

## Appendix A

### Dignity and Essential Care: Improvement Plan

**Hospital:** Wrexham Maelor

**Ward/ Department:** Emergency Department

**Date of Inspection:** 30 September and 1 October 2014

Page Number	Recommendation	Health Board Action	Responsible Officer	Timescale
<b>Quality of the Patient Experience</b>				
Page 9	For paediatric patients, children and young people attending the department, the health board needs to consider whether the main waiting area is appropriate and make improvements to a designated area for children in order to safeguard the needs of children and improve their comfort, privacy and dignity.	The Emergency Department has invested in a dedicated paediatric waiting / treatment room area separate from the normal waiting area. The Emergency department has recently received ring fenced funding for paediatric nurse staffing and will be opening the new paediatric area in January 2015.	Andrew Davies – Interim Site Lead Nurse (East)  Julie Smith – Associate Chief of Staff (Nursing) Professional Lead (East Site)  Chris Lynes ACOS(Nursing) PCSM CPG	January 2015

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			Jayne Gregory Emergency Department Matron	
Page 9	The health board is also advised to consider how the main waiting area can be improved for the comfort of all patients waiting long periods of time.	<p>The Emergency Department needs to reassess the main waiting room area to ensure it complies with DDA guidance for patient chairs and have some capacity for pressure relieving seating particularly for elderly patients. A tissue viability assessment is required during the purchase of waiting room seating</p> <p>(NB: any new purchased seating needs to ensure that it is washable and allows for easy decontamination to prevent cross contamination or patient bodily fluids in between emergency patients)</p>	Judith Rees Jayne Gregory	March / April 2015

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<b>Delivery of the Fundamentals of Care</b>				
Page 11	<p>The health board is advised to improve the staffing levels and skill mix needs of the A&amp;E and ensure staffing is sufficient for delivering care in a highly pressured, busy department catering for a wide range of patients with varied needs.</p>	<p>A nursing establishment skill mix review was completed in November 2014 by Jayne Gregory ED Matron and Andrew Davies Interim Site Lead Nurse. The nursing establishment was completed based on guidance of staff required to care for emergency patients in majors / minors and resus areas</p> <p>The nursing establishment review has the following assessment outcomes</p> <ul style="list-style-type: none"> <li>• Current ED nurse staffing Level is <u>69.12 wte</u></li> <li>• Proposed nurse staffing levels with 26.9% headroom cover is <u>84.93 wte</u></li> <li>• Establishment Funding shortfall of <u>15.81 wte</u> (£664,696)</li> </ul>	<p>Nursing Establishment review completed in November 2014</p> <p>Julie Smith Andrew Davies Jayne Gregory Chris Lynes</p>	<p>Ongoing in line with CNO guidance and Funding for ED</p>
Page 11	<p>The health board must consider how patient privacy and dignity and fundamental aspects of care are compromised when staying for a long time in the emergency department and</p>	<p>The Emergency Department does have secure swipe card entrance to ensure that only ED personnel and referring medical staff enter the department to reduce the number of staff around</p>	<p>Jayne Gregory ED Matrons and ED Band 7 Senior Sisters</p>	<p>Complete</p>

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	take appropriate steps to rectify this.	<p>in the department for clinical assessment of ED / GP lodger patients.</p> <p>All patient clinical areas (trolleys and beds) have curtain screening for privacy during patient history taking and examination. The senior nursing staff ensure supervision of Maelor Score assessment to identify patients who may be at risk of developing pressure ulcers and have pressure relieving mattresses and beds in CDU for patients awaiting transfer to an acute medical / surgical / orthopaedic / HDU bed</p> <p>During the time of the HIW visit, the emergency department was full and had the clinical decision unit opened with additional patients in the holding bay to prevent patients waiting outside in ambulances. The Emergency department does not house patient on trolleys in corridors and allocate patients into bed/trolley bays with close facility of toileting facilities, nurse call bells, medical gases and overbed tables. The ED department had food allocated from the hospital kitchen to ensure those patients able to eat receive food and fluids to ensure adequate nutrition and hydration.</p> <p>The ED department in not able to provide a</p>		

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		protected mealtime philosophy due to the emergency workload, but will endeavour to ensure patients are provided with dignity and respect whilst being care for during times of acute pressure		
Page 12	The health board must ensure that the escalation processes open to staff working in the A& E are being implemented responsively and sufficiently to maintain the welfare of patients and staff working in the A&E.	The Escalation plan has been rewritten recently and is currently being adapted following feedback from HMT.	Judith Rees Jon Falcus Andrew Davies Julie Smith	Policy implemented
Page 13	The health board must ensure that the equipment available is appropriate for long stay needs. At present patients are being forced to wait long periods of time in an inappropriate space and staff do not have access to sufficient equipment designed for long stay needs.	The Emergency Department has a purpose build Clinical Decisions Unit (attached to the Emergency Department) for caring for ED patients for a 24-48 hour period. This area has also been used as a Holding bay to house Medical / Surgical Patients whilst an inpatient bed is made available. During and after the period of the HIW period the Maelor Site continues not to meet WG Emergency Targets with high level of both 4 hour and 12 hour breaches for patient waiting for an inpatient bed.	Site Management Team:- Jon Falcus Judith Rees Julie Smith Andrew Davies Chris Roseblade - Assistant Medical Director	Ongoing and daily review of ED and any outstanding equipment required and accessed

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		<p>The Site Management team along with the PCSM CPG have met with members of the BCUHB Exec team as part of a CPG performance review. Current performance of the Emergency Department reviewed</p> <p><b><u>Plan:</u></b></p> <p>Temporary opening of additional seasonal plan beds on the East Site to support emergency pressures</p> <ul style="list-style-type: none"> <li>• X 8 additional beds on ENT ward</li> <li>• X 6 additional beds on Pantomine ward</li> <li>• X 4 additional beds on Gynae Assessment Unit</li> <li>• X 6 additional beds with medical wards</li> <li>• X 4 trolleys / beds within ED</li> <li>• Additional beds on either Acton winter pressure ward or opening additional community beds at Deeside community hospital.</li> </ul> <p>Regularly monitoring of both 4 hour and 12 hour breach targets.</p>		

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		<ul style="list-style-type: none"> <li>• Follow BCUHB Protocol for Ambulance Handover</li> <li>• Follow BCUHB Protocol for Escalation</li> <li>• Commencement of Matron of the Day role to support Clinical Site Managers, with Medical / Surgical ward Board round assessment and review of ward discharges. Matron of the Day role commenced 25<sup>th</sup> of November 2014.</li> </ul>		
Page 15	<p>The health board must consider their duty of care to all patients presenting to Wrexham Maelor hospital, including those who are required to wait in ambulances for space in the department. There is a possibility that if patients in ambulances are triaged on arrival they could be treated, thus releasing ambulance crews back to respond to more calls.</p>	<p>BCUHB Senior Operational team have agreed with the Chief Operating Officer a protocol for ambulance handovers to Emergency Departments. All Emergency patients who present to ED are either off loaded and enter the Emergency Department or if ED accommodation is full the Emergency Medical / Nursing Team follow the Protocol for Ambulance Handover. Once an Emergency patient is waiting in a static ambulance outside ED, this is continuously monitored by ED clinical staff, site operational team and the duty clinical site manager (via clinical review &amp; launchpad), who will escalate flow of patients and aim to offload within 15 -30 minutes. (15 minutes is Welsh Government Limit)</p>	<p>Site Management Team:-  Jon Falcus  Judith Rees  Julie Smith  Andrew Davies  Chris Roseblade - Assistant Medical Director</p>	<p>Ongoing on a daily basis as part of unscheduled care</p>

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		<p>If WAST have ambulance crews parked outside ED, the BCUHB protocol also has Red 1 and Red 2 stages for emergency release of the patients of the ambulance and into the most appropriate area in ED to release the Ambulance to respond to a emergency 999 (where Life threatening calls or required defibrillator)</p> <p>This may mean offloading the least acutely ill patient into minors in order to allow the ambulance to be made available to respond to a Red call.</p> <p>For Emergency Patients waiting outside ED, the ED staff liaise with WAST ambulance crews and patients have their vital signs recorded and monitored by nursing staff. Patients are triaged and either brought into ED or into Resus dependant on clinical condition.</p>		
Page 16	The health board must consider patient hygiene needs and ensure that there are adequate supplies of items such as hand wipes which would make it easier for staff to offer opportunities for patients to maintain their personal hygiene.	<p>The Emergency Department has recently appointed a Unit Housekeeper who will support both the registered nurse and Health care assistants with care at the bedside / trolley</p> <p>Ordering and checking of essential patient equipment / stock</p>	Emergency Department Matron – Jayne Gregory	Completed



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		<p>Ensuring patient trolley areas are clean and tidy and patient equipment decontaminated after each use</p> <p>Ensuring that patients are able to use hand wipes before meals and also after toileting.</p>		
Page 16	<p>The staffing levels and skill mix of the staff in the department must also be considered so that registered nursing staff are able to focus on triage and patient assessment and be further supported in the provision of total patient care.</p>	<p>A nursing establishment skill mix review was completed in November 2014 by Jayne Gregory ED Matron and Andrew Davies Interim Site Lead Nurse. The nursing establishment was completed based on guidance of staff required to care for emergency patients in majors / minors and resus areas</p> <p>The nursing establishment review has the following assessment outcomes</p> <ul style="list-style-type: none"> <li>• Current ED nurse staffing Level is <u>69.12 wte</u></li> <li>• Proposed nurse staffing levels with 26.9% headroom cover is <u>84.93 wte</u></li> <li>• Establishment Funding shortfall of <u>15.81 wte</u> (£664,696)</li> </ul> <p>Since the HIW visit in 2014, additional HCSW posts have been created on a fixed term basis to</p>	<p>Julie Smith Andrew Davies Jayne Gregory Judith Rees Chris Lynes</p>	<p>As above, staffing establishment reviewed and 15 wte short in the department</p>

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		support the provision of total care.		
Page 17	The health board must consider the implications for patients who currently wait in the back of ambulances over mealtimes and if this practice continues must consider the foods which are currently available for the paramedics to offer them.	Paramedics have access to food and drink for the patients waiting in vehicles from the resources in the ED if it is appropriate for the patient, and their condition does not include being Nil By Mouth.	Site Management team Jon Falcus Judith Rees Andrew Davies Julie Smith	Completed and ongoing
Page 17	The health board must consider whether the staffing levels and skill mix of staff in the A&E is appropriate so that there are staff available over mealtimes to give assistance if patients need support with eating and drinking.	See answer in question 11 (In additional to the nursing establishment review the unit has also appointed a Monday – Friday Housekeeper)  Also additional HCSW's in post since visit.	Julie Smith Andrew Davies Jayne Gregory Chris Lynes	Completed
Page 17/18	The health board must ensure that the A&E have stocks of the basic equipment needed for staff to provide and support with oral hygiene. We found that patients are routinely staying for longer periods in the A&E and in the CDU are expected to stay anywhere up to 24 hours, therefore appropriate oral health	The Emergency Department has invested and now recruited to a unit band 3 housekeeper whose job description involves checking of essential stock levels and review of oracle orders. The new housekeeper will also support the nursing staff with patients in CDU and support during meal time preparation. Provision of patient	ED Matron Jayne Gregory	Completed

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	assessments should be introduced.	hand wipes before/ after meals and toileting facilities.		
Page 18	If patients are to continue waiting for long periods in the A&E before inpatient admission, the health board must consider how they can appropriately ensure that more comprehensive nursing assessments are commenced in a timely manner. The skill mix of staff in the A&E should form part of this consideration, in addition to considering which team of staff should most appropriately carry out any in-depth assessments that are deemed necessary – it may not be the A&E nursing staff who are best placed to provide this additional work.	<p>Emergency Department Nursing Staff are also supported by additional staff through the shifts</p> <ul style="list-style-type: none"> <li>• When the ED department space is full the ED duty Nurse in Charge pages additional support staff by escalating “ Emergency Department Code Red”</li> <li>• Cardiology Specialist teams along with Stroke Assessment Specialist Nurses (Co-ordinators) for rapid clinical assessment / Urgent review of Thrombolysis for patients.</li> <li>• Additional Medical nurses support patients waiting in the ED holding bay with nursing assessments of patients.</li> </ul>	<p>Site Management Team:-</p> <p>Jon Falcus Judith Rees Julie Smith Andrew Davies Chris Roseblade - Assistant Medical Director</p>	ongoing
Page 19	The health board must ensure that patients can be made as comfortable as possible on beds if they are required to wait in the A&E for a length of time before admission. The health board must ensure that the A&E staff are supported with additional resources	The Emergency department clinical decisions Unit has enterprise 5000 bed frames with biflex pressure relieving mattresses. The ED nurses are required to undertake the Maelor Score of patients deemed at risk of developing pressure ulcers. The emergency department registered nurses are required to escalate to the duty ED	ED Matron	In place

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	(potentially additional staff) at times when they need to swap trolleys and beds and source pressure relieving equipment.	nurse in charge if a patient and pressure is required in either the clinical decisions unit or Holding bay. CSM to be contacted and bed obtained and brought into the department by a porter.		
Page 19	The health board must consider the current practice of not allowing ambulances to offload patients and if this is to continue must work with the Welsh Ambulance Service NHS Trust to find appropriate solutions to address the negative impact on patients that this is currently having.	As per previous answer above	Site Management Team:- WAST	ongoing
<b>Quality of Staffing Management and Leadership</b>				
Page 21	The health board should consider using additional staff at lower grades who could provide invaluable support and contribution to the delivery of care provided in the department.	The Department has completed a nursing establishment review in November 2014 and currently only uses low levels of health care assistants to support the ED nursing and medical team. The Unit has recently appointed to a band 3 housekeeper, but if additional funding is allocated a review of skill mix and banding needs consideration and review of Band 3 HCA role clarity in ED.		

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Page 21	The health board must consider when to enact their escalation procedures and whether providing very short term additional staff is sufficient on shifts where the workload is as high as we observed.	<p>ED medical nursing staff follow the following process of escalation</p> <p>ED Red escalation via pages to key health board, alerting lack of capacity in the Emergency Department</p> <p>Also follow new BCUHB Protocol for Escalation</p>	<p>Site Management Team:-</p> <p>Jon Falcus</p> <p>Judith Rees</p> <p>Julie Smith</p> <p>Andrew Davies</p> <p>Chris Roseblade - Assistant Medical Director</p>	Ongoing
Page 21	There should be consideration to providing additional staff for entire shifts and the health board also must consider the point at which they ask for assistance from other nearby hospitals.	The protocol for the management of emergency pressures and escalation has been revised, During times of the Escalation the Site Management team undertake teleconferences to check both Sitrep level in Glan Clwyd and Gwynedd Hospital. If partner DGH are on similar level 3 or level 4 status, additional review of status of both Countess of Chester Hospital and Shrewsbury for consideration of ambulance divert.	Site Management Team:-	Ongoing

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<b>Delivery of a Safe and Effective Service</b>				
Page 23	The A&E Department would benefit from formalised care pathways for pre arrival triage and direct admission to specialist areas within the hospital for patients requiring early specialist medical assessment for acute medical and surgical conditions and for children.	This is generally in place for direct admission to SAU, MAU ACU /, as well as pathways for Cardiology / Stroke bed	Site Management Team:-	Completed
Page 24	The health board must review the staff resource available for the A&E so that patient assessments and the subsequent implementation of important nursing care is not delayed to the detriment of their patients.	ED do receive support from a variety of specialist teams (cardiology / stroke and medical / surgical teams) the department is also adjacent to the orthopaedic OPD for support for Trauma / Orthopaedic intervention.  The ED department is also situated next to the imaging department to prevent delays for an imaging diagnostic testing	Judith Rees Jayne Gregory Andrew Davies	Completed

**Health Board Representative:**

**Reported reviewed and completed by:** (Dr Hywel Hughes ED Clinical Director, Jayne Gregory ED Matron, Julie Smith ACOS Medicines Management / Governance & Professional Lead (East Site) / Andrew Davies Interim Lead Nurse (East Site), Chris Lynes – ACOS(Nursing) PCSM.

**Name (print):** Anne-Marie Rowlands.....

**Title:** .Deputy Director of Nursing.....

**Signature:** ..  ..

**Date:** .....02.12.14.....