



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

Name of healthcare service provider:	University Hospital Waterford
Address of healthcare service:	Dunmore Road Waterford Co. Waterford X91 ER8E
Type of inspection:	Announced
Date(s) of inspection:	18 April 2023
Healthcare Service ID:	OSV-0001105
Fieldwork ID:	NS_0038

The following information describes the services the hospital provides.

About the healthcare service

Model of Hospital and Profile

University Hospital Waterford (UHW) is a Model 4* hospital, managed by the South/South West Hospital Group (SSWHG)[†] on behalf of the Health Service Executive (HSE). UHW provides healthcare, including maternity services to a population of approximately 500,000 in south Kilkenny, Waterford city and county. Services provided by UHW include:

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

UHW is the designated cancer centre for the southeast region of Ireland, providing rapid access assessment for breast, prostate, lung and skin cancers. It is also the regional trauma orthopaedic centre. The hospital is an academic teaching hospital affiliated with University College Cork, the Royal College of Surgeons in Ireland and South East Technological University.

The following information outlines some additional data on the hospital.

Model of Hospital	4
Number of beds	510 inpatient and day beds

* A Model-4 hospital is a tertiary hospital that provide tertiary care and, in certain locations, supra-regional care. The hospital have a category 3 or speciality level 3(s) Intensive Care Unit onsite, a Medical Assessment Unit, which is open on a continuous basis (24 hours, every day of the year) and an emergency department.

[†] The South/South West Hospital Group comprises ten hospitals – Cork University Hospital, Cork University Maternity Hospital, University Hospital Waterford Hospital, University Hospital Kerry, Mercy University Hospital, South Tipperary General Hospital, South Infirmary Victoria University Hospital, Bantry General Hospital, Mallow General Hospital and Lourdes Orthopaedic Hospital, Kilcreene. The hospital group’s academic partner is University College Cork.

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. HIQA carried out a one-day announced inspection of the emergency department at UHW to assess compliance with four national standards from the *National Standards for Safer Better 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 emergency department to ascertain their experiences of receiving care in the department
- spoke with staff and hospital management to find out how they planned, delivered and monitored the service provided to people who received care and treatment in the emergency department
- observed care being delivered in the emergency department, interactions with people receiving care in the department and other activities to see if it reflected what people told inspectors on the day of inspection
- reviewed documents to see if appropriate records were kept and that they reflected practice observed and what people told inspectors during this inspection.

About the inspection report

A summary of the findings and a description of how UHW performed in relation to compliance with the four national standards assessed 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 before, during and following the inspection.

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 in UHW's emergency department. It outlines whether there is appropriate oversight and assurance arrangements in place

[‡] Inspector refers to an authorised person appointed by HIQA under the Health Act 2007 for the purpose in this case of monitoring compliance with 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.

at UHW and how people who work in the emergency department are managed and supported to ensure the safe delivery of high-quality care.

2. Quality and safety of the service

This section describes the experiences, care and support people using UHW’s emergency department 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 where people receive care.

A full list of the four 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 this 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:

<p>Compliant: A judgment of compliant means that on the basis of this inspection, the service is in compliance with the relevant national standard.</p>
<p>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.</p>
<p>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.</p>
<p>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.</p>

This inspection was carried out during the following times:

Date	Times of Inspection	Inspector	Role
18 April 2023	09:00hrs – 16:30hrs	Denise Lawler	Lead
		Nora O' Mahony	Support
		John Tuffy	Support

Information about this inspection

Since March of this year, UHW has experienced significant increase in demand for unscheduled and emergency care. This increase in demand followed a serious fire in Wexford General Hospital on 1 March 2023, which caused the evacuation and transfer of patients and some healthcare services to other hospitals in the South/South West Hospital Group and Ireland East Hospital Group (IEHG).** The emergency department and some inpatient wards at Wexford University Hospital were closed and will be restored on a phased basis, with the resumption of services based on the service delivery and demand modelling carried out by the HSE.

While the emergency department in Wexford University Hospital remained closed, UHW and St Luke's General Hospital, Kilkenny provided unscheduled and emergency care for the population of county Wexford who would normally access emergency care in Wexford General Hospital. Inspectors discussed the supports provided to hospital management in UHW to support and enable the hospital manage the additional demand on the hospital's services as a result of the closure of the emergency department in Wexford General Hospital, especially unscheduled and emergency care. Regular teleconferences occurred between hospital management at UHW and HSE management where the following actions were being discussed:

- community orthodontics located in UHW was relocated to support UHW's emergency department patient flow
- a no refusal policy regarding the transfer of patients from UHW to St Luke's General Hospital and Wexford General Hospital was requested, but not implemented by the two hospital sites
- an 18-bed ward in St Luke's General Hospital, Kilkenny was opened and staffed by nursing staff redeployed from Wexford General Hospital. It was anticipated that this ward would accept six patients from UHW daily, over a seven day period (7/7). At

** The Ireland East Hospital Group comprises twelve hospitals – 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, 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. The Hospital Group's academic partner is University College Dublin.

the time of this inspection, an average of three beds were offered to UHW daily so the anticipated gain from the six beds per day was not being realised at that time

- Wexford General Hospital would accept three patients per day 7/7. At the time of this inspection, these three beds per day were not always available to UHW for the transfer of patients
- medical and nursing staff redeployed from Wexford General Hospital to support the medical and nursing staff at UHW to manage the demand for unscheduled and emergency care. At the time of this inspection, non-consultant hospital doctors (NCHDs) and nursing staff from Wexford General Hospital's emergency department were supporting staff in UHW's emergency department during and outside core working hours
- UHW requested that radiologists in Wexford General Hospital would provide supports on the reporting of CT scans. This support was being discussed at the time of this inspection
- no delayed transfers of care (DTC)++ at UHW was agreed at the time of the critical incident at Wexford General Hospital, but on the day of inspection, there was 16 cases of DTC in UHW
- more in-reach from HSE community services was to occur to enable the transfer of eligible patients to nursing homes in the southeast region
- a mobile x-ray service was to commence the week of 17 April to increase general practitioner's (GP's) access to timely diagnostics. This service had not commenced at the time of this inspection.

HIQA's inspection of UHW's emergency department was carried out seven weeks after the fire at Wexford University Hospital. This inspection focused on compliance with four national standards from four of the eight themes of the *National Standards for Safer Better Healthcare* and on:

- the effective management to support the delivery of high-quality care in UHW's emergency department
- patient flow and inpatient bed capacity in the emergency department and at wider UHW level
- respect, dignity and privacy for people receiving care in UHW's emergency department
- staffing levels in UHW's emergency department
- the impact the closure of Wexford University Hospital's emergency department had on the delivery of unscheduled and emergency care at UHW.

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

++ Delayed transfers in 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.

- Representatives of the Executive Management Board
 - General Manager
 - Director of Nursing
 - Clinical Director for the medical directorate
 - Clinical Director for the peri-operative directorate
 - Operations Manager
- Quality and Patient Safety Manager
- Risk Manager
- Bed Manager
- Patient Flow Manager.

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

Acknowledgements

HIQA would like to acknowledge the cooperation of UHW's management team and 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 of the care received in the emergency department in UHW.

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

On the day of inspection, inspectors visited the emergency department, including the Emergency Assessment Unit. UHW's emergency department provides undifferentiated care for adults and children with acute and an urgent illness or injury. Attendees to the department presented by ambulance, were referred directly by their GP or were self-referred.

The total planned capacity of UHW's emergency department was 34 treatment areas separated into the following areas:

- a waiting area with 33 seats
- a triage area with two treatment rooms
- a resuscitation area with three treatment bays for patients categorised as major
- 14 single cubicles for the treatment of patients categorised as major
- Injury Unit with five treatment bays
- Emergency Assessment Unit (EAU) with nine single cubicles where ambulatory patients were treated.

On the day of inspection, the emergency department was functioning well. At 11.00am there was a total of 61 patients registered in the department. One (2%) of these 61 patients was admitted and boarding in the department while awaiting an inpatient bed in the main hospital. All patients were accommodated in designated treatment areas or were waiting in specific waiting areas to be triaged and or reviewed by the medical team. On the day of inspection, a total of 258 people attended UHW's emergency department, with 40 (19%) of the 258 patients admitted to the main hospital for further care and treatment.

During the inspection, inspectors spoke with a number of patients receiving care in UHW's emergency department. Overall, patients' experiences were very positive. Patients were complimentary about staff describing them as *'nice and very helpful'*, and patients felt *'at ease, safe and relaxed with staff'*. Staff were described as being accessible to patients and as *'always checking to make sure I [patient] was okay'*.

Patients commented on how diagnostic tests were carried out quickly and how the medical and or nursing staff kept them up-to-date about results of tests and their plan of care. Patients felt their privacy and dignity was protected and promoted when receiving care and or conversing with staff in the department. The experiences recounted by patients on the day of inspection were similar to UHW's findings from the 2022 National Inpatient Experience Survey (NIES),^{##} where UHW scored similar or better than the national scores in questions about waiting times, and communication and interactions with staff in the emergency department.

Patients in the emergency department said they were not provided with information about UHW's or the HSE's complaints process 'Your Service, Your Say', and or independent advocacy services. Patients told inspectors that if they wanted to make a complaint, they would speak with a member of the nursing staff. Information on the HSE's 'Your Service, Your Say' and or independent advocacy services could be provided to people attending for care and treatment in UHW's emergency department.

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. UHW was found to be compliant with the two national

^{##} The National Care Experience Programme, was 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/>.

standards assessed. Key inspection findings leading to the judgment of compliance with these national standards 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 UHW had effective and robust governance and management arrangements in place with defined lines of responsibility and accountability for unscheduled and emergency care. Organisational charts submitted to HIQA after the inspection detailed the direct reporting arrangements of the hospital's governance and oversight committees to the hospital's Executive Management Board (EMB) and onwards to the Chief Executive Officer (CEO) of SSWHG. These arrangements aligned with inspector's findings on inspection.

HIQA found there were clear and defined lines of accountability with devolved autonomy and decision-making for unscheduled and emergency care at UHW, which was governed and overseen by the general manager, the medical directorate and EMB. The general manager at UHW was the accountable officer with overall responsibility and accountability for the governance of the hospital. The general manager was supported by the EMB and had a defined reporting and accountability arrangement to the CEO of SSWHG.

The EMB was the senior executive decision-making group with responsibility for ensuring appropriate governance and oversight of the quality and safety of the unscheduled and emergency care provided at UHW. The EMB also led on UHW's strategic planning and development. Chaired by the general manager, the EMB met monthly and had oversight of UHW's emergency department's activity and operational issues that occur in the department. Membership of the EMB comprised executive and clinical managers from across the different departments and health professions in UHW. The EMB reported on the hospital's performance to the CEO of SSWHG monthly. UHW's compliance with HSE's performance targets for emergency care, including patient experience times (PETs),^{§§} emergency department attendance and re-admission rates to the department, and ambulance turnaround times were reviewed at monthly performance meetings between UHW and SSWHG as per the HSE's performance accountability framework.

Minutes of meetings of the EMB and performance meetings between UHW and SSWHG reviewed by inspectors were comprehensive, action-orientated and it was evident that the implementation of agreed actions were monitored from meeting to meeting. It was also clear from minutes of meetings reviewed by inspectors that there was a concentrated focus on maintaining efficient patient flow in UHW and on ensuring UHW was compliant with the HSE's performance targets for emergency care. Furthermore, there was evidence of a

^{§§} 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.

proactive approach to supporting and resourcing the implementation of measures to enable the effective flow of patients through the emergency department and at wider UHW level.

The hospital's Quality and Patient Safety Committee (QPSC) provided UHW's EMB with assurance that governance arrangements were effective and robust to ensure the quality of healthcare services, including unscheduled and emergency care provided at UHW. The committee was chaired by UHW's quality and patient safety manager and membership comprised executive and clinical representation from the different health professions and clinical directorates in UHW. The QPSC met three monthly and reported to the hospital's general manager and UHW's EMB. Minutes of meetings reviewed by inspectors were comprehensive and showed that the QPSC had oversight of the risks, patient experiences, auditing activity and patient-safety incidents that occurred in UHW's emergency department. The QPSC delegated elements of its assigned responsibility and function in the areas of infection prevention and control, antimicrobial stewardship, medication safety and deteriorating patient to a number of subcommittees. It was evident that these subcommittees had defined and formalised reporting arrangements to QPSC on a three monthly and annual basis.

On the day of inspection, there was evidence of strong executive, clinical and nursing leadership in the emergency department. Clinical governance and oversight of clinical care and quality improvement in the department lay with the medical directorate, led by its clinical director. Along with the clinical director, the medical directorate leadership team, which comprised a business manager, assistant directors of nursing (ADON) and a representative from the health and social care profession, met weekly. The directorate leadership team also met with UHW's patient services manager, risk manager and quality and safety lead every two months. In addition, the leadership team met with UHW's operational team (operational, finance and human resource managers) every two months. The medical directorate reported monthly and submitted an annual report to the EMB. The directorate's clinical director also reported to SSWHG's Chief Clinical Director.

Operational governance and oversight of the day-to-day workings of UHW's emergency department was the responsibility of the onsite consultant in emergency medicine supported by NCHDs. The department had a clinical lead, appointed on a rotational basis from UHW's complement of consultants in emergency medicine. Outside core working hours, clinical oversight of the emergency department was provided by the on-call consultant in emergency medicine.

UHW did not have a formal bed management or discharge committee but it was evident that bed management and patient flow in the emergency department and at wider UHW level was monitored and managed daily and weekly through the following structures and processes:

- a status update from UHW's general manager each morning
- patient flow management meetings, which were held nine times per day:

- handover meetings at 7.00am and 7.00pm – these meetings was led by the executive manager in charge of the operational functioning of UHW in the morning and evening. Emergency care demand and inpatient beds needed for scheduled care were reviewed and discussed
 - senior nurse manager meetings at 8.15am – Director of Nursing (DON), ADON, executive manager in charge and clinical nurse managers (CNMs) met to discuss key issues affecting patient flow across UHW
 - patient flow monitoring meetings at 8.00am and 1.00pm – where service demand and inpatient capacity were reviewed and issues escalated to UHW’s general manager. The plan for each patient, emergency department activity, access to diagnostics, DTOC, patient’s discharge plan and staffing issues were reviewed
 - infection prevention and control meeting at 11.30am – attended by ADON for patient flow, bed management team where all patients requiring transmission-based precautions were identified and reviewed
 - visual hospital meeting at 12.00pm and 3.30pm – meeting with members of the executive management team, CNMs, ADON, bed management team and other representatives from the emergency department and clinical areas where service demand and inpatient capacity, planned transfers to other hospitals and the plan for elective admission were discussed.
- weekly meetings of the medical directorate
 - weekly meetings with SSWHG and South East Community Healthcare (SECH) to improve patient flow to various established care pathways in the community in the southeast region
 - daily contact with the SECH liaison person to determine the availability of residential and rehabilitation beds in the community.

Multidisciplinary operational meetings (Clinical Operational Group) were also held in UHW’s emergency department two weekly to review the department’s level of activity, compliance with HSE’s performance targets, patient flow, risk management processes and the management of patient-safety incidents. The CNM, grade 3 also attended weekly meetings of the medical directorate’s leadership team, where the emergency department’s overall activity and compliance with performance targets were reviewed.

UHW’s emergency department attendance rate in 2022 was 62,731 (10% increase on 2021 attendance rates). This equated to an average monthly attendance rate of 5,228 people and a daily average attendance rate of 172 people. UHW’s rate of attendance in 2022 was similar to attendance rates in Cork University Hospital, Beaumont Hospital and St Vincent’s University Hospital. The number of people attending for emergency care in UHW increased significantly following the closure of Wexford General Hospital’s emergency department in March 2023. Since then, daily attendances to UHW’s emergency department was reported to be approximately 250 people. However, in early April (over the Easter

bank holiday weekend), the daily attendance to the department was reported to have reached 300 people.

On the day of inspection, a total of 258 people attended UHW's emergency department for care. At 11.00am, there were 61 patients registered in UHW's emergency department. Seven patients (11%) were aged 75 years or over. Only one (2%) of these patients were admitted awaiting an inpatient bed in the main hospital. This was the lowest number of admitted patients boarding in any emergency department inspected to date by HIQA, where the percentage of patients boarding ranged from 24% to 70%. This suggested to inspectors that the measures in place at UHW to oversee and manage patient flow through the emergency department were effective and robust.

The volume of attendances to UHW's emergency department had increased demand for emergency care and inpatient beds at the hospital. This had resulted in the demand for healthcare services exceeding inpatient capacity and resources. The hospital was in escalation at amber escalation level^{***} on the day of inspection. At the time, 29 (59%) of UHW's 49 surge beds were being used, 101 inpatient beds (20% of the overall bed capacity) were accommodated by patients from the catchment area of Wexford General Hospital and 40 patients were positive for COVID-19. Inspectors noted that the majority of measures aligned with the amber escalation level were being implemented at UHW on the day of inspection. These included:

- holding a number of action-oriented meetings throughout the day to review activity and patient flow in the emergency department and at wider UHW level
- re-deploying additional staff to manage surge capacity
- using the Hospital Ambulance Liaison Person (HALP)⁺⁺⁺ to ensure efficacy in ambulance off load at UHW
- curtailing of non-time sensitive scheduled care cases
- maximising the use of hospital admission avoidance initiatives such as the Community Intervention Team (CIT),⁺⁺⁺ Home First^{§§§} and Outpatient Parenteral Antibiotic Therapy (OPAT).^{****}

UHW's average length of stay (ALOS) for medical and surgical patients and the number of DTOC were not factors impacting on the flow of patients through the emergency

^{***} 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.

⁺⁺⁺ The Hospital Ambulance Liaison Person is responsible for managing the ambulances that arrive at the hospital, liaising between the ambulance service and the hospital's emergency department team.

⁺⁺⁺ Community Intervention Team is a nurse-led measure supported by other healthcare professionals and services that provide a rapid and integrated approach to delivering specific clinical interventions to eligible patients within their own home.

^{§§§} Home First is a hospital admission avoidance service comprising a multidisciplinary team that are dedicated to caring older patients that attend for emergency care with follow-up by community services.

^{****} Outpatient Parenteral Antibiotic Therapy is a treatment option in patients who require parenteral antibiotic administration, and are clinically well enough not to require inpatient hospital care.

department. UHW'S ALOS and DTOC rates were reported monthly as part of the HSE reporting arrangements and were reviewed at meetings of the EMB, medical directorate and monthly performance meetings between UHW and SSWHG. In 2022, UHW's ALOS for medical patients was 6.3, lower than the HSE's target of ≤ 7.0 . However, the ALOS for surgical patients was 6.1, marginally higher than the HSE's target of ≤ 5.6 . Year to date in 2023, the hospital's ALOS for medical patients was 10.1 and the ALOS for elective surgical patients was 3.0. Hospital management attributed UHW's higher rates of ALOS for medical patients to the increase in the number of patients aged 75 years and over presenting for emergency care with co-morbidities and complex medical needs from UHW's and Wexford General Hospital's population catchment areas. When compared to other Model 4 hospitals, UHW's ALOS and DTOC rates were better than other hospitals. The rates were second to University Hospital Limerick's ALOS (ALOS for medical patients was 3.7 and for surgical patients was 3.2, both were below the HSE's targets).

At the time of inspection, there were 28 patients in UHW who had completed their acute episode of care, but whose transfer of care was delayed. Twelve (43%) of the 28 cases of DTOC were suspended because of the patient's positive infectious status. The remaining (57%) 16 cases of DTOC were awaiting residential and or rehabilitation care in the community. UHW had access to 12 or 14 convalescence and residential beds in a community nursing home, but hospital management also contracted additional inpatient capacity in a private hospital in the southeast region, when needed to enable the efficient flow of patients through UHW.

Hospital management and clinical staff who spoke with inspectors discussed how the sheer volume of attendees to the emergency department since the closure of Wexford General Hospital's emergency department had impacted on UHW's compliance with HSE's performance targets for emergency care. In effect, UHW's emergency department had moved from being a well performing department that were compliant with the HSE's performance targets to being an outlier, especially in the 75 years of age and over target. At 11.00am on day of inspection, the waiting time from:

- registration to triage ranged from 1 minute to 63 minutes. The average waiting time was 20 minutes
- triage to medical review ranged from 24 minute to 12 hours 22 minutes. The average waiting time was 2 hours 46 minutes for non-urgent patients.

An audit of the department's triage times carried out in 2022, showed that the waiting times for triage times ranged from 34 minutes to 46 minutes, with the average being 37 minutes. This is greater than the 15 minutes waiting time recommended by the HSE's Emergency Medicine Programme. Nonetheless, when compared to the waiting times for triage and medical review in other emergency departments inspected by HIQA, UHW was

one of the better performing hospitals. All patients were triaged and prioritised in line with the Manchester Triage System.⁺⁺⁺⁺

Following triage and categorisation, patients were referred to the most appropriate care pathway, which included: medical, surgical, stroke, EAU, fractured neck of femur and injury unit. Staff could view the status of all patients in the department – their prioritisation category levels and waiting times via the hospital’s electronic information system. UHW did not have a designated care pathway for patients aged 75 years and over who presented for emergency care. However, the occupational therapist and physiotherapist located in the emergency department did review these patients when requested. UHW also had a multidisciplinary Frailty Intervention Therapy (FIT) team. This team carried out comprehensive assessments and completed onward referrals to appropriate services in UHW and or the community for patients over 75 years of age admitted to UHW who were considered frail or at risk of developing frailty. The FIT team reviewed elderly patients who presented with frailty to UHW’s emergency department when requested.

In 2022, 22% of attendees to UHW’s emergency department were admitted to the main hospital (conversion rate) for further care. This conversion rate is one of the lowest of all the emergency departments inspected to date by HIQA and was similar to the conversion rate in University Hospital Limerick and University Hospital Galway. The percentage of patients who left UHW’s emergency department before completion of care was 4.6%, lower than the HSE’s target of <6.5%. The timely access to and availability of diagnostic tests and the reporting of investigations 7/7 enabled by the collaborative working interdepartmental relationships was identified by staff who spoke with inspectors as a key factor in determining the patient’s plan of care, impacting on waiting times and on the conversion rate from UHW’s emergency department.

Unlike other emergency departments inspected by HIQA, UHW did not have an Acute Medical Assessment Unit (AMAU) and had not implemented the acute floor model as recommended by the HSE’s National Programme for Acute Medicine. When this was discussed with hospital management, inspectors were told that this arrangement, while unique to UHW, worked well. Acknowledging that an AMAU, when functioning as intended could be an alternate pathway for medical patients that might otherwise attend for emergency care, hospital management outlined how the resources normally used to operate such a unit were deployed to the inpatient medical wards, outpatient clinics and the emergency department in UHW. This increased the number of senior-decision makers in the emergency department and enabled the implementation of different measures that supported the efficient flow of patients in the department and at wider UHW level, such as:

- multidisciplinary discharge planning

⁺⁺⁺⁺ 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.

- using the SAFER^{****} patient flow bundle in medical wards
- regular ward rounding in the medical wards
- predicative patient discharge.

Ambulatory patients triaged as non-urgent were assessed and reviewed in the EAU. Staff reported that on the day before HIQA's inspection, approximately 90 patients were reviewed and treated in the EAU. Seven (8%) of these 90 patients were admitted to the main hospital for further care and treatment. This indicated that the EAU was effective and functioning as intended for patients requiring specialist assessment.

Overall, on the day of inspection, it was evident that there was effective and defined management arrangements in place to manage and oversee the delivery of unscheduled and emergency care at UHW. Operationally, UHW's emergency department was functioning well. There was evidence that UHW's executive management team were responsive and reactive, and had effective operational grip on the issues impacting on performance in the emergency department. The increased attendances to the emergency department since the closure of Wexford General Hospital's emergency department in early March 2023 had impacted on the number of attendances and the day-to-day functioning of UHW's emergency department. The waiting times in UHW's emergency department for triage and medical review were impacted by the number of people attending for emergency care, but when compared to other emergency departments inspected by HIQA, the waiting times in UHW were shorter. Nonetheless, there is a defined correlation between waiting times in the emergency department and increased mortality and morbidity, which is a patient safety risk. Effective measures were in place at UHW to support patient flow through the hospital's emergency department and wider UHW. While UHW was still in an amber level of escalation on the day of inspection, actions were being implemented to address the mismatch between demand for service and the effectiveness of these actions was being monitored by UHW's executive management team.

Judgment: Compliant

**** The SAFER patient flow bundle is a practical tool comprising five elements to reduce delays for patients in adult inpatient wards (excluding maternity). S - Senior Review - all patients have a senior review by a consultant or by a registrar enabled to make management and discharge decisions. A - All patients have a predicted discharge date. F - Flow of patients to commence at the earliest opportunity from assessment units to inpatient wards. E - Early discharge - patients discharged from inpatient wards early in the day. R - Review - a systematic multidisciplinary team review of patients with extended lengths of stay.

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

UHW had effective workforce arrangements in place to support and promote the delivery of high-quality care in the emergency department 24/7. The hospital was approved and funded for six whole time equivalent (WTE)^{§§§§} consultants in emergency medicine. At the time of inspection, all six consultants in emergency medicine positions were filled on a permanent basis. All permanent appointed consultants in emergency medicine were on the specialist register with the Irish Medical Council. In addition, UHW had three WTE medical officers appointed to the emergency department on a locum basis. Attendees to the emergency department were assigned to the consultant on call until admitted or discharged. If admitted, the patient was admitted under a specialist consultant and admitted to an inpatient bed in the main hospital. Hospital management told inspectors that there was a zero tolerance approach to accommodating patients on trolleys who attend for emergency care in UHW.

UHW was an approved training site for NCHDs on the basic and higher specialist training schemes in emergency medicine. Consultants in the emergency department were supported by 28 WTE NCHDs at registrar and senior house officer (SHO) grades – 13 registrars and 15 SHOs. At the time of inspection, all NCHD positions were filled. Inspectors were informed that six NCHDs at registrar and SHO grades were redeployed daily from Wexford General Hospital's emergency department during core working hours. These NCHDs were additional to the department's rostered complement of NCHDs and the redeployment arrangement was formalised the week before HIQA's inspection. The redeployment of NCHDs was managed by the medical manpower department at Wexford General Hospital in conjunction with the medical manpower department at UHW. NCHDs from Wexford General Hospital received a formal induction in UHW.

A senior clinical decision-maker^{*****} at consultant level was on-site in UHW's emergency department 24/7. Consultants in emergency medicine were rostered on duty from 08.00am to 11.00pm. Outside of these working hours, a consultant in emergency medicine was available off-site and nursing and medical staff confirmed that the consultants were available and could be on-site within 30 minutes, if needed.

UHW's complement of consultants in emergency medicine and NCHDs were lean in comparison to other emergency departments inspected to date by HIQA. Hospital management recognised this and were working on addressing the issue. At the time of inspection, hospital management was seeking approval and funding for an additional two WTE consultants in emergency medicine, to bring the overall complement of consultants to

§§§§ 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 has undergone appropriate training to make independent decisions around patient admission and discharge.

eight WTE. These two new consultants in emergency medicine were needed to meet the anticipated increase in demand for unscheduled and emergency care as a result of the reconfiguration of trauma care in the southeast region. At the time of inspection, the request for two consultants in emergency medicine was being processed through the Consultant Applications Advisory Committee (CAAC).⁺⁺⁺⁺ The additional two consultants in emergency medicine, if approved will bring UHW in line with consultant numbers in St James' Hospital and University Hospital Galway. Despite the comparatively lower numbers of consultants and NCHDs in UHW's emergency department, the working practises in the department enabled greater on-site access to and availability of senior decision-makers at consultant level from 08.00am to 11.00pm. This was possibly one of the reasons why UHW's conversion rate from the emergency department, waiting times for triage and medical review, and PETs were the lowest of all the Model 4 hospitals inspected to date by HIQA.

A CNM3, had responsibility for the nursing service in UHW's emergency department. The CNM3 reported to the medical directorate's ADON. A CNM2 was on duty each shift and had responsibility for nursing services out-of-hours and at weekends. The emergency department's approved and funded nursing staff complement was 80.68 WTE (inclusive of management grades). This number included an increase of 11 WTE nursing staff approved as part of the *Framework for Safe Nurse Staffing and Skill Mix in Adult Emergency Care Settings in Ireland*.^{*****} At the time of inspection, 7% (5.5 WTE) of nursing positions were unfilled. Hospital management were managing the deficit in nursing staff levels through the use of agency staff. The emergency department had 15 nurses (inclusive of CNMs) rostered on day shift and 13 nurses (inclusive of CNMs) rostered on night shift. On the day of inspection, the department had its full complement of nursing staff. Two or three nurses were redeployed from Wexford General Hospital's emergency department daily for the day shift and one or two nurses were redeployed for the night shift. These nurses were additional to the department's rostered complement of nursing staff and the redeployment arrangement was formalised the week before HIQA's inspection. The redeployment of nurses was managed by nursing administration at Wexford General Hospital in conjunction with nursing administration at UHW.

Nursing staff in the emergency department were supported by 12.6 WTE healthcare assistants. All of these positions were filled at the time of this inspection. Other members of the multidisciplinary team in the emergency department included six WTE Advanced Nurse

⁺⁺⁺⁺ Consultant Applications Advisory Committee: The purpose of this committee is to provide independent and objective advice to the HSE on applications for medical consultants and qualifications for consultant posts. The committee provides an opportunity for consultants to contribute their expertise and professional knowledge to the decision-making process for the development of consultant services throughout the country.

^{*****} 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>

Practitioner (ANP),^{§§§§§} one WTE physiotherapist, one WTE occupational therapist, 0.5 WTE medical social worker and one WTE clinical skills facilitator.

Staff training records provided to inspectors showed that nursing and medical staff in the emergency department undertook multidisciplinary team training appropriate to their scope of practice. HIQA found that compliance with nursing staff attendance and uptake at mandatory training was generally good in the areas of transmission-based precautions (78%) and sepsis management (70%). However, there were opportunities for improvement in relation to nursing staff attendance and uptake of training in basic life support, hand hygiene, Manchester Triage System, Irish National Early Warning System (INEWS) (version 2)^{*****} and Irish Maternity Early Warning System (IMEWS).⁺⁺⁺⁺⁺ Apart from attendance and uptake at training on hand hygiene, records of attendance at and uptake of mandatory and essential training by medical staff were not submitted to HIQA. Training records reviewed by inspectors showed that the uptake of hand hygiene training for nursing and medical staff was less than the HSE's target of 90%. Attaining compliance with the HSE's target for staff training on hand hygiene and INEWS should be an area of focused improvement following this inspection.

Staff absenteeism rates at UHW were monitored and reported monthly as per the HSE's requirements. The overall reported staff absenteeism rates for UHW for last year (2022) was 4.4% (including COVID-19 related absenteeism of 0.3%), which was slightly above the HSE's target of 4% for 2022. CNMs and the medical directorate had oversight of the emergency department's staff absenteeism rates. The department's absenteeism rate (excluding COVID-19) for 2022 for nursing was 2.17%, medical staff was 1.69% and healthcare assistants was 4.1%.

On the day of inspection, the department had no shortfall in its daily rostered complement of medical and nursing staff, but did have a small number of unfilled nursing positions. The two WTE additional consultants in emergency medicine, if approved will bring UHW's emergency department in line with consultant numbers in other model 4 hospitals. Hospital management ensured that there was sufficient capacity and contingency to resource the additional demand for emergency care at UHW. Medical and nursing staff in the emergency department were supplemented by a small number of NCHDs and nursing staff redeployed from Wexford General Hospital's emergency department. Attendance at and uptake of mandatory and essential training for nursing and medical staff in the emergency department requires improvement.

^{§§§§§} Advanced practice nursing is a defined career pathway for registered nurses, committed to continuing professional development and clinical supervision, to practice at a higher level of capability as independent autonomous and expert practitioners.

^{*****} Irish National Early Warning System (INEWS) is an early warning system to assist staff to recognise and respond to clinical deterioration.

⁺⁺⁺⁺⁺ Irish Maternity Early Warning System (IMEWS) is a nationally agreed system developed for early detection of life-threatening illness in pregnancy and the postnatal period.

Overall, hospital management were efficiently organising and managing their workforce to achieve high-quality, safe care in the emergency department 24/7.

Judgment: 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 compliant in one national standard (1.6) and substantially compliant in the other national standard (3.1) assessed. Key inspection findings leading to the judgment of compliance with these national standards are described in the following sections.

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

Staff working in the emergency department were committed and dedicated to promoting a person centred approach to care. On the day of inspection, staff interactions with patients were observed to be kind, courteous, respectful and caring towards patients in the department. Staff were responsive to patient's individual needs. Staff were observed providing assistance and information to patients in a kind and caring manner. A healthcare assistant was assigned to the waiting area in the EAU 24/7 to observe and provide assistance to patients attending the EAU.

Staff respected, promoted and protected the dignity, privacy and autonomy of people receiving care in the emergency department. At the time of inspections patients were accommodated in single cubicles and or in designated waiting areas while awaiting triage, medical review and follow-up. The accommodation of patients in single cubicles meaningfully promoted and protected patient's confidentiality, privacy and dignity. Dedicated consultation rooms were used when carrying out medical assessment and reviews on patients waiting in the subacute waiting area. This helped promote and protect patient-clinician confidentiality, privacy and dignity for patients in this area. There was a family room and an end-of-life room in the emergency room, which afforded families privacy and confidentiality when needed. The experiences recounted by patients receiving care in UHW's emergency department on the day of inspection were in line with the findings from the 2022 NIES, where the hospital scored the same or higher than the national scores for questions related to privacy, respect and dignity in the emergency department. UHW did not have a Patient Advocacy and Liaison Service (PALS) to support and advocate for patients, especially older patients, attending the emergency department,

however the manner of managing patient advocacy and concerns appeared to be working well in UHW.

Overall, inspectors were satisfied that the physical environment in UHW's emergency department promoted and protected the dignity, privacy and autonomy of patients receiving care in the department. Staff working in the department promoted a person centred approach to care and supported the specific individual needs of patients to ensure their dignity and privacy was respected and maintained. The emergency department also had systems in place that protected patients' personal information, which was in line with legislation and a human-rights based approach to healthcare promoted and supported by HIQA.

Judgment: Compliant

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

There were effective and robust systems and processes in place in UHW to identify, evaluate and manage immediate and potential risks to people attending the emergency department. Performance data was collected on a range of different quality indicators related to the emergency department, in line with the HSE's reporting requirements. This included the number of presentations to and admissions from the emergency department, DTOC, ALOS and ambulance turnaround times. UHW's compliance with quality indicators was reviewed at monthly meetings of the EMB and the medical directorate, and monthly performance meetings between UHW and SSWHG.

Data on PETs collected on the day of inspection, showed that at 11.00am, UHW was compliant with four of the five HSE's performance targets for the emergency department. At that time, of the 61 patients registered in the department:

- 10% of attendees to the emergency department were in the department for more than six hours after registration. UHW was in line with the national target that 70% of attendees are admitted to a hospital bed or discharged within six hours of registration.
- 7% of attendees to the emergency department were in the department for more than nine hours after registration. UHW was in line with the national target of 85% of attendees are admitted to a hospital bed or discharged within nine hours of registration.
- No attendees to the emergency department were in the department for more than 24 hours after registration, which was in line with the national target that 97% of patients are admitted to a hospital bed or discharged within 24 hours of registration.

- 11% (seven) of attendees to the emergency department were aged 75 years and over. Two (29%) of these patients were admitted or discharged within nine hours of registration. UHW was not in line with the national target that 99% of patients aged 75 years and over are admitted to a hospital bed or discharged within nine hours of registration.
- All attendees to the emergency department aged 75 years and over were discharged or admitted within 24 hours of registration.

Hospital management recognised the need to improve compliance with the nine hour PET for patients aged 75 years and over. When compared to the PETs from other emergency departments inspected to date, UHW was the better performing of all the hospitals. This was also consistent with UHW's performance for 2022, where the:

- average PET for unscheduled care was 5.2 hours – better than the HSE's target of 6 hours
- average 24 hour PET was 99.5% – higher than the HSE's target of 97%
- total 6 hour PET was 67.2% (admitted patients – 28.2% and non-admitted patients was 78.1%) – the overall percentage was slightly less than the HSE's target of 70%, but was above the target for non-admitted patients
- total 9 hour PET was 81.8% (admitted patients – 51% and non-admitted patients was 90.3%) – the overall percentage was slightly less than the HSE's target of 85%, but was above the target for non-admitted patients
- average 9 hour PET for patients aged 75 years and over was 61.2% – less than the HSE's target of 99%
- 60.4% of ambulances who presented to UHW's emergency department were cleared for the next call within 60 minutes of arrival to the department.

Risk management

HIQA was satisfied that risks related to the emergency department, controls and corrective actions to mitigate the risks were formally reviewed by relevant executive governance committees in line with UHW's risk management policy and processes as outlined to inspectors during this inspection. There was sufficient evidence that risks, mitigating controls and corrective actions were reviewed regularly at department level and the risk register was updated to reflect review dates. High-rated risks that could not be managed at emergency department level were escalated to the medical directorate leadership team and along with corrective measures were recorded on the directorate's risk register. Serious, high-rated risks not managed at directorate level were escalated to UHW's executive management team and together with mitigating actions were recorded on UHW's corporate risk register. The QPSC, EMB and Senior Incident Management Team (SIMT) had oversight of the risks and the effectiveness of mitigating controls and corrective actions recorded on

UHW's corporate risk register. The corporate risk register was updated to reflect review dates.

At the time of inspection, there were seven high-rated risks related to the emergency department recorded on UHW's corporate risk register. These included:

- infrastructural deficits
- insufficient capacity to meet demand for unscheduled care
- workforce (clinical and non-clinical) deficits
- equipment deficits
- infection prevention and control (including staff, infrastructural and equipment) deficits
- COVID-19
- unprecedented demand for emergency services following the reduction of healthcare services in Wexford General Hospital.

The key findings from this inspection were in line with the high-rated risks related to the emergency department recorded on UHW's corporate risk register.

Infection prevention and control

At the time of inspection, a COVID-19 management pathway was in operation in UHW's emergency department. Attendees were screened for signs and symptoms of COVID-19 on arrival to the emergency department. Symptomatic patients had access to COVID-19 rapid testing. A nurse from the infection prevention and control team visited the emergency department daily during core working hours, Staff in the department had access to a microbiologist 24/7.

Inspectors were informed that patients were screened for *Carbapenemase-producing Enterobacterales* (CPE)^{*****} and multidrug-resistant organisms (MDROs) on admission to the main hospital, in line with national guidance at the time of inspection. The patient's infection status was recorded on UHW's Integrated Patient Management System (IPMS).^{§§§§§§} Patients requiring transmission-based precautions were accommodated in single cubicles in the emergency department with patient placement overseen by the infection prevention and control team. There was one negative pressure isolation room in the emergency department. At the time of inspection, UHW was managing a COVID-19 outbreak. Inspectors were satisfied that the management of the outbreak was in line with national guidance. UHW's Crisis Management Team was reconvened to oversee the effective management of the outbreak. Hospital management had decided not to implement the revised infection prevention and control guidance that suggested the removal of facial coverings in acute hospital settings. UHW's Infection Prevention and

***** Carbapenemase Producing Enterobacterales (CPE) are Gram-negative bacteria that have acquired resistance to nearly all of the antibiotics that would have historically worked against them. They are, therefore, much more difficult to treat.

§§§§§§ The Integrated Patient Management System (IPMS) is used to manage patient records and was originally intended to link up all HSE records nationwide to aid in the treatment of patients.

Control Committee provided oversight of the management of infection outbreaks and assurances to the EMB that infection prevention and control practices in UHW aligned with best practice standards and guidance.

Monthly hand hygiene audits were carried out in UHW's emergency department with oversight by the infection prevention and control team. Findings from a hand hygiene audit carried out in the department the week before HIQA's inspection, showed that overall the emergency department was compliant with the HSE's target of 90%. However, there was scope to improve compliance with hand hygiene standards among nursing and auxiliary staff. There was evidence that corrective actions were implemented to improve the hand hygiene practices in the department. The CNMs and infection and prevention and control team had oversight of the implementation and effectiveness of these corrective actions.

UHW's emergency department was observed to be clean and well maintained on the day of inspection. Staff confirmed that terminal cleaning^{*****} was carried out following suspected or confirmed cases of COVID-19 and other infections. There was evidence that monthly environmental and equipment hygiene audits were carried out in the department using a standard approach. However, there was limited evidence from the documentation reviewed by inspectors that quality improvement plans were implemented when the standard of hygiene in the department fell below expected standards. This should be an area of focused improvement following this inspection.

Inspectors observed wall-mounted alcohol-based hand sanitiser dispensers strategically located and readily available to staff. Hand hygiene signage was also observed to be clearly displayed throughout the emergency department. Staff were observed wearing appropriate personal protective equipment (PPE), in line with public health guidelines at the time of inspection.

Medication safety

A clinical pharmacist was available to the emergency department, but the department did not have a comprehensive pharmacy service. Pharmacy-led medication reconciliation, underpinned by a formalised policy was carried out on admitted patients. The department had a list of high-risk medicines, which aligned with the APINCH⁺⁺⁺⁺⁺ acronym. Staff who spoke with inspectors were knowledgeable about high-risk medicines and associated risk reduction strategies in place in UHW. The use of high-risk medications was underpinned by a formalised policy. The emergency department had a list of sound alike look alike drugs (SALADs) and staff were aware of this list. Staff in the emergency department had access to medication policies, procedures, protocols and guidelines at the point of prescribing and administration. Staff also had access to an antimicrobial pharmacist, when needed.

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

+++++ Medications represented by the acronym 'APINCH' include anti-infective agents, anti-psychotics, potassium, insulin, narcotics and sedative agents, chemotherapy and heparin and other anticoagulants.

Medication practices in the emergency department were audited, with corrective actions identified to bring the department into compliance with safe practices. The CNM3 had oversight of the implementation and effectiveness of these corrective actions. The oversight and governance of medication use and practices at UHW was the responsibility of the hospital's Medicines and Therapeutics Committee.

Deteriorating patient

The appropriate national early warning systems – INEWS version 2 was used in the emergency department for admitted patients. The hospital had a plan in place to implement the Emergency Medicine Early Warning System (EMEWS) at UHW and staff training on the system was to be provided by the clinical skills facilitator. Inspectors were informed that formal handover forms were used for the safe transfer of care within and between hospital departments. The transfer of patients was underpinned by a transfer protocol and a no refusal policy requested after the critical incident in Wexford University Hospital.

The Identify, Situation, Background, Assessment and Recommendation (ISBAR₃)^{*****} communication tool was used for clinical handover and when transferring patients from UHW's emergency department. The process of clinical handover was underpinned by a formalised policy. However, there was limited evidence from the documentation reviewed by inspectors that the use of the ISBAR₃ tool was audited in the emergency department. Audit is important to assure hospital management that the care for the deteriorating patient is in keeping with best practice standards and national guidance. UHW's Clinically Deteriorating Patient Committee provided assurances to the EMB that the clinical deterioration of patients in UHW was appropriately managed in line with national guidance.

Management of patient-safety incidents

There was a system in place at UHW to report, review and manage patient-safety incidents that occurred in the emergency department. Staff were aware of the process, which was underpinned by a formalised policy. This was in line with the HSE's incident management framework. Patient-safety incidents that occurred in the department were reported on the National Incident Management System (NIMS).^{§§§§§§§§} Patient-safety incidents were tracked and trended by UHW's risk management department and were reviewed at meetings of the medical directorate and QPSC. Serious patient-safety incidents were reported to the hospital's SIMT for review and escalated to SSWHG. Documentation reviewed by inspectors showed that in 2022, there were 88 patient-safety incidents reported in the emergency

***** Identify, Situation, Background, Assessment and Recommendation (ISBAR₃) 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 nursing home to hospital, from ward to theatre), communicating with other members of the multidisciplinary team, and upon discharge or transfer to another health facility.

§§§§§§§§ 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).

department, with the majority (88%) of incidents categorised as minor or negligible. Higher reporting rates of clinical incidents generally suggest there is a good reporting culture and greater visibility of risk at UHW, which are key determinants for safer healthcare services. The most commonly reported incident in UHW's emergency department was care management. Patient-safety incidents were discussed with staff at the daily huddle and the two weekly operational meeting.

Management of complaints

Inspectors found there was a coordinated response to complaints related to the emergency department, which was in line with UHW's policy and the HSE's 'Your Service You Say'. Hospital management supported and encouraged point of contact complaint resolution. Complaints were managed at department level by the CNM with oversight by the medical directorate and the patient services manager. Staff in the emergency department were knowledgeable about the hospital's complaints management process. In 2022, hospital management received 72 formal and informal complaints related to the emergency department. Complaints were tracked and trended by UHW's patient services department and feedback was shared with CNMs, who in turn shared it with staff at the daily huddle and two weekly operational meetings. Information about complaints and compliments were also shared with staff via the monthly quality and patient safety newsletter. The most common complaints received about the emergency department in 2022 were about safe and effective care, and communication and information. Compliance with the recommendations from 'Learning to Get Better' report published by the Ombudsman^{*****} was monitored at UHW. There was some evidence that improvements had occurred as a result of issues raised through UHW's complaint process, but this is an area that could be further improved.

Overall, there were arrangements in place to monitor, analyse and respond to information relevant to the delivery of high-quality, safe care in UHW's emergency department. Risks identified in the department were managed as per the HSE's risk management process. The emergency department was in line with the majority of the HSE's PETs targets. It was an outlier for the nine hour PET for people aged 75 years and over. Further progression of a comprehensive clinical pharmacy service, inclusive of medication reconciliation would further support safe medication practices in UHW's emergency department. Auditing of hygiene practices in the emergency department and compliance with national guidance on ISBAR₃ is essential to ensure that the practices in UHW's emergency department are in line with best practice standards and guidance.

Judgment: Substantially compliant

***** Learning to Get Better Report. 2015. Available online from:
<https://www.ombudsman.ie/publications/reports/learning-to-get-better/Learning-to-Get-Better.pdf>

Conclusion

HIQA carried out a one-day announced inspection of the emergency department at UHW to assess compliance with four national standards from the *National Standards for Safer Better Healthcare*. Inspectors also assessed the impact the closure of Wexford University Hospital's emergency department had on the delivery of unscheduled and emergency care at UHW.

HIQA's inspection of UHW's emergency department was carried out seven weeks after the fire at Wexford University Hospital. UHW had received additional temporary medical and nursing resources to support the hospital manage the extra demand for emergency care arising from the counties normally serviced by Wexford University Hospital.

Capacity and Capability

UHW had effective and robust corporate and clinical governance arrangements in place for assuring the delivery of high-quality and safe care in UHW's emergency department. Operationally, the emergency department was functioning well. Hospital management were responsive and reactive and had effective operational grip and oversight of the effectiveness of the range of operational measures implemented to improve the flow of patients through the emergency department and address the increase in demand for emergency care at UHW arising from the critical incident at Wexford General Hospital. It was evident from findings on the day of inspection that these measures were impactful in ensuring the efficient flow of patients through the emergency department and at wider UHW level. Nonetheless, the mismatch between service demand and capacity and resources on the day of inspection resulted in UHW being in escalation and responsive actions were being implemented to manage the mismatch. It was also clear that hospital management were working to optimise inpatient capacity in UHW, through effective integration with and utilisation of community services in the southeast region, which included the contracting of beds in a private hospital.

Hospital management had organised and managed their workforce to efficiently achieve high-quality, safe care in the emergency department 24/7. There was a very small difference between UHW's approved and funded, and the actual number of nursing staff positions filled in the department. Hospital management were responsive and were actively working to fill all vacant nursing positions. Hospital management ensured that there was sufficient capacity and contingency to resource the increased demand for emergency care at UHW, which was supported by the redeployment of medical and nursing staff from Wexford General Hospital's emergency department. If approved, the two WTE additional consultants in emergency medicine sought by hospital management, will bring UHW in line with the consultant in emergency medicine numbers in other model 4 hospitals. Notwithstanding this, the consultant's working practises in UHW's emergency department enabled greater onsite access to and availability of senior decision-makers at consultant level from 08.00am to 11.00pm. This may contribute to the notably low conversion rate from the emergency department. In addition, PETs were the lowest of all the Model 4

hospitals inspected to date by HIQA. Attendance at and uptake of mandatory and essential training for nursing and medical staff in UHW's emergency department should be an area of focused improvement following this inspection. Hospital management should ensure that all clinical staff have undertaken mandatory and essential training appropriate to their scope of practice and at the required frequency, in line with national standards.

Quality and Safety

Inspectors observed staff being kind, courteous and caring towards people receiving care in the emergency department. Patients who spoke to inspectors had a very positive experience in the department, were complimentary about staff and patients' experiences of care received were in line with findings from the 2022 NIES.

There were effective arrangements in place to monitor, analyse and respond to information relevant to the delivery of high-quality, safe emergency care in UHW. Emergency department risks were managed as per the HSE's risk management process. Apart from the nine hour PET for patients aged 75 years and over, UHW was the best performing emergency department in the remaining four HSE PET targets. A comprehensive clinical pharmacy service, inclusive of pharmacy-led medication reconciliation should be implemented to support safe medication practices in UHW's emergency department. The emergency department was clean and well maintained on the day of inspection, but there was scope for improvement in the auditing of the department's environment and equipment hygiene standards, and compliance with national guidance on the use of the ISBAR₃ communication tool. Auditing will ensure and assure hospital management and people using the emergency department that the hygiene standards and care provided in UHW's emergency department are in line with best practice standards and guidance, and that areas for improvement are identified and acted on.

In summary, inspectors found that a composite of factors resulted in good levels of compliance found during the inspection of UHW's emergency department. This included examples of responsive operational management, an embedded culture of improvement within a well resourced, supported workforce and timely access to diagnostics. In addition, greater onsite access to and availability of senior decision-makers at consultant level supported efficient decision-making allied with a properly resourced workforce, timely access to diagnostics and organised access to step down beds facilitated patient flow in and from UHW. The practices in UHW, as outlined in this inspection report, demonstrated effective and efficient delivery of emergency care and the functioning of the emergency department, and have the potential to support improvements in patient flow and timely care in other emergency departments.

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 at UHW 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	
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.	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.	Compliant
Quality and Safety Dimension	
Theme 1: Person centred Care and Support	
Standard 1.6: Service users' dignity, privacy and autonomy are respected and promoted.	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.	Substantially compliant