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David J Rowlands AC / AM Chair Petitions Committee National Assembly for Wales

Via email:

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Dyddiad / Date: 8th March 2019

Dear Mr Rowlands,

Thank you for your correspondence of 10<sup>th</sup> October 2018. At the outset of my letter I would like to apologise for the significant delay in responding.

Since our previous communication we have enacted some extensive leadership changes, and more recently we have changed the directorate structure so that we now have a dedicated management team focussing on urgent care. The new 'Emergency Quadrant' (EQ) includes the Emergency Department (ED), acute medical unit and GP assessment area. These are critical areas that support the assessment of unwell patients and ensure that we are able to support them into the hospital effectively.

We have recruited to the new directorate a range of experienced, and moreover, substantive staff. We have also added an additional level of seniority and leadership to the site in a Managing Director role who will have a leadership role in developing improvements and progressing transformational changes.

As this team are relatively new they are still evaluating our service and changes required. However we have seen encouraging signs of change in performance and importantly patient care.

The team have responded as best they can below to the recommendations in the CHC review and I would like to draw your attention to our data for the first part of this year. I would suggest that we update you again in 3-6 months' time when we will have some of the planned improvements introduced and embedded.

Recommendation 1: The Health Board is asked to clarify the position of a Specialist Nurse role and feed back to the Community Health Council

The Health Board would like to inform the Community Health Council that the Specialist Nurse role within our Emergency Department (ED) at Wrexham Maelor Hospital are Emergency Nurse Practitioners (ENPs). The ENP role is to see and treat patients with minor injury patients. There are 3 ENPs all working in full time positions and there are currently no vacancies.

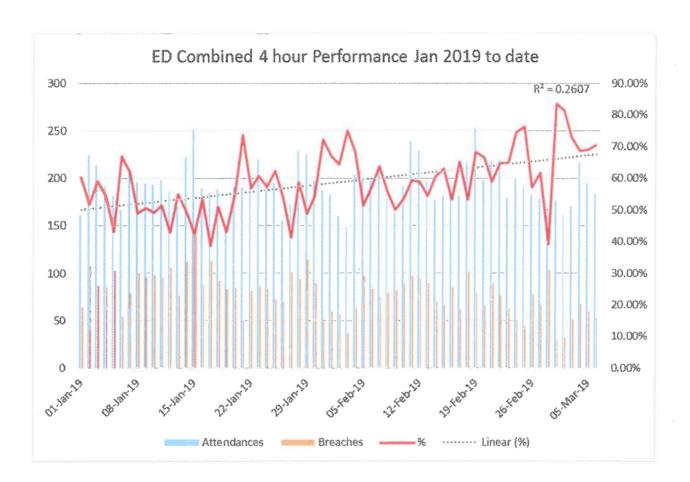
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Recommendation 2: The Health Board is asked to investigate the observed performance in respect of patient waits for January 2018 and offer feedback to the Community Health Council on the findings.

As previously reported seasonal pressures affect most Hospital ED's in the UK, with a corresponding reduction in performance.

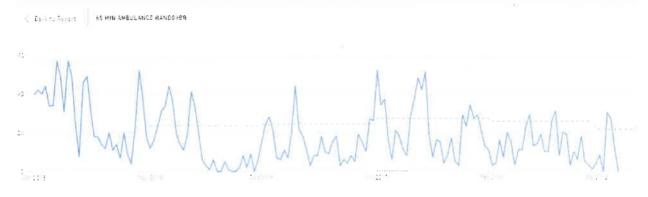
I would like to draw your attention to our current performance from January 2019 onwards which demonstrates that the trend from the beginning of the year is one of improvement.





Recommendation 3: The Health Board is asked to investigate handover times for weeks 1 to 4 and report the findings to the Community Health Council.

Over the last six months the tightening of process with WAST and greater control of handover has led to significant improvement in reducing long waits for the ambulances to handover patients.



We are working in partnership with WAST to ensure that we are effectively recording handover times, so that we can report the number of over 60 minute handover breaches are not total turnaround times. We are also looking to move away from 60 minutes to focus on reducing the over 15 minute patient handover numbers.

Recommendation 4: The Health Board is asked to provide information on the training level of agency nurses in the use of the Manchester triage system or any other 'in-house' training for triage that may be provided and feedback the information to the Community Health Council.

The Health Board can confirm that the agency nurses are not permitted to triage patients within the Emergency Department at Wrexham Maelor Hospital. Our permanent staff undergo Manchester Triage System training and undertaking the triage process for our patients once the staff member is deemed competent to triage.

Recommendation 5: The Health Board is asked to consider feedback from patients and the visiting teams in relation to the level of ongoing communication between staff and patients. Particularly in relation to expected waiting times.

The Health Board has considered the feedback from patients and the visiting teams. The triage nurse is ideally placed to inform the patient about the waiting times to be seen by a medical doctor at the time of triage. During the busy periods, it is imperative that our staff should communicate with patients regularly about any delays. Hence, we are currently reviewing our processes to ensure we communicate with our patients effectively on a regular basis. The ED department is in the process of introducing safety huddles which will be attended by senior staff within ED and which will support in improving our communication with our patients.



We have also installed electronic screens in the waiting area to display the waiting times to be seen by a doctor and we are currently working with our informatics department to ensure correct waiting times are displayed throughout the day.

In addition, we are continuously seeking the views of our patients and their carers about their experience in the Emergency Department. We gather this data from electronic kiosks and feedback cards. This information is helping us to continuously review our services.

I hope that I have been able to provide, through my letter, assurance about the improvements we are making, in the Wrexham Maelor hospital site. I acknowledge that we have further to go to ensure we are providing the best experience for our service users. However I can confirm that our commitment to do that is unwavering.

Yours sincerely

Gary Doherty Prif Weithredwr Chief Executive