Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of the unannounced inspection of the Emergency Department at Sligo University Hospital against the *National Standards for Safer Better Healthcare*.

Name of healthcare service provider:	Sligo University Hospital
Address of healthcare service:	The Mall Sligo F91 H684
Type of inspection:	Unannounced Inspection
Date of inspection:	20 September 2022
Healthcare Service ID:	OSV-0001089
Fieldwork ID:	NS_0015

About the healthcare service

The following information describes the services the hospital provides.

Model of Hospital and Profile

Sligo University Hospital (SUH) is a Model 3* public acute hospital and is part of the Saolta University Health Care Group. The hospital provides acute general and maternity services to the population of Sligo, Leitrim, and South Donegal, as well as parts of counties Cavan, Mayo, and Roscommon. The hospital's catchment area covers two Community Health Organisations (CHO), CHO1 and CHO2.

The hospital has an inpatient complement of 288 beds and provides a range of 24/7 services such as: emergency medicine, peri-operative, medical, maternity, paediatrics, radiology, oncology and haematology. Sligo University Hospital also provides regional speciality services for ear, nose and throat (ENT), ophthalmology, neurology, dermatology, rheumatology and orthodontics. The hospital services are provided under the governance and leadership of four clinical directorates: medical directorate, perioperative directorate, diagnostics directorate and women and children's directorate.

Our Lady's Hospital Manorhamilton is under the governance of Sligo University Hospital, and accommodates a regional acute rheumatology service. This hospital has 35 short-stay beds. SUH also provides clinical governance to the 20-bedded inpatient and day case rehabilitation service at St. John's Hospital, Sligo.

* The National Acute Medicine Programme model of hospitals describes four levels of hospitals as follows:
Model 1 hospitals: are community and or district hospitals and do not have surgery, emergency care, acute medicine (other than for a select group of low risk patients) or critical care.
Model 2 hospitals: can provide the majority of hospital activity including extended day surgery, selected acute medicine, treatment of local injuries, specialist rehabilitation medicine and palliative care plus a large range of diagnostic services including endoscopy, laboratory medicine, point-of-care testing and radiology - computed tomography (CT), ultrasound and plain-film X-ray.
Model 3 hospitals: admit undifferentiated acute medical patients, provide 24/7 acute surgery, acute medicine and critical care.
Model 4 hospitals: are tertiary hospitals and are similar to Model-3 hospitals but also provide tertiary care and in certain locations, supra-regional care.

How we inspect

Among other functions, the Health Act 2007, Section 8(1) (c) confers the Health Information and Quality Authority (HIQA) with statutory responsibility for monitoring the quality and safety of healthcare services. HIQA carried out a one-day unannounced inspection of the emergency department at Sligo University Hospital on 20 September 2022 to assess the compliance with four national standards (5.5, 6.1, 1.6 and 3.1) from the *National Standards for Safer Better Healthcare*.

To prepare for this inspection, inspectors[†] reviewed relevant information about Sligo University Hospital. This included any previous inspection findings, information submitted by the hospital and the Saolta University Health Care Group, unsolicited information and other publicly available information.

As part of the inspection, HIQA inspectors:

- spoke with staff and management to find out how they planned, delivered and monitored the service provided to people who attended the emergency department
- observed care being delivered, interactions with people who attended the emergency department and other activities to see if it reflected what people told inspectors
- reviewed documents to see if appropriate records were kept and that they reflected practice and what people told inspectors.

About the inspection report

A summary of the findings and a description of how the hospital performed in relation to the four national standards assessed are presented in the following sections under the two dimensions of capacity and capability and quality and safety. Findings are based on information provided to inspectors during the course of the inspection at a particular point in time.

1. Capacity and capability of the service

This section describes HIQA's evaluation of how effective the management arrangements were to support and ensure a good quality and safe service being sustainably provided in the emergency department. It outlines how people who work in the service are managed, and whether there is appropriate oversight and assurance arrangements in place to ensure high-quality and safe delivery of care.

2. Quality and safety of the service

This section describes the experiences, care and support people received in the emergency department. It was a check on whether the service was a good quality and caring one that was

[†] Inspector refers to an 'authorised person' appointed under Section 70 of the Health Act 2007, as amended, for the purpose of monitoring compliance with the *National Standards for Safer Better Healthcare.*

both person centred and safe. It includes information about the environment and circumstances in which people attending the emergency department were cared for.

The four national standards assessed as part of the inspection and the resulting compliance judgments are set out in Appendix 1. Table 1 below shows the main sections of the inspection report and the dimension, themes and national standards from the *National Standards for Safer Better Healthcare* discussed in each section.

Table 1 Sections of the report and corresponding dimension, themes and national standards

Section of Report	Theme	Relevant National Standard
Section 1: Capacity and Capability	Leadership, Governance and Management	5.5
	Workforce	6.1
Section 2: Quality and Safety	Person-centred Care and Support	1.6
	Safe Care and Support	3.1

Details of the inspection

Date	Times of Inspection	Inspector	Role
Tuesday 20 September 2022	09:00hrs to 16:45hrs	Nora O' Mahony	Lead Inspector
		Patricia Hughes	Support Inspector
		Lisa Corrigan	Support Inspector

Information about this inspection

The emergency department (ED) at Sligo University Hospital provides 24/7 access for undifferentiated emergency and urgent presentations across the entire spectrum of medical, surgical, trauma and behavioural conditions for a catchment area of approximately 150,000 people.

Sligo University Hospital is one of the busier Model 3 emergency departments in the country with 40,058 attendances in 2021, approximately 110 attendances per day. Between January and August 2022, the emergency department had 28,919 attendees, a 10% rise on the same period in 2021. The department had a monthly record attendance of 3,835 in August 2022 and a record of 177 emergency department attendances on one day, in the week prior to this inspection.

In reviewing information available, HIQA had identified that the hospital was reporting increasing overcrowding in the emergency department over a period of time in line with increased ED attendances. In light of this, HIQA conducted a risk-based unannounced inspection of the emergency department in Sligo University Hospital on 20 September 2022 to determine the hospital's level of compliance with four standards from the *National Standards for Safer Better Healthcare*.

The inspection focused in particular, on key issues that impact on the delivery of care in the emergency department, these include:

- effective management to support high-quality care in the hospital's emergency department
- patient flow and inpatient bed capacity in the hospital
- respect, dignity and privacy for people receiving care in the emergency department
- staffing levels in the emergency department.

During this inspection, the inspection team spoke with the following staff at the hospital:

- representatives of the hospital's Executive Management Team:
  - Assistant Hospital Manager (deputising for the Hospital Manager)
  - Director of Nursing
  - Associate Clinical Directorate for the Medical Directorate
- the Quality and Patient Safety Manager
- the Discharge Coordinator, the Bed Manager and the Assistant Director of Nursing for unscheduled care.

Inspectors also spoke with medical staff, nursing management, staff nurses and people receiving care in the hospital's emergency department. Inspectors reviewed a range of documentation, data and information received after the on-site inspection of the emergency department at Sligo University Hospital.

Acknowledgements

HIQA would like to acknowledge the cooperation of the management team and all the staff who facilitated and contributed to this inspection. In addition, HIQA would also like to thank people receiving care in the emergency department who spoke with inspectors about their experience.

What people who use the service told inspectors and what inspectors observed

The emergency department is located on the ground floor of the hospital. Patients access the service by self-referral, referral by a general practitioner (GP) and emergency call via ambulance.

The emergency department had recently completed building work comprising of a two-storey modular unit which included a new reception area, waiting room area, two triage areas and a five bay ambulatory care area for review of patients with minor injuries. The new build also included an additional area with four single rooms, proposed for the care of patients with communicable infectious diseases. This latter area had not been opened for use to date, due to a reported lack of nursing resources for the area.

On arrival at the emergency department, patients checked in at reception and were directed to the adult or paediatric waiting areas to be called for triage. Assessment for COVID-19 risk did not take place until the triage assessment. This posed a risk to patient safety and will be discussed further under national standard 3.1. Reception staff did however inform inspectors that if patients outlined respiratory symptoms suggestive of COVID-19, these patients would be directed to a separate COVID-19 waiting area.

Once streamed, the hospital had separate COVID-19 and non-COVID-19 pathways in place. The emergency department had two four-bay 'green areas' for the non-COVID-19 stream, a five-bay 'red area' for the COVID-19 stream (included a single room). There were three resuscitation rooms comprising of two single and one double resuscitation room. The department also had a four-bay paediatric area with audiovisual separation of children from adult emergency care. In total the emergency department's capacity consisted of:

- two triage rooms and one post triage room
- five bays for COVID-19 patients (red pathway)
- eight adult 'major' bays (green pathway)
- four paediatric bays
- four resuscitation bays
- four ambulatory care 'minor' bays.

A partition wall had been erected during COVID-19 to create separate 'red' and 'green' areas. The partition had a connecting area between the COVID-19 and non-COVID-19 areas, which had the potential for transmission of infection when open. This was of concern to HIQA and will be discussed further under national standard 3.1. There were no suspected or confirmed COVID-19 patients in the department at the time of inspection.

On the day of inspection, the emergency department's 'green pathway' was very overcrowded with 19 patients, which was over 100% above its approved capacity. The 'green bay' had eight bays which were all occupied. An additional, 11 patients were accommodated on the ED corridor, with a number of these on a narrow corridor which was a busy thoroughfare for all emergency department traffic.

The emergency department was lacking storage facilities and as a consequence the department corridors were congested with equipment. Existing storage rooms were congested with supplies, and one bay of the new five bay ambulatory care area was used for storage.

Staff were observed to be kind, caring and respectful towards patients. Staff were respectful and considerate in their interactions with each other. The staff in the emergency department who spoke to inspectors were committed and constantly striving to provide the best experience to the patients who attended the ED in what was a very challenging environment with increasing attendances, admitted patients boarded[‡] in the ED awaiting an inpatient bed and staffing shortages.

Throughout the day, inspectors observed that staff working in the clinical area were wearing appropriate personal protective equipment (PPE) in line with current public health guidelines.

Inspectors spoke with a number of patients in the emergency department about their experience of the care in the emergency department. Some patients were complimentary, telling inspectors they were '*generally happy'* and '*this visit was perfect.'* Patients commented on their prolonged time in the emergency department *'I'm here since 3.30pm yesterday', 'I'm waiting a long time.'* One patient outlined that this was their third day in the emergency department, including having waited 12 hours in the crowded waiting room to be seen initially. Patients commented on the lack of space and facilities, especially referring to the lack of shower facilities in the department. One patient told inspectors they had no access to facilities to charge their mobile phone. Patients informed inspectors that they were provided with food and drinks Patients who spoke with inspectors were unsure how to make a complaint if they had an issue or concern.

[‡] Boarded patients refer to patients who have been judged to need emergency hospital admission but are kept waiting on a trolley until a bed becomes available

The following two sections, capacity and capability and quality and safety outline the quality of the care and services provided to people receiving care in the emergency department on the day of HIQA's inspection.

Capacity and Capability Dimension

Inspection findings in relation to the capacity and capability dimension are presented under two national standards (5.5 and 6.1) from the two themes of leadership, governance and management and workforce. The hospital was found to be partially compliant with standards 5.5 and 6.1. Key inspection findings leading to these judgments are described in the following sections.

Standard 5.5: Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.

An effectively managed healthcare service ensures that there are sufficient staff available at the right time, with the right skills to deliver safe, high-quality care and that there are necessary management controls, processes and functions in place.

Sligo University Hospital had defined lines of responsibility and accountability for the governance and management of unscheduled care in the hospital. The Hospital Manager had overall responsibility for the governance of the hospital and reported to the Chief Executive Officer of the Saolta University Health Care Group. Emergency care at the hospital was led by the Speciality Lead for Emergency Medicine under the governance and leadership of the Medical Directorate, led by an Associate Clinical Director who in turn reported to the Medical Clinical Director of the Saolta University Health Care Group.

The hospital's Executive Management Team (EMT) had overall accountability for the hospital to ensure the delivery of high-quality, safe care for patients who used the hospital services. The EMT was accountable, through the Hospital Manager, to the Saolta Group Chief Executive Officer and Group Clinical Director, and reported monthly. The EMT had a set agenda which included focused reports from each Directorate on a regular basis.

The emergency department was under the governance of the Medical Directorate, however, formal reporting lines from the emergency department to the Medical Directorate and onwards to the EMT were unclear to inspectors from the documentation reviewed. A recent Medical Directorate report to the EMT viewed by inspectors did not include emergency medicine. In light of ongoing patient flow issues in the hospital, the reporting arrangements between the ED and the Medical Directorate should be reviewed and strengthened to ensure a constant and wider focus on effective patient flow at directorate level.

On the day of inspection, HIQA found that the emergency department had a number of pathways in place to enhance patient flow through the department. The hospital had systems

in place to enhance patient flow through the hospital and into the community, but these systems were not effective in meeting the competing demands of increasing numbers of patients seeking emergency services, the available inpatient capacity and increasingly complex needs of the population served by the hospital.

The emergency department's Speciality Management Team (SMT) Committee was chaired by the Speciality Lead for emergency medicine. The committee's role was to manage the emergency department as efficiently and effectively as possible to ensure the delivery of a safe, quality and patient-centred service. The committee reviewed the emergency department's activity and performance, risks, incidents, complaints and audits. In minutes reviewed by inspectors the committee was well attended, with a set agenda and required actions were outlined and assigned to a responsible person. The emergency department SMT was operationally accountable to the Executive Management Team. The chairperson on behalf of the emergency department SMT reported to the Hospital Manager or the Associate Clinical Director for medicine.

The hospital's Unscheduled Patient Pathway Group (UPPG) was responsible for reviewing and improving the flow and experience of emergency patients through Sligo University Hospital and onward into the community. The group met monthly. The committee's agenda included review of performance metrics, ambulance turnaround time and identification and planning of initiatives to improve patient flow through the hospital and onwards to the community.

A review by inspectors of publicly available data for 2021 indicated that the hospital was not achieving national targets of 70% of all attendees being admitted or discharged from hospital within six hours and 85% within nine hours of presentation. The hospital was achieving the six and nine hour targets in 55.2% and 74.2% of cases respectively. Data for these KPIs was not publicly available for 2022 at the time of writing this report.

Required actions for the group were outlined in the UPPG minutes and assigned to a responsible person. Attendance at meetings was low, according to minutes reviewed by inspectors. This was acknowledged and documented by the committee in their minutes with an action assigned to the Hospital Manager to write to the group. Considering the significant overcrowding in the hospital, a hospital wide and community approach with input from all hospital specialists and community partners is warranted to improve the patient experience time. The hospital needs to review the membership and attendance at the UPPG meetings to support patient flow through the hospital and onward into the community.

The hospital management acknowledged the need to have input from community partners and informed inspectors that they had invited community care partners to the UPPG meeting, planned to be held later that week, to explore pathways that could be developed to support admission avoidance and patient flow to the community. Invitees who had agreed to attend included: the national ambulance service, the community intervention teams, representatives of the integrated care programme for older persons, the chronic disease hub, primary care and public health nursing.

The aim of the hospital's Quality and Safety Executive Committee (QSEC), as per the terms of reference, was to develop, deliver, champion, implement and evaluate a comprehensive quality and safety programme with associated structures, policies and processes to drive quality and safety. The committee's membership was representative of core senior management and clinical disciplines. The QSEC was operationally accountable to the Executive Management Team and reported via the chairperson to the Hospital Manager. The committee's agenda was aligned to the themes of the *National Standards for Safer Better Healthcare,* required actions were assigned to a responsible person with follow through at subsequent meetings.

A number of hospital committees reported to the QSEC such as the:

- Infection Prevention and Control Committee
- Drugs and Therapeutics Committee
- Deteriorating Patient Improvement Project Group
- Deteriorating Paediatric Patient Improvement Project
- Clinical Handover Steering Committee.

The emergency department at Sligo University Hospital had a record monthly attendance in August 2022 of 3835 and a record attendance of 177 on one day in September 2022, with a 10% increase in the year to date attendances in comparison to the same time period in 2021. This comes at a time where the department was functioning with both 'green' and 'red' streams for COVID-19 and non-COVID-19, and an increase in the emergency department area following recent refurbishment.

Inspectors were informed that the hospital's catchment area had an increasing older persons population with multiple morbidity and complexities, coupled with delays in accessing and shortages of step-down facilities and homecare supports.

The issue of overcrowding in the hospital's emergency department had escalated since the onset of the COVID-19 pandemic. The number of patients on trolleys in Quarter 2 2019 pre COVID-19 pandemic was 990. This increased to 1,929 patients on trolleys in Q2 2022 (97% increase). At 08:00 hours on two days in the week prior to HIQA's inspection, Sligo University hospital reported 45 and 46 patients on trolleys.[§]

Despite increased attendances in 2022, the ED conversation rate[**] was on average 24%, which compares well to other Model 3 hospitals and is an improvement on the hospital's average conversion rate of 27% for 2021. The hospital indicated that these figures did not include the number of admitted patients who had their entire episode of inpatient care conducted within the ED. This should be reviewed to ensure accuracy of reporting.

[§] HSE TrolleyGAR-. Acute hospitals report the number of patients in emergency departments awaiting admission to an inpatient hospital bed, this is presented on a HSE system called TrollyGar. The information is updated three times daily at 8 a.m., 2 p.m. and 8 p.m.

[**] Conversion rate is the percentage of people who present to the ED and who are admitted to the hospital as an outcome of that attendance.

The hospital had some pathways in place that were functioning as they should to support patient flow through the emergency department. These pathways included:

- An ambulatory care unit which catered for patients with minor injuries who were streamed to the newly refurbished ambulatory care unit opened 8am to 8pm seven days a week. The service was staffed by advanced nurse practitioners or registrars. Inspectors were informed that an emergency consultant was also allocated to the ambulatory care unit Monday to Friday. However, from rosters reviewed over the four weeks prior to the inspection, allocation of a consultant to the ambulatory care unit (minor injuries unit) was only achieved 50% of the time.
- Well-established patient pathways were in place for conditions such as: deep vein thrombosis, renal colic, chest pain, new onsite atrial fibrillation and syncope. These pathways expedited the patient's assessment, access to diagnostics and management, with the opportunity to return for further diagnostic and management which avoided an inpatient admission.
- An emergency department Frailty Intervention Therapy Team (FITT) comprised of an occupational therapist, physiotherapist, social worker practitioner, clinical pharmacist and dietitian. The team reviewed older persons over the age of 65 years presenting to the ED based on national best practice guidance. The aim of the FITT was to undertake a comprehensive assessment and review, improve patient flow through the ED, reduce unnecessary hospital admission, decrease length of stay and liaise with community partners to optimise patient services in the home.

The positive impact of the FITT was articulated by staff in the department and also evidenced by a Frailty Intervention Therapy Team report reviewed by inspectors. Since commencing in 2019, the FITT team have reviewed approximately 54 patients per month. Although the numbers reviewed had declined slightly each year, the effectiveness had increased with the percentage of patients assessed, treated and discharged increasing year on year from 30% in 2019 to 56% in 2022. The length of stay of patients reviewed by the FITT was also reduced from 7.6 days in 2019 to 6.0 days in 2022.

Inspectors were informed that an additional physiotherapist, occupational therapist, therapy assistant and a clinical nurse specialist joined the team in July 2022. The hospital was awaiting the appointment of a general physician in geriatric medicine and a senior registrar, (joint positions shared with the community) and a clerical officer. These additional resources demonstrated the hospital's commitment to serving the needs of the increasingly older population it serves.

Despite these initiatives in the emergency department, there were issues with surge capacity and ineffective patient flow within the hospital. The hospital's escalation policy approved in April 2022, highlighted a key principle of a zero tolerance to breaches of the 24-hour trolley patient experience time. Yet, HIQA found that some patients in the emergency department had wait times for an inpatient bed well in excessive of 24 hours, following decision to admit.

On the day of inspection:

- The wait timed from registration to triage was from 5 to 40 minutes with an average wait of 17 minutes.
- The waiting time from triage to medical review ranged from 5 minutes to 12 hours and 4 minutes with an average of 4 hours 14 minutes.
- The waiting time for medical assessment to decision to admit ranged from 2 hours and 8 minutes to 15 hours and 26 minutes with an average of 6 hours 35 minutes.
- The patients wait times in the ED for an inpatient bed following decision to admit ranged from 7 hours 15 minutes to 66 hours and 4 minutes.

Patients waiting more than six hours should be cared for in a more appropriate care setting than an ED, prolonged durations of stay in EDs are associated with poorer patient outcomes and draw on ED resources that would be more effectively directed at new patients who require timely initial clinical assessment and nursing care.[††]

On the day of inspection, the hospital stated that it was 'in escalation'[‡‡]. At 11am on the day of inspection, there were 42 people registered in the emergency department. 23 patients were in the emergency department greater than nine hours, five patients were in ED over 24 hours, with two patients informing inspectors that they were in the department over 2 and 3 days respectively. There were nine admitted patients in the emergency department awaiting inpatient beds.

To support patient flow, the hospital had initiatives in place as outlined below:

- Daily navigation hub meetings were held at 09:45hrs and 16:00hrs. These meetings were attended by the Hospital Manager, the Director of Nursing, the Assistant Directors of Nursing for speciality areas, bed management and the discharge coordinator. Inspectors were informed that emergency department consultants and microbiology consultants attended when the hospital was in full escalation. Actions to alleviate the operating imbalance were outlined at the meeting, and a daily unscheduled care status update was provided to Saolta when the hospital was in escalation. The on-call consultants attended the Friday afternoon meeting, to plan and progress weekend activity.

- Daily clinical nurse managers and senior nurse management meetings were held to review any opportunities to expedite the patient's journey through the hospital to discharge or transfer.

- As part of the 'Model Ward,'[§§]the inpatient's predicted date of discharge (PDD) was recorded and managed by the patient's speciality team to focus on actively progressing

[††] HSE Acute Metadata 2022.

[‡‡]A hospital's escalation policy: sets out (within the parameters of the national framework) the key stages of steady state, escalation, full capacity protocol, de-escalation and review. It then applies the framework to the Sligo University Hospital, Sligo, Leitrim, West Cavan (CHO1) context, specifying the general principles and particular actions or responsibilities at each stage of the process as set out in the escalation protocol.

[§§] A model ward: is a hospital ward where processes are formalised, bringing all members of the interdisciplinary team together to support patient planning from admission to discharge.

the patient's journey. Inspectors were informed that there was a plan to audit the accuracy and effectiveness of the assigned patient PDD.

- Weekly multidisciplinary discharge planning meetings were held with community partners to facilitate and plan for specific patient care needs following discharge.
- The hospital had added a second triage area during recent refurbishments to reduce patient waits for triage. On the day of inspection, triage wait times ranged from 5 to 40 minutes with an average triage wait time of 17 minutes.

The average length of stay for medical patients reported in June 2022 was 7.6 (KPI target less than or equal to 7.0), with an average length of stay for surgical patients at 2.9 (KPI target less than or equal to 5.2).[***] Inspectors were informed that there were a number of patients with extended lengths of stay, due to a lack of community facilities to manage the complex needs of these patients. There were 16 patients in total experiencing delays in transfer of care from the hospital. The hospital held complex discharge meetings with Community Health Organisations CHO1 and CHO2 to progress and expedite transfers of care for patients with complex care needs. These meetings had been held monthly to progress complex discharges.

Inspectors were informed that the hospital's acute assessment unit was not functioning fully and where previously the unit had accepted 15-20 general practitioner (GP) referrals daily, the unit now had a reduced GP referral capacity of eight patients, due to the requirement for space to accommodate admitted patients awaiting an inpatient bed overnight. The hospital's discharge lounge was also not currently functioning, due to reallocation of the space to stream COVID-19 patients. A priority outlined in the 2022 Saolta University Healthcare group service plan was to re-open the discharge lounge in Sligo University Hospital to positively impact early morning discharges and in turn reduce patient experience time. To date, there was no evidence that this priority had been advanced. The hospital needs to review the effective and efficient use of all areas within the ED environment.

Inspectors were informed that plans were in progress for the building of a 42-bed modular unit with a provisional date for completion in 2025. This was identified as a priority capital development in the Saolta service plan 2022.

In summary, Sligo University Hospital had management arrangements in place to support and promote the delivery of healthcare services. While measures were being taken to improve patient flow through the emergency department, the hospital and onwards to the community, HIQA found, that these measures were not fully effective in ensuring delivery of high-quality, safe and reliable healthcare services to the people who used the hospital's emergency services. The emergency department staff were striving to provide safe, quality care to the increasing number of patients attending the ED in a challenging and overcrowded environment. The hospital needs to address capacity issues, but also patient flow issues though the hospital and into the community. The hospital provided an extensive list of

[***] HSE Metadata 2022

requirements within their winter plan to support patient flow, although it is noted that approval for funding these was not in place at the time of the inspection.

Considering the increase in morbidity and mortality associated with prolonged emergency department waiting times, the increased potential for errors and the lack of dignity and privacy afforded to patients, the overcrowding in the emergency department was of concern to HIQA.

Judgment: Partially compliant

Standard 6.1 Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare.

For the service to be effective there needs to be sufficient staff with the right skills to deliver safe, high-quality care.

A consultant in emergency medicine was the Speciality Lead for Emergency Medicine and was the overall clinical lead in the emergency department who provided clinical and operational leadership. The Speciality Lead escalated issues of concern to the Hospital Manager and or the Group Clinical Director as appropriate.

There were six whole-time equivalent[†††] (WTE) emergency medicine consultants in the emergency department. Inspectors were informed that the hospital's WTE emergency medicine consultants had been increased to eight, with recruitment in progress. All consultants in emergency medicine were on the specialist register with the Irish Medical Council.

A senior clinical decision-maker,[‡‡‡] consultant or registrar, was available onsite in the emergency department 24/7. Consultants were onsite 8am to 8pm Monday to Friday and with one consultant providing on-call cover during evenings, nights and weekends. Non-consultant hospital doctors provided medical cover in the department 24/7.

Attendees to the emergency department were assigned to the on-call emergency medicine consultant until admitted or discharged. If admitted, the patient was assigned under the care of a specialist consultant and boarded in the emergency department while awaiting an inpatient bed. However, if the patient's clinical condition deteriorated, staff in the emergency department provided the necessary emergency response.

The emergency department had an approved complement of 18.5 WTE non-consultant hospital doctors comprising of 9.5 WTE registrars (7.47 WTE in place), eight WTE senior house officers (9 WTE in place) and one WTE intern (0.97 WTE in place). Inspectors were

[†††] Whole-time equivalent - allows part-time workers' working hours to be standardised against those working full-time. For example, the standardised figure is 1.0, which refers to a full-time worker. 0.5 refers to an employee that works half full-time hours.
[‡‡‡] Senior decision-makers are defined here as a doctor at registrar grade or a consultant who have undergone appropriate training to make independent decisions around patient admission and discharge.

informed that the hospital was challenged in providing non-consultant hospital doctor (NCHD) cover for the department despite recruitment drives, with a current shortage of 2.03 WTE registrars and 0.3 WTE intern within its complement. The hospital had an additional WTE senior house officer.

Inspectors reviewed rosters for the four week period prior to inspection and noted that approximately 14% of senior house officer shifts and 32% of registrar's shifts were unfilled. The shortage of non-consultant hospital doctors in the emergency department impacts on patient experience times in the department and may compromise the delivery of safe, quality care. Hospital managers need to ensure that there are sufficient staff available at the right time to deliver safe, high-quality care in the emergency department

A clinical nurse manager 3 (CNM3), had responsibility for the nursing service within the emergency department. The CNM3 reported to the Assistant Director of Nursing (ADON) for Unscheduled Care. Issues such as staffing shortages were escalated to the nursing office. A CNM 2 was on duty each shift, and had responsibility for nursing services out-of-hours and at weekends. The CNM 2 escalated issues to the nursing office out of hours. An additional CNM 2, working core hours was responsible for admitted patients boarded in the emergency department.

The emergency department had an approved complement of 66 WTE nurses of which 55 WTE were in post (13.6% vacancy rate). The department had a WTE complement of 7.96 healthcare assistants and at the time of inspection they were short 1.15 healthcare assistants. Inspectors were told that recruitment was on going for staff nurses, healthcare assistants and clinical nurse managers.

This equated to an aim to roster 12 nurses per day shift and nine nurses per night shift. A review of ED nursing rosters for the four week period prior to the inspection demonstrated that the emergency department was on average short two to three nurses per day shifts, and on average one nurse per night shift over the four week period. On average, there were 9 nurses on day shift ranging from 8 to 11 nurses, and eight nurses on night shift ranging from 7 to 9 per shift. Inspectors were informed that this level of cover is agency dependent, and approximately 22% of day shifts and 10% of night shifts were unfilled.

Nurses were redeployed from other areas of the hospital when available. On the day of inspection, the emergency department had the full complement of management staff, was short two nurses on day shift and had the full nursing complement for night shift.

The WTE staff complement included one CNM 2 to care for admitted patients boarded in the ED awaiting an inpatient bed, during core hours Monday to Friday. There was no dedicated resource for this cohort of patients out of hours and so the staff complement originally intended for the ED were also used to provide care for admitted patients boarded in the ED awaiting an inpatient bed. This resulted in a dilution of ED staff resources.

The nursing complement of 66 WTE included two WTE CNM2's to staff the paediatric unit. This complement facilitated opening of the paediatric unit during the day shift, six days per week. An uplift on current nursing staffing levels was required to open the paediatric unit

24/7. During the night or when the paediatric unit was not opened, children were reviewed in the main ED, which was not in line with best practice. This is discussed further under standard 3.1

The ED nursing staff complement was currently insufficient to meet the needs of the patients in the emergency department. As per minutes of the QSEC committee viewed by inspectors, approval to recruit staff required for the care of admitted patients in the emergency department had been sought, but not been approved to date by Saolta. Request to recruit additional staff for the ED was also included on the hospital's winter plan in order to deliver safe, quality care for patients boarding overnight in ED. Inspectors found no evidence that approval for same had been granted at the time of inspection.

The hospital's staff absence rates in August 2022 was noted to be 8% including 1.3% absences associated with COVID-19. The national target for absence is less than or equal to 4%.

The hospital reported that they had commissioned an external review of nurse staffing levels in emergency department[§§§] to ascertain the appropriate required staffing levels for the size, layout and activity of the expanded emergency department. This report recommended an uplift of nursing staff. Inspectors were informed that an additional 15 WTE nurses for the emergency department had been approved by Saolta to be phased in over the next three years, with the first five of these posts funded and approved for 2022.

The hospital was also awaiting the roll out of the nursing staffing complement workforce assessment as part of the Framework for Safe Nurse Staffing and Skill Mix in Adult Emergency Care Settings in Ireland.[****] This framework, launched by the Department of Health in June 2022, supports emergency department nurse managers and hospital management to assess and plan their nursing and support staff workforce to meet the needs of their specific emergency care setting.

Staff training records provided to inspectors outlined that nursing and medical staff in the emergency department undertook multidisciplinary team training appropriate to their scope of practice. HIQA found that the percentage of staff attendance and uptake at mandatory and essential training could be improved, especially training in relation to the Irish Maternity Early Warning System, which had not been provided to ED staff in the past two years. Training records for nursing staff showed that:

- 76% of nurses were up to date with Irish National Early Warning System
- 85% of nurses were up to date with Emergency Medicine Early Warning System
- 85% of nurses were up to date with Paediatric Early Warning System
- 90% of nurses were up to date with Basic Life Support

[§§§] Review of nurse staffing levels in Emergency Department Sligo University Hospital, Report 2022.
[****] Department of Health. *Framework for Safe Nurse Staffing and Skill Mix in Adult Emergency Care Settings in Ireland*. Dublin: Department of Health. 2022. Available online https://assets.gov.ie/226687/1a13b01a-83a3-4c06-875f-010189be1e22.pdf

- 86.5% of staff who carry out triage were up to date on the Manchester Triage System.

Training records for medical staff showed that:

- all medical staff were up to date in basic life support training
- 61% of medical staff were up to date with training on the national early warning system.

In summary, the hospital was making progress towards planning and organising the workforce, but further improvement was required to achieve the service objective for high-quality safe and reliable care in the emergency department. Considering the surge in demand, the overcrowding and the boarding of patients in the emergency department, the required staffing levels as determined by the hospital following an external review of nursing staff requirements had still not been achieved. In order to provide the best possible quality of emergency care, emergency department resources should focus on the timely initial and ongoing clinical assessment and nursing care of the new attendees to the emergency department. Patients no longer under the care of the emergency department specialists should be transferred in a timely manner to more appropriate settings.

Judgment: Partially compliant

Quality and Safety Dimension

Inspection findings in relation to the quality and safety dimension are presented under two national standards (1.6 and 3.1) from the two themes of person-centred care and support and safe care and support. The hospital was found to be non-compliant with standards 1.6 and partially compliant with standard 3.1. Key inspection findings leading to these judgments are described in the following sections.

Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.

People have a right to expect that their dignity, privacy and confidentiality would be respected and promoted when attending for emergency care.[††††] Person-centred care and support promotes and requires kindness, consideration and respect for the dignity, privacy and autonomy of people who require care. It supports equitable access for all people using the

[††††] Health Information and Quality Authority. *Guidance on a Human Rights-based Approach in Health and Social Care Services*. Dublin: Health Information and Quality Authority. 2019. Available online from: https://www.hiqa.ie/reports-and-publications/guide/guidance-human-rights-based-approach-health-and-social-care-services

healthcare service, so that they have access to the right care and support at the right time, based on their assessed needs.

The recent refurbishment of the emergency department had improved certain areas within the ED such as the waiting area, triage, and ambulatory care unit (minor injuries unit). The building now included four additional single rooms which were proposed for care of patients with communicable infectious diseases. These four rooms had yet to be opened for use pending approval for additional staffing. The 'green areas' had not been upgraded and were congested with little circulation space and minimal storage space within them.

At 11am on the day of inspection there were 42 patients registered in the ED. Of these:

- 17 patients were registered over nine hours, five of these were over 75 years of age
- five patients were registered over 24 hours, one of these was over 75 years of age.

There were eleven patients on trolleys on the corridor of the emergency department. The narrow emergency department corridor was a busy thoroughfare for all ED activity which severely impacted on the opportunity to provide dignity and privacy for these patients. In addition, there was no shower facilities located within the emergency department. Patients who spoke with inspectors expressed the negative impact this had on the dignity and respect afforded to them.

Staff in the emergency department were observed by inspectors to treat patients with dignity and respect in the emergency department. Communication observed between staff and patients was respectful. However, in light of the close proximity of all patients (where the required minimal distance of one metre between trolleys end to end and or side to side was not achieved) and the narrow corridor, privacy for conversations with medical staff was compromised and conversations could be overheard by patients and those passing by.

Curtains were secured around patients in designated bays to provide privacy and protect their dignity when providing personal care. Inspectors were informed that patients on trolleys were brought to designated bays for examinations or personal care, and screens were available for trolleys outside designated areas.

The hospital had introduced some person-centred initiatives to improve the patient experience times (PET) for attendees to the ED. For example, patients over 80 years were prioritised for review following triage. Patient over 75 years of age waiting more than nine hours in the ED and all patients waiting in the ED over 24 hours were reported to the Hospital Manager in line with the hospital's escalation policy. The Hospital Manager's role was to review the actions that had been taken to provide a bed and to give direction for any further actions required. The Fragility Intervention Team reviewed older persons in the ED, to improve their patient experience time, provide them with necessary assistance and, where possible, avoid unnecessary hospital admissions. The hospital had a patient advice and liaison service (PALS) due commence in the hospital in October 2022.

In relation to the most recently published National Inpatient Experience Survey (NIES) results which took place in 2021, scores received by Sligo University Hospital for questions related to

admission were in keeping with national average scores for NIES admission-related questions. When people who had used the Sligo University Hospital service were asked:

- if overall they felt they were treated with dignity and respect while in the emergency department the hospital scored 9.0, above the national average of 8.8.
- if they were given enough privacy when being examined or treated in the emergency department the hospital scored 8.1, below the national average of 8.3.

In summary, despite staff efforts, the environment in which care was provided to patients in the emergency department on the day of inspection, the patient experience time and the delays in accessing an inpatient bed once admitted did not promote dignity, privacy and confidentiality for the patients in the emergency department. The practice of boarding admitted patients in the ED, despite the efforts of hospital management to address this issue, compromised patients' dignity, privacy and confidentiality on the day of inspection.

Judgment: Non-compliant

Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.

A healthcare service focused on safe care and support is continually looking for ways to be more reliable and to improve the quality and safety of the service it delivers, and to ensure there are arrangements and contingencies in place to manage any increase in demand for the service. Furthermore, while the delivery of care has some associated element of risk of harm to people who use the healthcare service, safe care and support identifies, prevents or minimises this unnecessary or potential harm.

Sligo University Hospital had systems and processes in place to identify, evaluate and manage immediate and potential risks to people attending the emergency department. Risks identified in the emergency department were recorded on the emergency department's risk register which was reviewed and managed by the ED Speciality Management Team. Risks which could not be managed at ED level were escalated to the hospital's risk register with oversight from the Quality and Safety Executive Committee.

The emergency department's risk register identified serious risks which had the potential to increase morbidity and mortality for patients in the ED related to:

- the high number of patients presenting to the ED
- the lack of patient flow
- admitted patients in ED without extra nursing resources which may compromise provision of patient care
- the increased risk of adverse incidents
- the reduced ability to provide for patients basic human rights

- increased sick leave associated with staff stress and burnout.

All of the risks identified in the ED register were observed by inspectors, highlighted by patients or identified in documentation provided by the hospital throughout this inspection. For example, there were high numbers attending the department with long wait times for medical review and admission to an inpatient bed. The overcrowding within the ED presented infection prevention and control risks, increased risk of errors and compromised the staff's ability to provide basic nursing care. Patients' human rights were not being met, there was a lack of dignity and privacy, lack of access to facilities for personal hygiene and lack of opportunity to rest and sleep.

The emergency department risks which had been escalated to the hospital's risk register included the risk of increased mortality and morbidity in the emergency department due to insufficient capacity to meet unscheduled care demand and unsuitability of the size and layout of the ED to meet demands.

Both the ED and hospital risk registers had identified existing control measures and additional actions required. The hospital had implemented some of the required actions such as: the completion of the ED modular unit, recruitment of an additional advanced nurse practitioner for the ambulatory care unit and recruitment of an additional emergency medicine consultant.

The existing control measures in place by the hospital were still not sufficient to manage the current 'red rated' risks with potential patient safety risks. A number of the actions proposed by the hospital were associated with long-term hospital plans, such as obtaining capital funding for the building of a new 'surgical block' which would include a new emergency department and a capital plan for inpatient medical beds, plus uplifts in staffing all of which were dependent on approval of additional funding.

The hospital had a system in place for the reporting, reviewing and management of incidents in the hospital. Incidents related to the ED were reviewed by the ED Speciality Management Team. All hospital incidents were reviewed at the hospital's Quality and Safety Executive Committee.

Prolonged waiting times in the emergency department are associated with increased frequency of exposure to error, increased inpatient length of stay, increased morbidity and mortality and decreased patient satisfaction.[‡‡‡‡] This was substantiated by the hospital's incident reports from January to July 2022. Of the 74 incidents reported by the ED, 42% related to care[§§§§] and 13% related to pressure ulcers acquired in the ED. As a result of the high number of incidents reported which related to compromised care, the hospital was planning to undertake a 'point in time' audit for all patients on trolleys in the emergency department. The aim of this audit is to identify any issues or deficits in care arising from long waits for an inpatient bed.

[‡‡‡‡] Paling S., Lambert J., Clouting J., Gonzalez-Esquerre J. and Auterson T. *Waiting times in emergency departments: exploring the factors associated with longer patient waits for emergency care in England using routinely collected daily data*. Emergency Medicine Journal. 2020. 37:781-786. Available online from: https://emj.bmj.com/content/37/12/781

[§§§§] Including: medication omissions, delays in care and falls.

In line with the national HSE reporting requirement, the hospital collected data on a range of different quality and safety indicators related to the emergency department. Data collected was reviewed at meetings of the emergency department Speciality Management Team and the Unscheduled Patients Pathway Group. Initiatives and actions undertaken to address non-compliances were previously outlined under national standard 5.5.

Inspectors were informed that complaints received in the department were managed at point of contact when possible. Patient's verbal complaints were brought to the attention of the Clinical Nurse Manager in charge and escalated to management or the quality and patient safety department when required. The CNM in the ED received a report of all complaints related to the emergency department and these were reviewed at ED Speciality Management Team meetings. All hospital complaints were reviewed at the Quality and Safety Executive Committee.

A COVID-19 and non-COVID-19 streaming pathway was in operation in the emergency department. However, on the day of inspection inspectors identified that patients presenting to the emergency department were not promptly screened for COVID-19 risk on arrival at the hospital in line with national guidance. Screening for COVID-19 risk was undertaken at triage assessment following check-in at reception and a period of waiting in the waiting area. Inspectors also identified a connecting area between the COVID-19 and non-COVID-19 areas of the emergency department, which had the potential for transmission of infection when open. Both risks were raised with hospital management on the day of the inspection for immediate review.

Following the inspection, HIQA issued a high-risk letter to the hospital management seeking assurances that processes were in place in the emergency department to ensure that patients are promptly assessed for COVID-19 risk on arrival to the department in line with national guidance and that safe processes were in place to prevent the risk of cross-transmission of infection between COVID-19 and non-COVID-19 areas of the emergency department. HIQA was assured by hospital management's response that COVID-19 streaming practices were now aligned with national guidance and that controls were in place to minimise any risk of transmission of infection between the COVID-19 and non-COVID-19 areas. However, the measures implemented should be monitored along with the correct application of standard and transmission-based precautions.

Inspectors observed insufficient space between trolleys in the emergency department and were concerned that the minimum physical spacing of one metre was not possible giving rise to infection prevention and control risks. The hospital should ensure minimal distancing between people receiving care in line with national guidance.

The emergency department had a specially designed paediatric area which comprised of four bays with audiovisual separation of children from adult emergency care in line with national guidance. [*****] The ED also had a separate paediatric waiting room within the department.

[*****] The National Emergency Medicine Programme. A strategy to improve safety, quality, access and value in Emergency Medicine in Ireland: 2021. Available online from: https://www.hse.ie/eng/services/publications/clinical-strategy-and-programmes/the-national-emergency-medicine-programme.pdf

The paediatric unit was staffed by two paediatric CNM2's and was open during the day shift, six days per week, when staffing allowed. Out of hours when the paediatric unit was closed, children were reviewed in the main ED which was not in line with best practice. Inspectors were informed that when possible children were facilitated in the single bays to maintain audiovisual separation, but this was not always possible due to competing demands for space within the department.

The hospital's compliance with the HSE's performance of less than or equal to 30 minutes from ambulance arrival at ED to when the crew declares the readiness of the ambulance to accept another call was on average only 5.6% in the year to date, which was significantly below the national target of 80%. This demonstrates how the issue of insufficient capacity and ineffective patient flow affects ambulance crew readiness to accept another call.

The ED had initiated a quality improvement plan (QIP) in March 2022 to improve ambulance turnaround times with actions including:

- dedicated slot for ambulance charts to alert staff to patients who were waiting on ambulance handover
- shift leader alerted when ambulances were waiting to handover patient care
- patient flow and bed manager alerted to support patient flow
- triage assessment undertaken for patients awaiting ambulance handover
- transfer of patients to waiting room if suitable and stable
- open communication with national ambulance services
- pilot of cohorting of patients by ambulance personnel using approved criteria.

To date the hospital turnaround times had not significantly improved, with the average ambulance wait time at about 1 hour and 22 minutes. The QIP will continue to be reviewed monthly at emergency department Senior Management Team and Unscheduled Patient Pathway Group meetings.

There was a clinical pharmacist assigned to the Frailty Intervention Therapy Team in the ED who undertook medication reviews for older persons attending the department. A clinical pharmacist was not assigned to the emergency department for other ED attendees. Pharmacy staff reviewed and ordered required medications for the department. Staff in the emergency department had access to an antimicrobial pharmacist and an antimicrobial microbiologist.

The department had a list of high-risk medicines. Staff who spoke with inspectors were knowledgeable about the high-risk medicines and the associated risk reduction strategies in place. The staff were aware of some sound alike look alike drugs (SALADs) in the department, but could not access a SALADs list for the department or identify associated risk-reduction strategies.

The national early warning system, and paediatric early warning systems were used in the department for admitted patients to support the recognition and response to a deteriorating patient in the emergency department. The hospital had not implemented the Emergency Medicine Early Warning System (EMEWS) by the time of the inspection, although training records identified that 85% of ED staff were trained in the EMEWS. Inspectors were informed

that the department was awaiting an uplift in nursing resources to facilitate implementation of the EMEWS. Inspectors were informed that the ISBAR[†††††] communication tool was used when requesting patient reviews.

Overall, the hospital had systems and processes in place to identify, evaluate and manage immediate and potential risks to people attending the emergency department. Although many of the actions required to mitigate the risk were in progress by the hospital, a number of actions were associated with long-term plans and were dependant on approval of capital plans and funding for staffing. Overall, HIQA was not fully assured that the hospital currently protected service users from the risk of harm associated with the design and delivery of healthcare services in the emergency department.

Judgment: Partially compliant

Conclusion

Sligo University Hospital is one of the busier Model 3 emergency departments in the country with attendances increasing year on year to a record monthly attendance of 3,835 in August 2022, equating to approximately 124 emergency department attendees per day. This comes against a backdrop of a catchment area with an increasing older population with increasingly complex needs, an unsuitable ED environment, insufficient bed capacity and staffing shortages. The consequence of this was long waits for medical assessment and patients being boarded in the ED while awaiting inpatient beds. At 11am on the morning of inspection, there was a total of 42 patients in the ED, 23 of those had been waiting in the ED for over 9 nine hours, while some had waited up to 66 hours and four minutes for an inpatient bed.

To manage the caseload of patients presenting to the ED, the department had well-established pathways in place to expedite assessment and treatment and support admission avoidance. These pathways appeared to be working well as evidenced by the hospital's average conversion rate of 24%, despite increased ED activity.

The hospital had developed and enhanced its Frailty Intervention Therapy Team in recognition and response to the needs of the population it services. The hospital had also enhanced its ambulatory care, refurbishing the area and providing an additional advanced nurse practitioner and consultant cover to expedite the patient experience time for minor injuries.

However, the hospital's acute assessment unit was not functioning as it should, with the capacity for GP referrals having been reduced in an effort to accommodate overnight

[†††††] Identify, Situation, Background, Assessment, Recommendation (ISBAR) is a communication tool used to facilitate the prompt and appropriate communication in relation to patient care and safety during clinical handover.

patients. The hospital's discharge lounge was not in operation due to reallocation of the space for COVID-19 streaming.

The hospital's management team was continually endeavouring to implement measures to improve patient flow through the emergency department, the hospital and onwards to the community. However, HIQA found that these measures were not fully effective in ensuring delivery of high-quality, safe and reliable healthcare services to the people who used the emergency services in the hospital. The emergency department staff were striving to provide safe, quality care to the increasing number of patients attending the ED in a challenging and overcrowded environment. Considering the increase in morbidity and mortality associated with prolonged emergency department waiting times, the increased potential for errors, the lack of dignity and privacy afforded to patients and the overcrowding in the emergency department was of concern to HIQA.

The hospital was making progress towards planning and organising the workforce, but further improvement was required to achieve the service objective for high-quality safe and reliable care in the emergency department. In order to provide the best possible quality of emergency care, emergency department resources should focus on the timely initial and ongoing clinical assessment and nursing care of the new emergency department patients. Patients no longer under the care of the emergency department specialists should be transferred in a timely manner to more appropriate settings.

Despite staff efforts, the environment in which care was provided to patients in the emergency department on the day of inspection did not promote dignity, privacy and confidentiality for the patients in the emergency department. This was especially relevant to patients who were experiencing excessive waits for assessment and treatments and for patients on trolleys in the narrow emergency department corridors, which was a thoroughfare through a busy department. The effective and efficient use of the space within the hospital's emergency department and the patient flow processes need to be further reviewed and addressed by hospital management.

The hospital had systems and processes in place to identify, evaluate and manage immediate and potential risks to people attending the emergency department. Risks identified in the emergency department were recorded on the emergency department risk register which was reviewed and managed by the emergency department Speciality Management Team. Risks which could not be managed at ED level were escalated to the hospital's risk register with oversight from the Quality and Safety Executive Committee.

However, the existing control measures in place by the hospital were still not sufficient to manage the current 'red rated' risks with potential patient-safety risks. A number of the actions proposed by the hospital were associated with long-term hospital plans such as obtaining capital funding for the building of a new 'surgical block' which would include a new emergency department and a capital plan for inpatient medical beds which was dependant on funding.

The hospital's compliance with the HSE's performance of less than or equal to 30 minutes from ambulance arrival at ED to when the crew declares the readiness of the ambulance to accept another call was significantly below the national target, despite the hospital's initiatives and quality improvement plans to improve the turnaround times.

The hospital needs to progress their plans to improve patient flow through the ED, the hospital and onward to the community. The facilities within the newly refurbished department should be reviewed to ensure that resources are being used effectively and efficiently to promote safe care, while promoting dignity and privacy for the patients in the department.

The presence of admitted patients waiting in the ED for an inpatient bed is a sign of system-wide problems. The hospital needs to address capacity issues, but also patient flow issues though the hospital and into the community with the support of the HSE. Primary care services are the foundation for the enhancement and reform of community services and must be enhanced and supported in line with the 2022 HSE service plan to reduce the need for people to attend hospital and enable people to access increased care and supports in their own communities. As a follow on to this inspection, HIQA will continue to monitor the progress of the hospital in implementing actions to enhance the capacity, capability, quality and safety of the emergency services provided by the hospital though the compliance plan submitted by the hospital.

Appendix 1 – Compliance classification and full list of standards considered under each dimension and theme and compliance judgment findings

Compliance classifications

An assessment of compliance with the four national standards assessed during this inspection of the emergency department at Sligo University Hospital was made following a review of the evidence gathered prior to, during and after the on-site inspection at the hospital. The judgments on compliance are included in this inspection report. The level of compliance with each national standard assessed is set out here and where a partial or non-compliance with the standards was identified, a compliance plan was issued by HIQA to hospital management. In the compliance plan, hospital management set outs the actions taken or they plan to take in order for the healthcare service to come into compliance with the national standards judged to be partial or non-compliant. It is the healthcare service provider's responsibility to ensure that it implements the actions in the compliance plan within the set timeframes to fully comply with the national standards. HIQA will continue to monitor the hospital's progress in implementing the actions set out in the compliance plan (see Appendix 2).

HIQA judges the service to be **compliant, substantially compliant, partially compliant** or **non-compliant** with the standards. These are defined as follows:

Compliant: A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant national standard.
Substantially compliant: A judgment of substantially compliant means that on the basis of this inspection, the service met most of the requirements of the relevant national standard, but some action is required to be fully compliant.
Partially compliant: A judgment of partially compliant means that on the basis of this inspection, the service met some of the requirements of the relevant national standard while other requirements were not met. These deficiencies, while not currently presenting significant risks, may present moderate risks which could lead to significant risks for people using the service over time if not addressed.
Non-compliant: A judgment of non-compliant means that this inspection of the service has identified one or more findings which indicate that the relevant national standard has not been met, and that this deficiency is such that it represents a significant risk to people using the service.

Capacity and Capability Dimension	
National Standard	**Judgment**
Theme 5: Leadership, Governance and Management	
Standard 5.5: Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.	Partially compliant
Theme 6: Workforce	
Standard 6.1: Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare	Partially compliant

Quality and Safety Dimension	
National Standard	**Judgment**
Theme 1: Person-Centred Care and Support	
Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.	Non-compliant
Theme 3: Safe Care and Support	
Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.	Partially compliant

Appendix 2 Compliance Plan: Sligo University Hospital's response

National Standard	
Section 1: Capacity & Capability	
Standard 5.5: Service providers have effective management arrangements to support and promote the delivery of high quality, safe and reliable healthcare services.	Partially compliant

- Strengthen relationships between the Emergency Department & Medical Directorate to ensure wider focus on patient flow, by establishing formal reporting of ED Senior management team meetings to Associate Clinical Director for Medicine, Q1 2023
  (Responsible person: Medical ACD, EM lead)
- Review alternative pathways for complex discharge and chronic disease management. Q1 2023
  (Responsible person: Discharge Coordinator / ECC Project Manager
- Extend FIT to cover weekends, Q1 2023
  (Responsible person: HOS)
- Recruitment underway to appoint CIT Co-ordinator, Q4 2022
  (Responsible person: ADoN Patient Flow)
- Link with Community Partners regarding role of GP Liaison nurse and agree governance /job spec.
  (Responsible person: DoN, ADoN Patient Flow)
- Review effective use of all areas in ED through the Lean Project incorporate trolley placement and storage facilities, Q4 2022
  (Responsible person: ADoN Unscheduled care)
- Implement Kanban storage subject to funding approval
  (Responsible person: ADoN Unscheduled care)
- Appoint CNM II for patient flow to support patient flow/ ensure on floor co-ordination to support early discharge
  (Responsible person: ADoN Patient Flow)
- Review Navigation hub meeting with all CNMII, to refocus on early / next day discharges
  (Responsible person: ADoN Patient Flow)
- 42 New Block development – progress to tender and commencing construction in 2023, funding dependant
  (Responsible person: Hospital Manager/HSE Estates)
- Open discharge lounge 1st November / Complete SOP
  (Responsible person: ADoN Patient Flow)
- Longer term solution/location for Discharge Lounge to be reviewed, Q4 2022
  (Responsible person: Assistant Hospital Manager)

- Acute Assessment Unit is partially functioning with capacity for 8 GP referrals per day. Review volume of GP referrals by December and communicate use with GP's. Daily pull of 4 patients per day from ED to AAU to free capacity with ED
  (Responsible person: ADoN Patient Flow/Bed Management)
- Increased community involvement at Unscheduled Patient Pathway monthly meetings. Action plan in place for integrated response to patient flow from Sligo University Hospital, Q4 2022.
  (Responsible person: ADoN Patient Flow/Hospital Manager) / CHO HOS)
- Opening of red zone/majors area to take place once additional resources in place. Planned for January 2023
  (Responsible person: DoN, EM Lead)
- Continued recruitment of EM consultant posts to enable senior cover for ambulatory care unit, Q4 2022 – Q1 2023
  (Responsible person: Hospital Manager/ EM Specialty lead)

National Standard	
Standard 6.1: Service providers plan, organise and manage their workforce to achieve the service objectives for high quality, safe and reliable healthcare.	Partially compliant

- Continued recruitment of unfilled SHO & Registrar post, Q4 2022 – Q1 2023
  (Responsible person: EM Consultant lead)
- Fill current vacancies for nursing staff
  (Responsible person: DoN, ADoN)
- Implement safer staffing levels & skill mix, pending formal approval for staff funding, Q1 2023
  (Responsible person: DoN)
- Allocate dedicated staff for overnight patients, pending funding approval of additional staff uplift in 2023 estimates
  (Responsible person: DoN, ADoN Unscheduled care)
- Allocate additional HCA to overnight patients to assist with personal care, pending funding approval.
  (Responsible person: Operational ADoN)
- Continue to recruit Paediatric trained nurses – aim to have a paediatric trained or experience nurse allocated per shift
  (Responsible person: DoN)
- Improve mandatory training uptake to include Maternity Early Warning System
  (Responsible person: ED CNM3, EM Lead)
- Increase presence of senior decision makers in ED, the appointment of Temporary Consultant in Emergency Medicine, in line with recently approved 3 extra posts, Q4 2022.
  (Responsible person: EM Consultant lead/ Medical Manpower Manager)

- Aim to provide 8-8 ANP 7 day cover in minor/ ambulatory care unit pending funding for additional ANPs, Q1 2023
  (Responsible person: DoN)
- Overseas Nursing Recruitment campaigns underway to hire nursing staff to meet workforce needs identified, Q4 2022/ Q1 2023
  (Responsible person: DoN)
- Implementation of Integrated Winter Plan with recruitment to commence for new funded posts Q4 2022/Q1 2023
  (Responsible person: Hospital Manager/ HR Manager)

National Standard	
Section 2: Quality & Safety	
Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted	Non-compliant

- Appoint Patient Advice and Liaison Service officer (PALS) for Sligo University Hospital, commence daily rounds with ED overnight patients to improve communication, November 2022
  (Responsible person: DoN)
- Shower facilities offered to overnight patients in ED via the Acute Assessment Unit: allocated HCA to overnight patients to assist with this, November 2022
  (Responsible person: ADoN Unscheduled care)
- Make available local feedback mechanism for ED patients
  (Responsible person: PALS officer)
- Provide a daily patient flow tracker to monitor PET times of >24 hours
  (Responsible person: ADoN Patient Flow)
- Open new Red Zone/Majors area, allowing more privacy and dignity for patients in the ED, January 2023.
  (Responsible person: DoN)/EM Lead)
- Identify suitable admitted patients from ED transfer to Discharge Lounge early mornings allowing more privacy and dignity in ED, November 2022.
  (Responsible person: ADoN Patient Flow)
- Provide patient information screens in the ED waiting room, Q4 2022
  (Responsible person: Clinical Projects Manager)
- Increased bed capacity required to support delivery of high quality, safe care. Capital project for development of 42 beds commenced. Project completion 2025
  (Responsible person: Hospital Manage/ HSE Estates)
- New ED development planned as part of Major Capital development with ED/Surgical block, Stage 2a underway with SAR/CBA taking place Q4 2022/Q1 2023
  (Responsible person: Hospital Manager/ HSE Estates)

- Ensure Paediatric ED zone is operational and staffed at all times through recruitment and upskilling of paediatric ED nursing staff
  (Responsible person: ADoN for unscheduled care)

National Standard	
Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services**.**	Partially compliant

- Point of care audit completed for overnight patients awaiting results and develop QIP plan in response to audit, Q4 2022
  (Responsible person: DoN)
- Progress Lean Project allowing for 1 metre social distance & stores management via Kanban (Kanban subject to finding approval)
  (Responsible person: ADoN Unscheduled care)
- Complete SOP for covid screening pathway in compliance with Infection Prevention and Control, Q4 2022
  (Responsible person: CNM3 ED/IPC ADoN)
- Onsite presence of NAS liaison person in ED to improve ambulance turnaround times, November 2022
  (Responsible person: ADoN Patient Flow/National Ambulance local HOS)
- Establish SALAD list and store on shared drive for staff to access
  (Responsible person: CNM3 ED/ EM Consultant)
- Seek funding for a clinical pharmacist in the ED
  (Responsible person: Chief Pharmacist/Hospital Manager)
- EMEWS: Plan for introduction with new staff re orientated & competencies achieved, Q2 2023
  (Responsible person: ADoN Unscheduled care/Specialty Lead)
- Monitor and audit compliance in ED against national standards for Covid19/communicable diseases to reduce risk of transmission of such infections, Q1 2023
  (Responsible person: ADoN IPC)