Health Information and Quality Authority

An tÚdarás Um Fhaisnéis agus Cáilíocht Sláinte

Report of an inspection against the *National Standards for Safer Better Healthcare*.

Name of healthcare service provider:	Wexford General Hospital
Address of healthcare service:	Newtown Rd Carricklawn Wexford Y53 Y17D
Type of inspection:	Unannounced
Date(s) of inspection:	08 February 2023
Healthcare Service ID:	OSV-0001108
Fieldwork ID:	NS_0026

About the healthcare service

The following information describes the services the hospital provide:

1.0 Model of hospital and profile

Wexford General Hospital is a Model 3* HSE hospital, providing services to the population of county Wexford and the adjoining counties of Waterford, Kilkenny and Carlow. The hospital also provides maternity services for the population of county Wicklow. It is a member of and is managed on behalf of the Health Service Executive (HSE) by the Ireland East Hospital Group (IEHG)†. Services provided by the hospital include:

- acute medical in-patient services
- elective surgery
- emergency care
- high-dependency care
- some diagnostic services
- outpatient care
- maternity services
- paediatric care.

The following information outlines some additional data on the hospital.

Model of hospital	3
Number of beds	Total of 278 inpatient and daycase beds.

* A Model 3 hospital is a hospital that admits undifferentiated acute medical patients, provides 24/7 acute surgery, acute medicine and critical care.

† The Ireland East Hospital Group comprises twelve hospitals as follows; the Mater Misericordiae University Hospital, St Vincent's University Hospital, Midland Regional Hospital – Mullingar, St Luke's General Hospital – Kilkenny, Wexford General Hospital, Our Lady's Hospital – Navan, St Columcille's Hospital – Loughlinstown, St Michael's Hospital – Dún Laoghaire, National Rehabilitation Hospital-Dún Laoghaire, Cappagh National Orthopaedic Hospital, Royal Victoria Eye and Ear Hospital and the National Maternity Hospital – Holles Street, Dublin. The Hospital Group's academic partner is University College Dublin (UCD).

How we inspect

Under 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 among other functions. This inspection was carried out to assess compliance with the *National Standards for Safer Better Healthcare* as part of the Health Information and Quality Authority's (HIQA's) role to set and monitor standards in relation to the quality and safety of healthcare.

To prepare for this inspection, the inspectors[‡] reviewed information which included previous inspection findings, information submitted by the provider, unsolicited information[§] and other publically available information.

During the inspection, inspectors:

- spoke with people who used the service to ascertain their experiences of the service
- spoke with staff and management to find out how they planned, delivered and monitored the service provided to people who received care and treatment in the hospital
- observed care being provided, interactions with people who used the service 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 observed and what people told inspectors.

About the inspection report

A summary of the findings and a description of how the service performed in relation to compliance with the national standards monitored during this inspection 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 at a particular point in time — before, during and following the inspection.

[‡] Inspector refers to an authorised person appointed by HIQA under the Health Act 2007 for the purpose in this case, of monitoring compliance with HIQA's *National Standards for Safer Better Healthcare.*

[§] Unsolicited information is defined as information, which is not requested by HIQA, but is received from people including the public and or people who use healthcare services.

1. Capacity and capability of the service

This section describes HIQA's evaluation of how effective the governance, leadership and management arrangements are in supporting and ensuring that a good quality and safe service is being sustainably provided at the hospital. It outlines whether there is appropriate oversight and assurance arrangements in place and how people who work in the service are managed and supported to ensure high-quality and safe provision of care.

2. Quality and safety of the service

This section describes the experiences, care and support people using the service receive on a day-to-day basis. It is a check on whether the service is a good quality and caring one that is both person-centred and safe. It also includes information about the environment in the emergency department where people receive care.

A full list of the national standards assessed as part of this inspection and the resulting compliance judgments are set out in Appendix 1.

Compliance classifications

Following a review of the evidence gathered during the inspection, a judgment of compliance on how the service performed has been made under each national standard assessed. The judgments are included in this inspection report. HIQA judges the healthcare service to be **compliant, substantially compliant, partially compliant** or **non-compliant** with national 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.

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
08 February 2023	09.00 – 16.30hrs	Patricia Hughes	Lead
		Denise Lawler	Support
		Aoife O'Brien	Support

Information about this inspection

An unannounced inspection of the emergency department at Wexford University Hospital was carried out on 08 February 2023 to monitor compliance with key national standards from the *National Standards for Safer Better Healthcare*. The hospital's emergency department provided 24/7 access for undifferentiated emergency and urgent presentations by adults and children. According to published HSE data,** there was 42,612 new attendances at the emergency department in 2022 averaging at 116 attendances per day. That represented a 15.8% increase on the figures for 2021 when there was an average of 100 new attendances per day and a 13.4% increase on the figures for 2019, the last pre COVID-19 year.

The inspection focused in particular on key issues that impact on the delivery of care in the emergency department. These included:

- effective management to support high-quality care in the 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.

Inspectors spoke with the following staff at the hospital:

- Representatives of the hospital's Board of Management:
  - Hospital Manager
  - Operations Manager- General Services / Deputy Hospital Manager
  - Director of Nursing
  - Clinical Director
  - Clinical Lead for Emergency Medicine
- Quality and Patient Safety Coordinator
- Quality and Clinical Risk Maternity Coordinator
- Assistant Director of Nursing – Patient Flow

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.

Acknowledgements

HIQA would like to acknowledge the cooperation of the management team and staff who facilitated and contributed to this inspection. In addition, HIQA would also like to thank people using the service who spoke with inspectors about their experience of the service.

**HSE Performance data. https://www.hse.ie/eng/services/publications/performancereports/management-data-report-september-2022.pdf

Three weeks following this inspection, a fire at Wexford General Hospital on 01 March 2023, forced the evacuation and transfer of services, including the emergency department, from the hospital. HIQA would like to acknowledge the extraordinary efforts by HSE staff, emergency services and volunteers in working to effectively respond to the fire at Wexford General Hospital. At the time of writing this report, the emergency department has yet to re-open in the hospital.

What people who use the emergency department told inspectors and what inspectors observed in the department

The emergency department at Wexford General Hospital was part of an acute floor, which also comprised an Acute Medical Assessment Unit (AMAU) and a surgical streaming unit. The emergency department also incorporated an emergency department for children which had audio-visual separation from the adult emergency department.

Attendees to the emergency department presented by ambulance, were referred directly by a general practitioner (GP) or self-referred. On arrival at the hospital, people attending the service were assessed for risk of COVID-19. Patients that were not presenting with COVID-19 were referred to the main waiting area where they registered their attendance with the receptionist on-duty and awaited triage. Patients presenting with symptoms of suspected or confirmed COVID-19, were directed into the COVID-19 pathway. An initial assessment was then undertaken by a staff member via telephone. This will be discussed further under standard 3.1.

Inspectors observed wall-mounted alcohol-based hand sanitiser dispensers strategically located and readily available with hand hygiene signage clearly displayed throughout the emergency department. Staff were observed wearing appropriate personal protective equipment, in line with the then current public health guidelines.

The waiting area in the COVID-19 area comprised 16 chairs and the waiting area in the non-COVID-19 area comprised 41 chairs. Inspectors observed one metre physical distancing and mask wearing by those present in both areas, in line with national guidance. The reception area, with one staff member present, overlooked the non-COVID-19 waiting room.

The emergency department had a total planned capacity for seven paediatric and 15 adult service users. It comprised:

- 2 triage rooms only one of which was in use at the time of inspection.
- 15 cubicles. Half of the cubicles were used for patients with confirmed or suspected COVID-19 and the other half for non-COVID-19 patients. Two of the 15 single cubicles had en-suite facilities. Only one of the 15 rooms in the main emergency department was fitted with negative pressure facilities[††] and an ante-room[‡‡]. All cubicles were occupied at the time of inspection and the overflow of patients were

[††] Negative pressure rooms refer to isolation rooms where the air pressure inside the room is lower than the air pressure outside the room. Therefore, when the room door is opened, potentially contaminated air or dangerous and infective particles from inside the room will not flow outside to non-contaminated areas.
[‡‡] Ante-room is a small entrance area between an isolation room and the main corridor area containing a wash hand basin.

being cared for on corridor space. Admitted patients were also located in the AMAU and in the day services unit.

- Psychiatric Assessment Room
- Resuscitation area comprising two bays for the treatment of patients categorised as major. This area had negative pressure facilities and an air filtration system in place.
- Two assessment rooms – used for the review clinic where reviews by senior clinicians (Registrar or Consultant) were held for patients who had been requested to return on receipt of final test results. Inspectors were told that 10-15 patients per day were being seen in this clinic, Monday to Friday.
- There were three toilets and two showers in the emergency department for patients' use in addition to the two en-suite rooms which was adequate for the intended capacity of the emergency department.
- A separate but linked paediatric emergency area comprised seven cubicles. One of the seven cubicles was used for assessment and the remaining six were used for care and treatment. None of the rooms there had negative pressure[§§] facilities.

At 09.30am on the day of inspection, the emergency department was busy and overcrowded relative to its intended capacity and function. Eleven patients were receiving care while located on the main corridor. There was no privacy curtains in use for patients on trolleys on the corridor. Patients who met with inspectors said;

"[the emergency department] *seems very busy*"

"*waiting times* [in the emergency department] *are the biggest challenge*"

"*got a GP appointment …..for next week… so my only option was to go to A&E*"

"*they need more beds, this is not an A&E, it's a ward*".

Staff were described by patients as being *"kind, compassionate, empathetic", "very busy", and "doing their best".* All but one patient stated that they had received drinks and snacks and this was brought to the attention of staff caring for that patient.

Findings from the 2022 National Inpatient Experience Survey[***] for Wexford General Hospital demonstrated that the hospital scored above the national average for care and

[***] The National Care Experience Programme, is a joint initiative from the Health Information and Quality Authority (HIQA), the Health Service Executive (HSE) and the Department of Health, established to ask people about their experiences of care in order to improve the quality of health and social care services in Ireland. The National Inpatient Experience Survey is a nationwide survey asking patients about their recent experiences in hospital. The purpose of the survey is to learn from patients' feedback in order to improve hospital care. The findings of the National Inpatient Experience Survey are available at: https://yourexperience.ie/inpatient/national-results/.

communication and below the national average for three out of the four measured waiting time intervals in the emergency department.

Patients who spoke with inspectors knew how to make a complaint. They described how they would *'discuss it with a nurse-in-charge'* or would use *'the website'*. When asked if they had received written information on how to raise a compliment, concern or complaint for example, as in the HSE 'YSYS' leaflets, all of the patients who had spoken with inspectors said that they had not received information on this.

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 standard 5.5 and partially compliant with standard 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.

Inspectors found that the hospital had formalised corporate and clinical governance arrangements in place with defined roles, accountability and responsibilities for assuring the quality and safety of healthcare services. The hospital's organisational charts reviewed by inspectors detailed the direct reporting arrangements for hospital management, governance and oversight committees and these arrangements were in line with what inspectors were told on inspection.

The hospital was governed and managed by the hospital manager who reported to the Chief Executive Officer (CEO) of the hospital group. The Board of Management was the main governance structure at the hospital. According to the terms of reference for the board, which were not dated or signed, it had collective responsibility for ensuring that high-quality safe healthcare was delivered at the hospital. The Board met monthly, which was consistent with its terms of reference. Minutes of meetings of the board showed that the board comprised of representatives from the corporate and clinical areas and it had oversight of the hospital's performance with nationally set quality and patient safety indicators. Meetings followed a structured format and were action orientated. The implementation of agreed actions were monitored from meeting to meeting. Inspectors were told and it was documented in minutes that the Board was due to transition to an

executive management team in 2023. HIQA was satisfied that this committee was functioning as set out in its terms of reference. The hospital should however ensure that terms of reference of all committees are approved and dated.

The clinical director provided clinical oversight and the director of nursing was responsible for the organisation and management of nursing services at the hospital. Both the clinical director and the director of nursing reported to the hospital manager. The hospital had organised its services by clinical governance groups: medical, surgical, anaesthetic, and women and children's, each led by a clinical lead consultant who reported to the clinical director.

The Quality and Safety Executive (QSE) Committee was the main committee assigned with overall responsibility for the governance and oversight for improving the quality and safety of healthcare services at the hospital. The QSE committee, chaired by the clinical director, met every three months. Minutes of meetings showed that the committee comprised multidisciplinary representatives from the clinical areas and there was oversight of the hospital's performance with nationally set quality and patient safety indicators. Meetings followed a structured format and were action orientated. The implementation of agreed actions were monitored from meeting to meeting. The drugs and therapeutics committee, infection prevention and control committee, early warning score committee, resuscitation committee and sepsis committee among others reported into the QSE committee. The QSE committee provided updates on the hospital's risk register, patient-safety incidents, complaints, feedback on patient experiences, and progress on implementation of patient safety quality improvements to the Board of Management. The hospital had employed a number of quality and safety coordinators and had recently advertised the post of a grade VIII Quality and Safety Manager. The recruitment process was ongoing at the time of inspection. HIQA was satisfied that the QSE committee was functioning in line with its terms of reference.

There was a 'Medical and Emergency Services Governance Group', the aim of which was to support the service adopt a quality improvement approach in optimising capacity and capability to provide care in line with national and international standards and guidance. This group met six to eight weekly and reported to the QSE committee, which was consistent with its terms of reference. Minutes of meetings of the group showed that it comprised multidisciplinary representation. Inspectors viewed agendas and minutes of meetings held in March, October and December 2022. Apart from the reduced frequency of meetings, HIQA found that the group was operating broadly in line with its terms of reference. It covered items related to themes 1, 2, 3, 5 and 6 of the National Standards for Safer Better Healthcare. Inspectors noted that there was room for improvement in respect of the frequency of meetings and documentation of planned actions with associated target dates and responsible persons in minutes of meetings.

The hospital had an Unscheduled Care Governance Committee. The purpose of this committee was to provide executive oversight for unscheduled care at Wexford General Hospital. The objectives of the committee were to; review monthly unscheduled care metrics, identify changes required to improve performance and meet national targets, ensure a robust winter plan, developed in collaboration with IEHG and Community Health Organisation (CHO) 5, monitor effectiveness and compliance with the emergency department escalation policy and engagement with the hospital group. The committee was chaired by the hospital manager and comprised a large multidisciplinary group. It was scheduled to meet twice a month. It reported to the Quality & Safety Executive and also to the Medical and Emergency Governance Group. Only one set of minutes was provided for this group dated 05 July 2022. These minutes indicated that the group had been re-established and that the group intended to meet on a monthly basis. Inspectors noted that there was an absence of reference to this group or its outputs in most of the minutes of the QSE and the Medical and Emergency Governance Group to which the Unscheduled Care Governance Committee reported. HIQA was not assured that this group was working in line with its terms of reference. Inspectors were told on inspection that this committee was being set up as a strategic group which would review trends, use of the AMAU and the hospital's escalation plan. Hospital management told inspectors that approval for a new 97-bed block was at an advanced stage of design and may be available by 2027. Hospital management need to ensure that committees conduct their work in line with their terms of reference until and unless there is a decision to disband and or change the process in line with revised terms of reference.

On the day of inspection, there were significant patient flow issues which limited the effective flow of the emergency department. The Wexford General Hospital, Escalation Process[†††] set out various actions to be taken depending on available capacity and current service demand. The 'black level' of escalation was called when there was a critical service demand associated with workforce and capacity pressures with a highly likely impact on scheduled care. In such a situation, the plan was to open extra trolleys in the Day Care Unit and or in the AMAU and lodge trolleys in the emergency department keeping one protected bed in one ward for a COVID-19 patient. It included increased communication internally and externally with the hospital group, and requests for ambulance diversion. On the day of inspection, inspectors were told that the hospital was in escalation, level black. An additional five beds had been opened on another ward and both the acute medical assessment unit (AMAU) and the day services unit were being used as surge capacity for admitted patients.

By 11am, there were 69 patients registered in the emergency department. Of those, seven (10%) patients were waiting to be triaged, 17 (25%) patients had been admitted and were waiting for an inpatient bed. The remainder (65%) were patients who were receiving emergency care and treatment in the emergency department. Patients were

being triaged and prioritised in line with the Manchester Triage System.[‡‡‡] Staff could view the status of all patients in the department, their prioritisation category levels and waiting times via the hospital's electronic operating system.

On the day of inspection, the average waiting time from registration to triage was 26 minutes (range of seven minutes to 1 hour and 41 minutes). Inspectors raised the incidence of the outlier of 1 hr 41 minutes with hospital management on the day and in writing the following day. In response, hospital management had reviewed and implemented measures to ensure the timely triage of all patients that attend the emergency department. Hospital management provided the data for all triage times for 08 February 2023. The average time from registration to triage was 45 minutes (including for patients arriving by ambulance) with a median time of 22 minutes.

- Patient's waiting times from triage to medical review ranged from 36 minutes to seven hours and 50 minutes.
- The interval from the time of registration to time of decision to discharge or admit ranged from one hour and seven minutes to 17 hours and one minute.
- The longest interval for a patient present in the emergency department from time of registration was 70 hours. The patient had been admitted and was receiving care but was waiting for a bed on a ward.

Also at 11am, 16 of the 17 admitted patients waiting in the department required isolation facilities. The ability to move such patients into isolation facilities was hampered by reported prolonged turnaround times for COVID-19 and influenza test results. A further twelve admitted patients were in the Acute Medicine Assessment Unit (AMAU), with three additional patients in the Day Services Unit and nine patients as extra patients on already full wards as per the hospital's escalation policy.

There were 26 predicted discharges due to take place that day and there was eight delayed transfers of care (DTOC)[§§§] (which was less than the HSE published data for 2022 where the daily average of DTOC was 11). It was clear however that the number of discharges was insufficient for the number of currently admitted patients plus those that would come in overnight and so the hospital would likely remain in black escalation as it had been since July 2022.

Inspectors were told that the increase in the number of presentations, the need to use the AMAU for admitted patients, the turnaround time for results of COVID-19 and influenza tests particularly out-of-hours, the increased requirement for isolation facilities

[‡‡‡] Manchester Triage System is a clinical risk management tool used by clinicians in emergency departments to assign a clinical priority to patients, based on presenting signs and symptoms, without making assumptions about underlying diagnosis. Patients are allocated to one of five categories, which determines the urgency of the patient's needs.
[§§§] Delayed Transfer of Care: A patient who remains in hospital after a senior doctor (consultant or registrar) has documented in the healthcare record that the patient care can be transferred.

which exceeded the hospital's capacity and an aging profile of patients with more complex needs were all factors in the overcrowded emergency department. The hospital needs to review the effectiveness of its escalation plan.

The average length of stay for medical patients was reported to be 6.7 days in 2022 and 6.9 days in 2023 - to date of inspection (HSE target: less than 7 days). The average length of stay for surgical patients was reported to be 4.6 days in 2022. The conversion rate (rate of admission of patients presenting to the emergency department to an inpatient ward bed) for the emergency department over a 12-month timeframe in 2022 was 23.7% and for 2023 up to the date of inspection on 08 February 2023 was 25.6% which was in line with current national norms. The percentage of patients who left the hospital before completion of their assessment and or treatment in the emergency department was 5.4% in 2022 and 6% in 2023 up to the time of inspection (HSE target: less than 6.5%).

The hospital had the following in place and these were functioning well as follows:

- Surgical Streaming Unit (post triage). Inspectors reviewed data supplied by the hospital for the activity level of the surgical streaming unit from the emergency department and noted that between 5-15 patients were seen daily with 77% of patients being discharged and a conversion rate of 23% (patients admitted) for the period June 2022 to January 23 inclusive.
- A separate paediatric emergency department as described earlier. This was open to children aged 0-16 years. Inspectors were told that in 2022, 12,299 patients attended this service, averaging 33 per day but that up to 60 children had been seen on some days. There was a designated paediatric Senior House Officer (SHO) covering the paediatric emergency department, 24/7. Paediatric surgical cases were reviewed by the Surgical SHO in the main emergency department. Inspectors were told that the conversion rate for the paediatric emergency department was 15%.
- The hospital had a hospital ambulance liaison person (HALP) on site in the emergency department for ten hours per day, seven days a week.

Hospital Avoidance Initiatives

While conversion rates for the hospital were within national norms for a model three hospital, the hospital avoidance initiatives as set out below could further improve the quality of care provided to older persons rather than having to experience long wait times in an overcrowded emergency department.

- 'Frailty at the front door', this was an initiative designed to improve the experience and outcomes of people with frailty who presented for unscheduled care. It required an occupational therapist and a nurse and recruitment was said to be ongoing.

- Frailty Intervention Team (FIT), this multidisciplinary team comprising a CNM2, physiotherapist, occupational therapist, speech and language therapist* (*post vacant at the time of inspection) was operational during core hours, Monday to Friday. Key Performance Indicators (KPIs) were being monitored in relation to care of people aged 75 years or more.
- Integrated Care for Older Persons (ICPOP) was beginning to be developed with Wexford General Hospital.
- Outpatient Parenteral Antibiotic Therapy (OPAT) was used but inspectors were told that this could be optimised further.
- Community Intervention team (CIT)
- At the time of inspection, the Discharge Lounge was not functioning as a Discharge Lounge and was instead being used for surge capacity.
- The Hospital did not have a Pathfinder[****] pathway or Virtual Ward Initiative[††††]. Inspectors note that these initiatives are in use in other model three hospitals which are proving to be helpful in dealing with patient flow.

Overall, HIQA found that the systems and processes in place to improve patient flow were either not functioning as they should be or were yet to be fully developed. The acute medical assessment unit (AMAU) was being used to accommodate admitted patients on a daily basis 9am to 10 pm (Monday-Friday). As a result of the change in use of the AMAU, patients were now being directed into the main emergency department. A number of weekly and daily meetings (Monday to Friday) involved senior management, clinical staff and discharge planning personnel. While it was clear that this was having some effect on patient flow, the overall ongoing problem of an overcrowded emergency department and surge areas had yet to be resolved.

In summary, HIQA was assured that the hospital had some elements of management arrangements in place to manage, support and oversee the delivery of high-quality, safe and reliable healthcare services in the four key areas of known harm in the emergency department. Although there was evidence of strong clinical and nursing leadership in the emergency department, HIQA was not fully assured that the hospital was effectively managing unscheduled and emergency care. The Unscheduled Care Governance committee had met once since July 2022. Arrangements in place did not ensure effective patient flow which resulted in long waiting times, overcrowding and associated risks. The hospital should review such arrangements and consider how best to oversee the provision

[****] Pathfinder Pathway is a collaborative service between the National Ambulance Service and physiotherapy or occupational therapy departments. It is designed to improve outcomes for older people by minimising unnecessary attendances and offering safe alternate care pathways for older people in their own homes rather than in the hospital.

[††††] Virtual Ward initiative is designed to enable the growing population of older people remain at home for longer and reduce the number of unplanned admissions enabling people to live at home and ensure that they get the care they need during periods of illness or decline.

of unscheduled care to ensure that it is provided in a safe and timely manner. The hospital should also ensure that committees are working in line with approved up to date terms of reference.
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.
HIQA found that the workforce arrangements in place to support and promote the delivery of high-quality, safe and reliable healthcare in the emergency department required attention. Operational governance and oversight of the day-to-day working of the department was the responsibility of the on-site consultant in emergency medicine supported by non-consultant hospital doctors. Outside core working hours,[‡‡‡‡] medical oversight of the emergency department was provided by the emergency department registrar with off-site, on-call emergency medicine consultant support. The emergency department had approval for six whole-time equivalent (WTE) consultants in emergency medicine. Of these roles, 3.7 WTE (61%) consultants in emergency medicine were in post at the time of inspection of which 1.7 WTE positions were filled on a permanent basis and two WTE positions were filled by locums. The recruitment process to fill the remaining consultant posts in emergency medicine was underway at the time of inspection. One consultant acted as lead consultant for the department. Emergency department consultants were operationally accountable and reported to the hospital manager and had a dual reporting arrangement to the hospital's clinical director. The consultants in emergency medicine were supported by 24 WTE non-consultant hospital doctors (NCHDs) at registrar grade and senior house officer grades. The hospital was not an approved training site for non-consultant doctors on the basic training scheme or higher specialist training scheme in emergency medicine but was approved for GP training. The emergency department had approved complements of NCHDs as follows: ▪ 10 WTE registrars: seven WTE were in post at the time of inspection, which represented a deficit of 30%. ▪ 13 WTE SHOs: nine WTE were in post at the time of inspection, which represented a deficit of 31%. ▪ 1 WTE Medical Officer: this post was filled at the time of inspection.

[‡‡‡‡] Core working hours is consider Monday to Friday 9.00am to 5.00pm.

A CNM2 shift leader was rostered on-duty in the emergency department 24/7. The CNM2 reported to the CNM3 for emergency department, and outside of core hours reported to the on-site nurse manager (Assistant Director of Nursing) on operational matters. The CNM3 reported to the Assistant Director of Nursing (ADON) for the medical department and there was also an ADON for Patient Flow. The nurse staffing complement in the emergency department was reviewed as part of the Framework *for Safe Nurse Staffing and Skill Mix in Adult Emergency Care Settings in Ireland,*[§§§§] which resulted in a recommendation for an additional 25 WTE nursing positions and 6 WTE healthcare assistant (HCA) positions. At the time of inspection, 11 WTE nursing posts had been approved by the hospital group and the hospital confirmed the following details for approved and filled posts at the time of inspection and explained that recruitment efforts were underway to fill these posts within the newly approved uplift:

- 49 WTE nurses: 38.76 WTE positions were filled.
- 7 WTE Clinical Nurse Manager grade 1 (CNM1): 5.64 WTE positions were filled.
- 8 WTE CNM2: 6.95 WTE positions were filled.
- 1 WTE CNM3: the position was filled.
- 10 WTE HCA: 5.93 WTE posts were filled, which represented a deficit of 41%.
- In addition, there were 2.6 WTE Advanced Nurse Practitioners (ANPs) rostered to the emergency department, providing a service to children aged two years and over who present with minor injuries such as limb injuries.

On the day of inspection, the emergency department had its full complement of twelve nurses rostered on day duty in the emergency department, ten in the adult emergency department and two nurses in the paediatric emergency department. Eight nurses were rostered to cover the night shift. Nursing staff were supported by two healthcare assistants on day duty and one on night duty seven days per week. Inspectors reviewed the rosters for each of the four weeks preceding the unannounced inspection and found there were no deficits in cover.

Inspectors were told that the hospital used bank and agency staff to ensure adequate cover of nursing and healthcare assistant staff. However, HIQA note that this measure is not sustainable in the long-term and hospital management need to actively recruit to fill the staffing vacancies.

Inspectors were told that there was good access to specialist staff when required. Staff in the emergency department had access to two WTE infection prevention and control nurses,

[§§§§] 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

0.6 WTE consultant microbiologist and an antimicrobial pharmacist who were based on-site. There was also access to a consultant microbiologist in University Hospital Waterford outside core working hours. Security staff were allocated to duty in the emergency department 8.00am to 8.00pm and out-of-hours, and were accessible via bleep to hospital-wide security staff.

Overall the hospital employed 1165.87 WTE (1309 people). The absenteeism rate in the hospital in 2022 was reported to be 8.09% including Covid-19 related illness and 5.79% when COVID-19 related illness was excluded (HSE target: 4% or less).

Uptake of mandatory and essential staff training in the emergency department

Nursing and healthcare assistant staff attendance at mandatory and essential training was monitored at clinical area level by clinical nurse managers. Essential and mandatory training attendance by non-consultant doctors was recorded on the National Employment Record (NER) system.[*****]

While it was evident from staff training records reviewed by inspectors that nursing staff in the emergency department undertook multidisciplinary team training appropriate to their scope of practice, HIQA found that staff attendance and uptake at mandatory and essential training could be improved, especially training on the national early warning systems (Irish National Early Warning System (INEWS) and Irish Maternity Early Warning System (IMEWS), basic life support (BLS) and IPC related training including hand hygiene, and standard and transmission based precautions. Although inspectors were told that maternity patients attend the maternity unit directly for maternity matters, in line with national guidance, the IMEWS should be used for pregnant and postnatal patients attending the emergency department for non-pregnancy related reasons, for example following a road traffic accident or any other reason. The hospital needs to ensure that it collates, monitors and oversees compliance with mandatory training across all disciplines and grades relevant to the specialty.

While the attendance and uptake of mandatory and essential training was being recorded at local clinical area level, a greater level of oversight of staff uptake of mandatory and essential training is needed by the senior management team. HIQA was not satisfied that work in this regard was underway at the time of inspection.

Overall, HIQA found some evidence that hospital management were planning, organising and managing their medical, nursing and support staff in the emergency department to support the provision of high-quality, safe healthcare. The nurse staffing complement in the emergency department had been reviewed as part of the Framework *for Safe Nurse Staffing and Skill Mix in Adult Emergency Care Settings in Ireland* which resulted in a

[*****] National Employment Record is a national system for recording non-consultant hospital doctor paperwork, including evidence of training. The system was designed to minimise repetitive paperwork requirements for non-consultant hospital doctors and eliminate duplication when rotating between employers.

significant uplift in staff. Recruitment for these additional posts and the filling of existent posts should be progressed. Attendance and uptake of mandatory and essential training for staff in the emergency department needs to be improved, particularly training on INEWS, IMEWS, basic life support, hand hygiene other IPC training including standard and transmission based precautions. It is essential that hospital management ensure that all clinical staff have undertaken mandatory and essential training appropriate to their scope of practice in line with patient need and at the required frequency, in line with national standards. This issue should represent a key focus for early improvement efforts following HIQA's inspection.

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 healthcare service so that they have access to the right care and support at the right time, based on their assessed needs. The environment in which care is provided should support and protect the patient's dignity and privacy and should also protect their personal information.

Inspectors observed staff in the emergency department being kind, respectful and helpful towards patients in their one-to-one interactions, however inspectors also observed and overhead medical consultations taking place with patients on trolleys in the corridor. Such

[†††††] 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

practices compromise and are not in line with those required to protect and promote respect and dignity under a human rights based approach.

Inspectors observed that patient's privacy and dignity in the emergency department was supported for patients that were accommodated in individual cubicles and multi-occupancy rooms during inspection. This was not the case for patients, many of which were older people being cared for on trolleys or chairs in the open corridors of the emergency department. Care provided in this manner over a period of hours or longer is associated with increased risks to safety of older persons in particular, including tissue viability concerns, falls etc. Patients on the corridor spaces did not have access to a call bell or phone charging points. Patients being cared for in the emergency department for prolonged periods were also not able to have visitors in the way that they could be accommodated in a ward setting.

Findings from the 2022 National Inpatient Experience Survey showed that participants scored their overall experience of the hospital as 'very good', a rating of between nine and ten out of ten which was above the national average score of 8.1. The hospital had also met or exceeded the national average in survey questions related to the emergency department as follows:

- communication with doctors and nurses in the emergency department, the hospital scored 8 (national average – 7.9).
- privacy when being examined or treated in the emergency department, the hospital scored 8.7 (national average – 8.1).
- being treated with respect and dignity in the emergency department, the hospital scored 9.1 (national average – 8.7).

Inspectors were told that a quality improvement plan developed in response to findings in the 2021 National Inpatient Experience Survey was to provide trolley-side tables for patients to facilitate safety and comfort at mealtime while boarded on corridors.

Overall, there was evidence that hospital management and staff were aware of the need to respect and promote the dignity, privacy and autonomy of people receiving care in the emergency department and this is consistent with the human rights-based approach to care supported and promoted by HIQA. However due to the level of overcrowding and the lengthy delays experienced by patients in the emergency department on the day of inspection, this standard was not being met for all patients and particularly those being cared for on chairs or trolleys on the corridors of the emergency department, many of whom were older people and so at greater risk of complications associated with immobility and sleep deprivation in particular. Further work is required to address the promotion and protection of privacy and dignity of all patients in the emergency department and especially in the avoidance of overcrowding and associated lack of facilities for patients.

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.

HIQA found that while the hospital had systems in place to monitor, analyse and respond to information relevant to the provision of high-quality, safe services in the emergency department, it was not assured that measures to protect people attending the emergency department from the risk of harm were being effectively implemented. The hospital collected data on a range of different quality and safety indicators related to the emergency department in line with the national HSE reporting requirements. The performance data and compliance with key performance indicators for the emergency department was reviewed at the Medical and Emergency Services Governance Group meetings, the Quality and Safety Committee, the Unscheduled Care Governance meeting and the Board of Management meetings. These were also reviewed with the IEHG at the joint performance meetings with hospital management six to eight weekly.

Performance data collected on the day of HIQA's inspection showed that at 11am the hospital was not compliant with any of the national key performance indicators for patient experience times[‡‡‡‡‡].

- 52% of patients in the emergency department were yet to be admitted (to a hospital bed) or discharged beyond 6 hours of registration (HSE Key Performance Indicator - 70% of patients should be admitted or discharged within six hours of registration)
- 43% of patients in the emergency department were yet to be admitted (to a hospital bed) or discharged beyond 9 hours of registration (HSE Key Performance Indicator - 85% of patients should be admitted or discharged within six hours of registration)
- Eleven attendees aged 75 or older were yet to be admitted (to a hospital bed) or discharged beyond 6 hours of registration (HSE Key Performance Indicator - 95% of patients aged 75 years or more should be admitted or discharged within six hours of registration)
- Eight attendees aged 75 or older were yet to be admitted (to a hospital bed) or discharged beyond 9 hours of registration (HSE Key Performance Indicator - 99% of patients aged 75 years or more should be admitted or discharged within nine hours of registration)
- Two attendees aged 75 or older were yet to be admitted (to a hospital bed) or discharged beyond 24 hours of registration (HSE Key Performance Indicator - 99%

[‡‡‡‡‡] Patient experience time measures the patient's entire time in the emergency department, from the time of arrival in the department to the departure time.

of patients aged 75 years or more should be admitted or discharged within 24 hours of registration).

Published HSE performance data[§§§§§] for Wexford General Hospital from January-September 2022 demonstrated better performance for patient experience than the waiting times experienced by patients on the day of inspection but these still did not meet HSE targets. Findings from the 2022 and 2021 National Inpatient Experience Survey showed that Wexford General Hospital had been better than the national average for people waiting less than 6 hours in the emergency department before being admitted to an inpatient bed. The ambulance turnaround time met the target interval time of up to 30 minutes in only 16% of cases up to the end of September 2022 (HSE target 80%).

Risk 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 in the emergency department were identified and managed where possible at department level with oversight of the process assigned to the CNM3 who met with the lead consultant and risk coordinator on a monthly basis to review the risks. Inspectors viewed the risk register for the emergency department and noted that it listed 17 risks since January 2023. These related to capacity and quality and safety issues. These included infection prevention and control, workforce, security and timely access to parts of specialty services such as mental health, cardiac and orthopaedic services. The risk register included lists of the existing controls and further actions and all had action owners and scheduled review dates. Inspectors were told that the department risk register is reviewed monthly and updated quarterly. One of the 17 risks had been escalated to the hospital group level. The risk register contained reference to the possibility that transfer times may exceed national specified timeframes and this was subject to audit. All risks were due for review at the end of the first quarter.

Risks related to the emergency department were also recorded on the hospital's corporate risk register. Seventeen risks on the hospital corporate risk register related to the emergency department and mirrored those on the department risk register in terms of themes and action. Many of these had been first listed a number of years ago. According to Board minutes dated 31 January 2023, development of department based risk registers had been an action identified by the HSE National Clinical Audit Division when the risk management processes had been reviewed in 2022.

Inspectors were told that there was a limited psychiatric liaison service available to the hospital (four hours of NCHD in psychiatry per week) and that patients presenting with

[§§§§§] HSE Performance data. https://www.hse.ie/eng/services/publications/performancereports/management-data-report-september-2022.pdf

mental health illness but no other symptoms and who required admission to a mental health facility are transferred out to one of two services depending on the patient's postcode. Inspectors were told that limited access to such services has resulted in a prolonged stay in the emergency department for these patients. Inspectors were told that this issue has been escalated internally to the Unscheduled Care Governance Group and externally to the HSE.

The QSE and Board of Management had oversight of the risks recorded on the hospital's corporate register. The effectiveness of actions and controls implemented to manage and mitigate risks were reviewed and updated at quarterly meetings. The top seven risks were then notified to the Ireland East Hospital Group. Risks not managed at hospital level were also escalated to IEHG.

Infection prevention and control

A COVID-19 management pathway was in operation in the emergency department. On arrival to the department, attendees were screened for signs and symptoms of confirmed or suspected COVID-19 in line with national guidance in place at the time of inspection. If symptomatic or COVID-19 positive, the attendee was immediately referred to the triage nurse who directed them to a designated COVID-19 area. There were 16 suspected COVID-19 patients in the department at the time of inspection and they were isolated in single cubicles. Patients were triaged using the Manchester triage categorisation.

Symptomatic patients had access to COVID-19 rapid testing via test facilities based at the hospital during core hours Monday - Friday 9-5pm and Saturday and Sunday 2-7pm where results were ordinarily available within a few hours. However, if a patient required testing for either COVID-19 out-of-hours or for COVID-19 and influenza, such tests could take several days to be returned due to external factors. This then impacted on the use of single rooms and cubicles for isolation purposes and in turn, affected effective patient flow through the emergency department and the hospital as a whole. This was evident at the time of inspection.

The infection status of each patient was recorded on the hospital's electronic operating system. A prioritisation system was used to allocate patients to the single cubicles and isolation rooms. Staff confirmed that terminal cleaning[******] was carried out following suspected or confirmed cases of COVID-19.

Minimum physical spacing of one metre was maintained in the waiting area and emergency department, in line with national guidance. The emergency department environment was generally clean and well maintained. Inspectors were told that there was 24/7 access to cleaning staff in the emergency department and that access to maintenance staff was also adequate via 'an app' where urgent requests could be made.

[******] Terminal cleaning refers to the cleaning procedures used to control the spread of infectious diseases in a healthcare environment.

Inspectors reviewed documentation of monthly environmental hygiene audits demonstrating compliance levels of between 93-94% for the months October 2022 – January 2023 inclusive and of monthly equipment hygiene audits demonstrating compliance levels of between 80-87%% for the months October 2022 – December 2022 inclusive. A hygiene improvement plan for environment and equipment dated December 2022 was also viewed by inspectors. An audit of hand hygiene practices in the emergency department held on 01 October 2022 showed that there was an 83% compliance rate across all staff which was below the HSE's target of 90%. HIQA noted that time-bound action plans to support the implementation of corrective actions to address findings from the audits in the emergency department were developed. Staff had access to the IPC team (IPC nurse and consultant microbiologist).

Medication safety

Inspectors were told that there was no dedicated clinical pharmacist assigned to the emergency department but that there was access to clinical pharmacy advice by telephone during core hours if required. Medicine reconciliation was not routinely conducted for patients in the emergency department. A pharmacy technician provided restocking five days per week. There was no high-risk medication list or SALAD[††††††] list in the emergency department. Although inspectors were satisfied on questioning of staff that safe practices were in place in respect of administration of high risk medications such as insulins, opioids and anticoagulants, HIQA noted the absence of a comprehensive pharmacy service including oversight of medicine reconciliation in the emergency department. Staff in the department had access to an antimicrobial pharmacist.

Deteriorating patient

The hospital was using the Irish National Early Warning System (INEWS) version 2 to support recognition and response to a deteriorating adult patient in the emergency department. The paediatric early warning system (PEWS) was being used in the paediatric area. Inspectors were told that training had commenced in advance of a rollout of the Emergency Medicine Early Warning System (EMEWS) but that no date had yet been agreed to implement the system. As outlined under standard 6.1, staff required training in IMEWS. The ISBAR[‡‡‡‡‡‡] 3 communication tool was used at clinical handover and during the safety huddles.

[††††††] SALADS are 'Sound-alike look-alike drugs'. The existence of similar drug and medication names is one of the most common causes of medication error and is of concern worldwide. With tens of thousands of drugs currently on the market, the potential for error due to confusing drug names is significant.

[‡‡‡‡‡‡] ISBAR is the mnemonic used to describe the recommended tool for communication in healthcare in Ireland. **I**dentify, **S**ituation, **B**ackground, **A**ssessment and **R**ecommendation (ISBAR) communication tool is a structured framework which outlines the information to be transferred in a variety of situations, such as bedside handover, internal or external transfers (for example, from a nursing home to hospital, from ward to theatre), communicating with

Inspectors were told that three multidisciplinary safety huddles, at 09.30am, 4.30pm and 11pm were held in the emergency department to discuss the status of all patients in the department and identify patients that were of concern. The morning safety huddle was attended by the consultant, medical and nursing staff and members of the FIT team (frailty intervention team).

Transitions of care

The ISBAR3 communication tool was used for internal and external patient transfers from the emergency department. Inspectors were told that patients receive a copy of a discharge letter for their GP and that a copy is also posted to the GP. Review of the Board of Management minutes dated 31 January 2023 indicated that the number of outstanding discharge summaries had reduced.

Inspectors were told that the hospital had access to twelve egress beds in a private nursing home, up to 40 beds in two rehabilitation and community inpatient hospitals (5 of which were transitional care beds – which were not ring-fenced for Wexford but were available to both the hospital and community care), and five stepdown beds which were reserved for Wexford General Hospital. Delayed transfers of care however compounded the issue of availability of inpatient beds at the hospital and impacted on waiting times in the emergency department. On the day of inspection, the hospital had eight delayed discharges. Hospital management attributed the delay in transferring patients mainly to lack of capacity and increasing numbers of older persons presenting with more complex conditions. A weekly 'Length of Stay' meeting is held with Community Health Office No. 5 (CHO5) where patients with a length of stay greater than 14 days are reviewed.

Management of patient-safety incidents

HIQA was satisfied that patient-safety incidents and serious reportable events related to the emergency department were being reported to the National Incident Management System (NIMS),§§§§§§ in line with HSE policy. The Quality and Safety department staff submitted monthly reports on incidents to the board of management. The serious incident management team (SIMT) met monthly to review serious reportable events and serious incidents to ensure that learning from such incidents was shared and that recommendations and quality improvement plans were implemented.

Management of complaints and compliments

HIQA was assured that complaints and compliments related to the emergency department were managed locally, in line with the hospital's complaints policy by nurse management

other members of the multidisciplinary team, and upon discharge or transfer to another health facility. ISBAR3 is version 3.

§§§§§§ The National Incident Management System (NIMS) is a risk management system that enables hospitals to report incidents in accordance with their statutory reporting obligation to the State Claims Agency (Section 11 of the National Treasury Management Agency (Amendment) Act, 2000).

(shift leader) with oversight from the clinical nurse manager grade three (CNM3). Complaints relating to the department were tracked and trended by the Ceomplaints Offocer who reported to the Operations Manager – General Services / Deputy Hospital Manager. Feedback on emerging trends and themes was provided to the CNM3. Documentation viewed by inspectors indicated that of the 260 complaints received for the whole hospital in 2022, 61% were written complaints and that 13% (n=34) remained open in January 2023 (having received 17 of the complaints in December 2022). On the day of inspection, the patients who spoke with inspectors knew that they could make a complaint should they wish. While they knew how they could make a complaint for example, by asking to speak with a staff member or a nurse in charge or by writing to the hospital, there was no details of advocacy supports or the *'HSE Your Service Your Say'* posters or leaflets on display for patients in the emergency department. The hospital should review how it informs patients on how they can make a complaint should they wish to.

Documentation viewed by inspectors indicated that the hospital had also received 123 compliments in 2022. HIQA note that it is good practice to collate and share feedback including compliments with the staff.

Overall, HIQA found that while the hospital had some systems in place to monitor, analyse and respond to information relevant to the provision of high-quality, safe services in the emergency department, it was not fully assured that measures to protect people attending the emergency department from the risk of harm were being fully and effectively implemented. The overcrowding and lack of access to isolation facilities posed risks to spread of infection and risk to safe practice. The hospital did not meet its targets for its patient experience times on the day and these had dis-improved since the latest HSE published data. The prolonged turnaround time for COVID-19 and influenza test results particularly out-of-hours was hampering patient flow. Improvements in compliance with equipment and hand hygiene are required to meet national standards. There was evidence of a lack of a comprehensive pharmacy service available to the department. The hospital should ensure that the early warning systems are used for the appropriate cohorts of patient and that staff have up-to-date training in their use. There was no posters or information relating to the complaints process, the 'Your Service, Your Say' or advocacy contact details on display for patients and patients told inspectors that they had not received information about this. These findings represent areas for improvement for the hospital.

Judgment: Partially compliant

Conclusion

HIQA carried out an unannounced inspection of Wexford General Hospital on 08 February 2023 to assess compliance with national standards from the *National Standards for Safer Better Health*. The inspection focused on four areas of known harm — infection prevention and control, medication safety, deteriorating patient and transitions of care.

Three weeks following this inspection, a fire at Wexford General Hospital on 01 March 2023, forced the evacuation and transfer of services, including the emergency department, from the hospital. At the time of writing this report, the emergency department had yet to re-open in the hospital.

Capacity and Capability

Wexford General Hospital had formalised corporate and clinical governance arrangements in place for assuring the delivery of high-quality, safe and reliable healthcare. On the day of inspection, the hospital's emergency department was busy, relative to its intended capacity, and was not functioning effectively. Attendees to the department were waiting for long periods to be triaged and or medically reviewed and the emergency department was not compliant with the national HSE targets related to patient experience times.

While HIQA was assured that the hospital had some defined management arrangements in place to manage, support and oversee the delivery of high-quality, safe and reliable healthcare services in the four key areas of known harm in the emergency department, it was evident that these were not always functioning in the manner required to ensure effective patient flow. HIQA found that not all groups were working to their terms of reference particularly related to the frequency of meetings and documentation of meeting minutes and actions. Given the overcrowding and ineffective patient flow on the day of inspection, it was particularly important that groups established to ensure effective patient flow are functioning effectively. The hospital should review its processes to ensure effective patient flow 24/7 and ensure that its committees are working in line with their terms of reference which should be regularly reviewed and updated.

HIQA found some evidence that hospital management were planning, organising and managing their medical, nursing and support staff in the emergency department to support the provision of high-quality, safe healthcare. There were a deficit of 29% in the approved complement of non-consultant hospital doctors, and 41% deficit in the approved complement of healthcare assistants in the emergency department. The nurse staffing complement in the emergency department had been reviewed as part of the *Framework for Safe Nurse Staffing and Skill Mix in Adult Emergency Care Settings in Ireland* and 11 WTE nursing posts had been approved by the hospital group. Recruitment efforts were reported to be underway to fill the uplift in the newly approved posts.

Progress is also required in filling the vacancies in the pre-existing NCHD and healthcare assistant posts. Attendance at and uptake of mandatory and essential training for staff in the emergency department needs to be improved, particularly training on INEWS, IMEWS, basic life support, hand hygiene, standard and transmission based precautions. It is essential that hospital management ensure that all clinical staff have undertaken mandatory and essential training appropriate to their scope of practice in line with patient needs and at the required frequency, in line with national standards. This issue should represent a key focus for early improvement efforts following HIQA's inspection.

Quality and Safety

While the hospital promoted a person-centred approach to care where inspectors observed staff being kind and caring towards people using the service and people who spoke with inspectors were complimentary of staff, patients also described long waiting times. Inspectors observed that while patients in cubicles were afforded privacy and dignity, this was not the same for patients being cared for on trolleys and chairs in the open corridors of the department.

The hospital had previously developed a plan to act on findings from the National Inpatient Experience Survey in 2021. While it is acknowledged that the hospital is waiting on approval for a capital build of a new 96-bed block, the hospital needs to continually address factors adversely impacting on patient flow such as wait times for test results. The hospital's physical environment did not adequately support the delivery of high-quality, safe, reliable care to protect people using the service in that long waiting times and overcrowding were risks to patient safety. Overcrowding undermines the dignity, privacy and autonomy of patients receiving care in suboptimal locations such as open corridors. The lack of en-suite facilities increases the risk of cross infection.

HIQA found that while the hospital had some systems in place to monitor, analyse and respond to information relevant to the provision of high-quality, safe services in the emergency department, it was not fully assured that measures to protect people attending the emergency department from the risk of harm were being fully and effectively implemented. The overcrowding and lack of access to isolation facilities posed risks to spread of infection and risk to safe practice. The hospital did not meet its targets for its patient experience times on the day and these had dis-improved since the latest HSE published data. The prolonged turnaround time for COVID-19 and influenza particularly out-of-hours was hampering patient flow. Improvements in compliance with equipment and hand hygiene are required to meet national standards. There was evidence of a lack of a comprehensive pharmacy service available to the department. The hospital should ensure that the early warning systems are used for the appropriate cohorts of patients and that staff have up-to-date training in their use. Patients told inspectors that they had not received information about the complaints process. These findings represent areas for improvement for the hospital.

Following this inspection, HIQA will, through the compliance plan submitted by hospital management as part of the monitoring activity, continue to monitor the progress in relation to compliance with all four national standards as outlined.

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 selected national standards assessed during this inspection was made following a review of the evidence gathered prior to, during and after the onsite inspection. 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 is identified, a compliance plan was issued by HIQA to hospital management. In the compliance plan, hospital management set out the action(s) 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 action(s) in the compliance plan within the set time frame(s). HIQA will continue to monitor the hospital's progress in implementing the action(s) set out in any compliance plan submitted.

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	
Overall Governance	
Theme 5: Leadership, Governance and Management	
National Standard	**Judgment**
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	
National Standard	**Judgment**
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	
Theme 1: Person-Centred Care and Support	
National Standard	**Judgment**
Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.	Non-compliant
Theme 3: Safe Care and Support	
National Standard	**Judgment**
Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.	Partially compliant

Compliance Plan Service Provider's Response

National Standard	Judgment
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
All committee chairs will be advised of the best practice in the management of committees including signing of terms of reference and adherence to terms of reference. A yearly audit of all committee documentation and compliance with best practice for committee governance will be commenced, communications and this year's audit will be completed by 30th August 2023. By the 30th May 2023 the hospital will reinstate monthly USC committee meetings. This will support the development of the USC programme for the hospital including review and update of the escalation plan, reinstatement of the discharge lounge and the embedding of lessons learnt from the services opened following the fire. Hospital avoidance programmes, in liaison with community services, will be prioritised to support patient flow. This will be achieved by continuing weekly meetings with CHO teams, the development of ICPOP services, development of chronic disease management and setting up of the pathfinder service for county Wexford	
Timescale: Immediate actions have been taken to action the recommendations made. Monthly review of the QIP will be completed within the USC committee. Annual audit of USC Governance Group will be completed by 30th August 2023.	

National Standard	Judgment
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
The hospital will continue to actively recruit into vacant posts within the guidance of the IEHG and HSE recruitment policies; this is monitored by the monthly Employment Control Committee and reported to the Executive Management team on a monthly basis. To support managers to improve compliance with training, the hospital will review its current information and communication of training and develop a monthly reporting of KPI's of staff training numbers. This will be in place by 30th August 2023.	
Timescale: 30th August 2023	

National Standard	Judgment
Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.	Non-compliant
With immediate effect, the hospital is reviewing patient flow within the ED. The aim is to improve the patient experience and reduce the risk of not maintaining a patient's privacy and dignity. This will include the distribution of 'squirrel packs', information on how to feedback and improvements in the management of patient flow as outlined above.	
Timescale: Immediate	

National Standard	Judgment
Standard 3.1: Service providers protect service users from the risk of harm associated with the design and delivery of healthcare services.	Partially compliant
The hospital is actively working with the HSE to progress the planned 97 bedded hospital block due for completion in 2027. By September 2023, the hospital hopes to secure onsite testing for Covid and Flu with increased operating hours to support patient flow in the ED. Support services to the ED will be reviewed to explore their further development to improve patient flow including pharmacy services and access to the CHO5 Mental Health Team. Review of progress will be reported on monthly at the USC committee. The hospital complaints management team are providing education on communication and managing feedback for all staff. By October 2023 complaints will be trended and reported to all governance committees. Weekly checks have commenced to ensure all patient areas have the relevant YSYS and patient advocacy information available.	
Timescale: Onsite testing – September 2023 Review of services to ED – immediate. Trending and Feedback from Complaints to all governance committees - October 2023.	