose. Staff acknowledged this and told us they needed a bigger waiting area. A large portacabin style building has been built in the area immediately to the front of the CEAU. This was marked as a possible building for another waiting room. However, it is not operational and in its current location would present a significant risk to patient safety if not staffed and monitored sufficiently.

Until the flow of patients into and through the ED can be improved, the health board may find it difficult to address a number of our concerns.

We saw staff speaking with patients and their relatives in a polite, professional and dignified manner However, we found that the dignity of some patients was affected by either lengthy waits within the department or as a result of where and how patients had been accommodated whilst awaiting further review or treatment.

Staff made active efforts to move patients to more appropriate areas of the department where possible.

What we found this service did well

- Patients and their carers that we spoke with were mainly complimentary of the care overall with positive comments on staff

- Staff were observed trying to maintain the best dignified care they could to patients

- Staff were seen to be discreet in communicating personal information with patients

- There were large flow diagrams displayed showing the patient journey through the department, in both Welsh and English.

Where the service could improve

- Manage the overcrowding in the waiting room and the RAU that are not conducive to providing dignified care

- Ensure that there is an area available to facilitate red release calls at all times

- Not requiring patients to wait on chairs overnight in the RAU

- Continue to put processes in place as part of a system wide solution to poor flow and overcrowding at the ED waiting rooms

- Regularly review patients in ambulances, the waiting room and the RAU to ensure that patients receive appropriate and timely pain relief and treatment.

Patients told us:

"Waiting over 16 hours so far with a {condition}in a not very comfortable chair and no bed to lay on the be comfortable and to try get some much needed sleep as stuck in a busy hall way in a chair with very little offer of pain relief having arrived at 4pm and being told they would be keeping him in at 8pm and still no bed 9am the following morning."

"Rather be in a bed"

"Was not seen until 5 hrs after arriving."

"Reduce waiting times ambulance availability."

"Hire more staff and stop underfunding our NHS it makes the overworked staff look bad."

"Have a bigger waiting room some patients were sitting outside."

"Husband was seen immediately and I was informed by nursing home. Staff have been very kind."

Delivery of Safe and Effective Care

Overall Summary

We were not assured that all the processes and systems in place were sufficient to ensure that patients consistently received an acceptable standard of safe and effective care. This was despite all the efforts of staff who were working hard, under pressure from the number of patients presenting at the ED.

We had a number of immediate concerns relating to the safe care of patients, and these were dealt with under our immediate assurance process.

Patient notes we checked were clear and easy to navigate, with a structured rapid assessment pathway. There were aspects of medicines management which were noted as positive.

What we found this service did well

- The nurses in the RAU area, who were also responsible for the waiting room had very good oversight of patients
- Patients we spoke with praised those involved, including staff and the Red Cross volunteers for the care and nutrition provided
- Medication charts were completed correctly and medicines administered within time limits
- Nursing and medical documentation was comprehensive and easy to locate and understand
- The patient safety at a glance board allowed good oversight information of the whole waiting room and RAU
- Staff working hard to mitigate risks associated with holding people on hard chairs in the RAU and waiting room.

Immediate assurances

HIW highlighted the following serious issues which required immediate action by the health board to prevent significant harm to patients, members of the public

and staff. Please note this list is not exhaustive and full details are contained in Appendix B of the full report:

- The risk of cross contamination in the area known as the COVID corridor
- The resuscitation equipment had not always been checked daily
- The resuscitation trolley contained two ampoules of out-of-date medication. These were immediately replaced
- The temperatures of medication fridges had not been regularly checked
- The controlled drugs register had not been checked on a daily basis
- There were several areas of the department where substances which could be harmful to health were freely accessible to patients and members of the public, these included medication and prescription pads.

In addition to the Immediate Assurances issues above, this is what the service must improve

- Staff awareness of the Serious Hazards of Transfusion (SHOT) and the importance of reporting any instances
- Give due consideration to staff comments in relation to the lack of availability of some equipment
- Give due consideration to staff comments in relation to the manning and risk associated with patients in the waiting room and the RAU.

Patients told us:

We asked patients if there was anything else that you would like to tell us about the service you received?

"Staff were clearly doing the best but up against it and under staff and clear lack of beds for number of patients."

"No quite happy."

"Overall very disappointed (waiting time) post surgery severe pain and waiting on cold bench for 14 hrs."

"Friendly staff."

"Just very very good."

"No just excellent."

"No apart from waiting times."

Quality of Management and Leadership

Overall Summary

We spoke with a cross-section of staff working in the ED. Many told us that they were struggling with the high demands of the department and they could not provide the care to patients they deserved in a timely manner. Staff felt supported by their line managers.

Senior managers were aware of the issues in the department and trying to put arrangements in place to manage this situation. However, the department was experiencing high demands on the service.

We were assured that there was a supportive culture in place which promoted accountability and patient care and that the management and leadership was focused and robust.

What we found this service did well

- The department was well led with clear lines of responsibility and systems in place to monitor and respond to service needs
- We noted that triage staff were resilient and worked hard in a difficult working environment balancing the risk to patients in the waiting room and in the ambulance bay
- The nurse in charge was clearly identifiable and visible in all areas. Staff told us that the senior staff in ED were supportive and visible
- Mandatory training records provided showed that compliance was generally good
- Staff told us of the monthly wellbeing sessions that were in place that had received good feedback.

Where the service could improve

- Implementing a robust process to ensure the impact of the workload on staff wellbeing is managed

- Continue with its efforts to recruit permanent staff
- Action is taken to improve compliance with staff appraisals.

Staff told us:

"Although I have been in the department a year in August, I do not think I have had adequate training for the role. This is my first hospital setting in my career and I do not feel I have received the right amount of training."

"I love my job and just want more training provided."

"The facilities are excellent and are adequate if we had flow of patients, but as we have no flow the department runs out of the waiting area and ambulance bay. You could keep building a bigger waiting area but most of those patients should be on a trolley or in an assessment area."
"Flow through hospital means over crowding in the department. Assessment area not suitable. Not able to monitor patients in waiting room. Department disjointed with sub waiting area at the top of majors. Waiting room is too small."
"I feel like if you are really poorly you are in safe hands. But as I've said before it's a real issue not having enough space to do obs, ECGs and clinical assessments. They patients do get the care they require but not in good time."

"We struggle to retain experienced nurses because the working conditions are so hard."

"The ED team is very clicky, you are likely to get a promotion if you are friends with someone in management, regardless of your clinical experience. People new to the department are made to feel inadequate by other members of staff."

"When working in 'red' triage which is basically in a corridor. Often you are the only nurse in the area. You are expected to triage patients both walk ins and ambulances, transfer patients, do swabs for MAU if they have red patients, take patients for ECG within 10 mins of cardiac symptoms however machine is at the other end in a1. If you have other patients there and are on your own it's impossible to get everything done, even if you're lucky enough to have a HCA often the workload is too heavy. It is unsafe…"

Staff told us:

We asked staff permanently based in the Emergency Department how the department could improve the service it provides. Staff suggested:

> "Improvements in environment, bigger waiting room and subwaiting areas. Improvements on flow through hospital. Improved staffing. Visible senior management team to support staff."
>
> "Shorten wait times. Make more room in assessment room."
>
> "It's the whole system than need to be rethink, the hospital backdoor need to be looking after to allow patient flowing in the right direction in a manner time."
>
> "… Flow. We do need adequate staff to meet demand which is higher than expected. We need no expected patients to come to the department and for referred patients to leave within an hour. We need a faster response from inpatient teams when referred and not made to feel we are inconvenience.."
> "1) Improved flow from ED into wards to allow newly arriving patients to be accommodated.
> 2) more senior management presence to encourage inpatient specialties to be more responsive to ED referrals
> 3) frailty team embedded within ED
> 4) re-design of assessment rooms and area surrounding to improve patient safety
> 5) co-location of MIU and urgent primary care on the GUH site. This could then be the sole 24/7 Minor injuries within ABUHB with all other MIU'S closed overnight. Would allow for better streaming of patients and reduce the ED queue.
> 6) improved communication with other sites/ teams. The vocera system is not functioning well and often delays patient care by taking multiple attempts to connect with other teams.."
>
> "By creating a good atmosphere for her staff."

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 appendices of the full inspection report.

When we identify concerns that pose an immediate risk to patient safety we ask the health board to undertake urgent action. These concerns are outlined in the appendices and outline the action taken by the health board to protect patient safety and approved by us. We also provide a detailed table of improvements identified during the inspection where we require the service to tell us about the actions they are taking to address these areas and improve the quality and safety of healthcare services. In addition we outline concerns raised and acknowledge those resolved during the inspection.

At the appropriate time HIW asks the health board to confirm action has been taken in line with management responses documented in the improvement plan. We also ask health boards to provide documented evidence of action taken and/or progress made.